



Advancing Alternative Migration Governance



# Refugee Protection in Turkey during the First Phase of the COVID-19 Pandemic

**TURKEY Interim Report**

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**2020**



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## ACRONYMS

<b>AFAD</b>	Disaster and Emergency Management Authority
<b>AI</b>	Amnesty International
<b>COVID-19</b>	Corona Virus Disease 2019
<b>DGMM</b>	Directorate General of Migration Management
<b>HRW</b>	Human Rights Watch
<b>HASUDER</b>	Association of Public Health Specialists
<b>ESSN</b>	Emergency Social Safety Net
<b>IO</b>	International Organization
<b>IOM</b>	International Organization for Migration
<b>LFIP</b>	Law on Foreigners and International Protection
<b>MNC</b>	Migrant Health Centre
<b>MUDEM</b>	Refugee Support Center
<b>NGO</b>	Non-governmental Organization
<b>PDMM</b>	Provincial Directorate of Migration Management
<b>PFN</b>	Polyclinics for Foreign Nationalities
<b>RSD</b>	Refugee Status Determination
<b>SGDD-ASAM</b>	Association for Solidarity with Asylum Seekers and Migrants
<b>TP</b>	Temporary Protection
<b>TPR</b>	Temporary Protection Regulation
<b>TTB</b>	Turkish Chamber of Medical Doctors
<b>UMKE</b>	National Medical Rescue Team
<b>UNHCR</b>	United Nations High Commissioner for Refugees

## PREFACE

ADMIGOV WP4 Turkey Interim Report adopts a bottom-up approach in the study of protection that transcends the legal perspective, and sheds light on the experiences of persons in need of protection and humanitarian actors in formal and informal institutions in Turkey. The interim report is structured on the basis of three key areas in protection: legal status, access to healthcare and access to shelter. The report particularly covers the period between February and June 2020 at the time when thousands of people were stuck at the Greek-Turkish border and subsequently the novel COVID-19 pandemic started to drastically influence the migrant and refugee communities in need to protection. The case of Turkey, hosting the world's largest refugee population, is analyzed by taking the differentiated legal statuses of migrant and refugee populations into consideration.

This report seeks to contribute to the contextualization of legal, political, medical and social aspects of protection on the basis of original field research conducted with wide spectrum of actors working on the ground in the field of protection. The report offers a comprehensive and chronological account of multiple protection challenges in practice that have emerged with the pandemic to answer the following questions that are put by the ADMIGOV research on the onset and revised later as the “crisis” has been re-shaped with ongoing events jeopardizing protection, most notably COVID-19 pandemic: How does exploring protection from above or from below, in theory or in actual practice, from the perspective of the legislator, the politician, the humanitarian worker or the displaced alter how protection is understood? Does protection in practice differ between what we call the frontstage of border sites and the backstage of urban residences with their different temporalities and why? What does protection of people on the move and people stuck look like during a pandemic? What happens to protection issues during a pandemic in a situation of systemic neglect?

The report gives particular emphasis on pandemic circumstances both at the border and in urban areas that has been adopted through a “front/backstage” approach to the study of protection in Turkey within the aforesaid initial phases of COVID-19 (February-June 2020). While *frontstage* represents the gatherings of people at the Greek-Turkish border in Edirne and post-evacuation journeys of this population, the *backstage* refers to urban sites of Istanbul witnessing severe circumstances during the pandemic. Aforementioned approach on protection enables us to capture different spatial and temporal conjunctures emerged during the initial phases of COVID-19 pandemic in Turkey.

In the report, we use the term “displaced people/populations/communities” as a descriptive category in order to refer to all those who are the subject of protection under different legal categories in the Turkish and international law. Additionally, in reference to the actors involved in the field of protection in state-led or international, national and local non-governmental organizations, the term of “humanitarian actors” will be used as a generic category.

## 1. Introduction

WP4 is motivated by going beyond a legal definition of protection as framed in the international law, namely 1951 Geneva Convention and 1967 Protocol. As part of our bottom up approach, we have studied protection not only from a legal perspective but from the perspective of persons in need of protection as well as from the eyes of humanitarian actors in formal and informal institutions, in three key areas; **legal status, shelter and, health** that constitute “minimum” standards for protection in humanitarian responses (see Papataxiarchis, forthcoming).

This interim report particularly covers the **period between February and June 2020**, at the time when the **novel COVID-19 pandemic** and its fallouts have disproportionately affected displaced communities in Turkey. As the majority of the world population went into several forms of lock down in Spring 2020 due to COVID-19 pandemic, resulting in loss of income for disadvantaged segments of the society, these areas we are focusing have become even more crucial to study protection needed among displaced population. Displaced communities have been disproportionately affected due to their existing health conditions and living standards characterized by overcrowded households and camp settings with limited access to hygiene, mostly stemming from their lower socio-economic standing in the society. Similarly, the economic impact of the pandemic are far from democratic. As revealed in this interim report, the financial impact of the pandemic on displaced communities in Turkey has been severe. Most of the time, migrant households surviving on daily jobs lacked access to basic needs such as food and hygiene, along with urban poor. Among three country cases under scrutiny in ADMIGOV project, Turkey has the largest refugee and migrant population, dispersed in different parts of the country. Note that we will use the label “displaced people” as a generic term to indicate all migrant and refugee communities in need to protection.

As detailed in Part 1, this interim report deals with displaced communities in Turkey with various legal statuses. This population of displaced people includes 3,6 million “**Syrian refugees under Temporary Protection**”, over 400,000 (non-Syrian) “**conditional refugees and asylum seekers**” seeking international protection in Turkey, as well as the unknown number of **migrants without documents** (including the rejected asylum seekers).

As the first confirmed COVID—19 case in Turkey was announced, thousands of displaced people were stuck at the Greek-Turkish border, in the border town Edirne, encouraged by the Turkish government’s announcement of February 27 that Turkey will not impose border controls. The various forms of COVID—19 measures and lockdowns in Turkey coincided with the encampment and eventual return of displaced communities from the Greek-Turkish land border. This report considers these **two events as concomitant junctions** as well as consecutive crises. As also in the case of Greece, humanitarian actors and people in need of protection faced multiple crises during this period (see ADMIGOV WP4 interim report – Greece).

Both what we call the “**Edirne events**” and the implications for the first phase of the pandemic for refugee communities in Turkey are covered by several reports mainly prepared by NGOs or journalists (Relief Web, 2020; ASAM, 2020; HASUDER, 2020; HRW, 2020). While the existing reports and secondary data providing insights about events occurred at the Greek-Turkish border and the impact of pandemic separately, the report based on original research and primary data collected by our research team simultaneously covers the situation at the Greek-Turkish land border that occurred on the eve of the pandemic and the situation that emerged due to the outbreak. In addition to the events occurring at the Greek-Turkish border, our report puts emphasis on **the post-evacuation period following Edirne events** which has not received much attention yet. In this regard, the report seeks to capture three major dimensions of protection (access to legal status, health and

shelter) in all phases of events occurred at the border region and immediately afterwards on the eve of COVID—19 pandemic.

We give emphasis on protection issues stemming from pandemic situation both at the border and in urban areas. To this end, we adopt a “**front/backstage**” approach to study protection in Turkey within this aforesaid period. The front/backstage approach refers to the different spaces of protection having particular temporal and spatial circumstances. Front stage refers to the spaces and times of initial arrival or departure that are represented here by the border cities of Edirne (the city of land border) and Izmir (the biggest city on the Aegean coastline) as being the major sites of clandestine migration heading to Greece. (See ADMIGOV WP4 Interim Report - Greece) Through the period of pandemic, while Edirne represents the first phase of gatherings of people at the land border, Izmir symbolizes the second phase of their journey, an important hub where displaced people had been released the evacuation of the border region and after the quarantine period. Backstage refers to urban sites where refugees have become more of urban landscape and incorporated within the urban dynamics which is represented here with the case of Istanbul.

Along with researchers’ long-term field experience, this interim report utilizes secondary data provided by the existing reports, articles, legal documents, regulations and news as well as primary data produced through online interviews with a wide range of protection actors. **The qualitative primary data** for this interim report was collected between April and July 2020 through a series of in-depth interviews with a range of international, national and local NGOs in addition to public officials, municipal representatives and grassroots solidarity organizations that we will call as “humanitarian actors” (see the Glossary for ADMIGOV WP4).

Considering the impossibility of the face-to-face interactions during the COVID-19 pandemic, in our fieldwork we conducted **15 in-depth, semi-structured online interviews** with the representatives of the organizations that temporarily or permanently operate in **Istanbul, Edirne and Izmir** (see Appendix 1).<sup>1</sup> Edirne and Izmir, as *front stages* were selected because of the representativeness of the actors in terms of the spatial dimension of their activity as bordering cities of Turkey, witnessing mobility of asylum seekers and migrants at the time of the outbreak. Istanbul as *back stage* was chosen because it has the largest refugee and migrant population in the country, particularly including the majority of Syrians as well as asylum seekers from other nationalities and undocumented migrants.



**Figure 1:** Edirne and Izmir as front stage; Istanbul as back stage

<sup>1</sup> Note that during this time period, it was not possible to reach out key state actors such as DGMM and Ministry of Health and also representative of UNHCR. They either refused or did not respond to our invitation. This is a major shortcoming of our findings. However, we collected information provided by state institutions in online platforms. Plus, we interviewed NGOs who closely work with the government, who implement state policies and whose stance is parallel to the official state perspective. We were also able to interview representatives of metropolitan municipality in Istanbul.

With the aim of unpacking the series of events in the front stage of Greek-Turkish border immediately before the COVID—19 outbreak, we conducted interviews with NGOs, some closely working with the government, IOs, solidarity networks present and actively operating in the Edirne border region and who followed the people in the aftermath of the Edirne events. For the analysis of the urban dynamics in the back stage in Istanbul, we conducted our interviews to capture the impact of the COVID—19 outbreak both on the activities of state and civil society organizations, as well as on displaced communities.

The interviews primarily centered on a set of questions designed to provide insights into the operations of wide range of stakeholders active in the field of protection in Turkey. Regarding the selection of our interlocutors, we considered three major dimensions:

- **Type of the institutions** (IOs, NGOs, local municipalities and solidarity groups)
- **Area of specialization** (legal aid, health, social cohesion, training and education, provision of basic needs etc.)
- **Spatial scope of their operations** (Istanbul, Edirne and Izmir) (see Figure 1)

With the aim of mentioned selection criteria, we seek to capture **the breadth** on the ground by gathering representatives from a wide spectrum. We conducted our interviews via Zoom/Skype meetings scheduled right after our official email request to interlocutors. All interviews were recorded and thereafter selectively transcribed. They were conducted in Turkish, analyzed and then the selected quotes are translated into English. Data was collected after having voluntary, well-informed and explicit consent of the respondents. Principles of anonymity and confidentiality were fully respected.

This interim report deals with the extent to which recurrent and newly arising protection needs have been met during the first phase of the pandemic, mainly the period from February 2020 to June 2020. **Part 2** provides an overview of the current protection regime in Turkey and explains different legal categories that this report focuses on and with an overview of key events from 2016 Turkey-EU statement during first phase of coronavirus pandemic in spring 2020. **Part 3** focuses on the events occurred at the Greek-Turkey land border on the eve of the COVID—19 outbreak between February and March. This section extensively covers the series of events occurred in Edirne border region and also its aftermath, the post-Edirne period, with a focus on the pandemic situation. **Part 4** deals with the severe impacts of pandemic on refugee and migrant communities and protection responses of civil society in the urban backstage, with a focus on Istanbul. The last part of the report concludes with remarks regarding the reconfiguration of protection highly affected by the first phase of the pandemic.

## 2. Protection in the Turkish Context

### 2.1. The focus of the report: Categories of people under protection in Turkey

Turkey, is currently the country hosting the highest number of refugees in the world, has historically served as a “waiting room” for those on their way to Europe (mostly through irregular migration and to other “developed” countries, mostly through re-settlement (İçduygu and Aksel, 2012). According to the United Nations High Commissioner for Refugees (UNHCR) (as of May 29, 2020), there are in total close to 4 million refugees and asylum-seekers in Turkey. The figures include 3.6 million Syrian nationals and close to 330,000 registered refugees and asylum seekers of other nationalities, mainly from Afghanistan, Iraq, and Iran (see Appendix 2: Overview of key events on protection until the COVID-19 pandemic).



Turkey's commitment to international protection dates back to 1951 as the country is one of the first signatories of the Geneva Convention on the Status of Refugees. However, Turkey still retains geographical limitation on the implementation of the Convention meaning refugee status is granted only to people originating from Europe. While retaining this duality between applicants from European and non-European countries, the policy environment and conditions of protection for refugees in Turkey has changed over the past decade. As of 2013, the country has a comprehensive legal framework regulating international protection, under the **Law on Foreigners and International Protection (LFIP)** (Law no: 6458). Accordingly, Directorate General of Migration Management (DGMM) is the state department responsible for immigration issues in Turkey. In general terms, the LFIP had distinguished between legal migration, referring to migrants with residence permit in Turkey, irregular migration, international protection and temporary protection<sup>2</sup>.

Turkey's asylum legislation has created a **multi-layered and differentiated** international protection scheme (Genç, Heck and Hess, 2018; Üstübici, 2019). As mentioned above, one pillar of differentiation is the geographical limitation on the 1951 Convention denying access to the refugee status to nationals of non-European countries. Asylum seekers from non-European countries, if granted asylum, are under **conditional refugee status** [TR. şartlı mülteci statüsü]. Here, conditional refers to temporality of their status in which people under this legal status are allowed to stay in Turkey in designated **satellite cities** until their re-settlement to a third country where they will enjoy fully-fledged refugee status and provided a **durable solution**. This group of either asylum applicants or conditional refugees in Turkey is generally referred as those under **non-Syrians under international protection** [TR. Uluslararası koruma].

Following an open-door policy at the onset of the Syrian crisis in 2011, Turkey received refugees fleeing from the civil war as asylum applications from other countries that were already on the rise. As different from non-Syrian asylum seekers, Syrians were initially referred to as "guests", not "refugees" or "asylum seekers", even though this term has no equivalence in international law. It was not until 2014 that the Turkish government introduced the **Temporary Protection Regulation (TPR)** regulating the access to protection for Syrian refugees.<sup>3</sup> Accordingly, Syrian refugees who arrived Turkey after April 2011 are provided another status than international protection, which is **temporary protection (TP)** [TR. geçici koruma]. As a result, Syrians under TP are subject to different measures of protection, regarding their registration, legal status, access to health and shelter as explained below. This is a new level of legal differentiation when compared to those entitled to international protection in terms of the level of access to rights and recognition. In other words, Syrians under temporary protection are neither conditional refugees nor asylum seekers under the LFIP. All other categories of people claiming international protection in Turkey are required to prove their need for protection, going through Refugee Status Determination (RSD). However, the temporary protection status was granted to Syrians due to their overwhelming numbers, vulnerability and immediate need for protection, that make it impossible, plus redundant to make a case by case evaluation of the refugee status (Üstübici, 2019).

In addition to **Syrians under Temporary Protection** and **non-Syrians under international protection**, Turkey hosts international migrants who do not have a legal status, who are kept in detention or whose asylum applications is rejected as well as those who have never been registered. We label this rather large and heterogeneous group as **undocumented migrants**. Note that this group is rather

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<sup>2</sup> We are not dealing with protection issues in relation to legal migration in this report. There is also another category called **subsidiary protection**, that is left out of the scope of this report, referring to those who are not in the asylum system but still needs protection for humanitarian reasons.

<sup>3</sup> The TPR is based on the clause on temporary protection, defined in the Art. 91 of LFIP as a measure that can be used in cases of mass movements and urgent and temporary needs for protection.

invisible and not in the immediate reach of formal civil society. Nonetheless, we also interviewed grassroots initiatives that explicitly support needs of undocumented migrants.

The report is mainly concerned with the legal categories of displaced persons in need of protection including those without legal status, summarized below:

**Table 1: Legal categories of displaced persons in Turkey**

	Working definition	Numbers
<b>Syrians under Temporary Protection</b>	Syrian nationals, as well as stateless persons and refugees from Syria, who came to Turkey due to events in Syria after 28 April 2011 are provided with temporary protection (TP) by the Government of Turkey.	3,609,003 (as of August 2020)
<b>Non-Syrians under International Protection</b>	Non-Syrians who applied to UNHCR or Turkish authorities to seek asylum in Turkey. Major nationalities under International Protection in Turkey are Iraqis, Afghans, Iranians and Somalis among others.	Nearly 400,000 (as of May 2020)
<b>Undocumented migrants</b>	International migrants not currently registered with the authorities, included those in detention, rejected asylum seekers as well as those who have never registered.	Unknown and difficult to estimate

According to Aras and Mencütek, asylum system in Turkey is based on temporality, “creating a precarity in protection” and disparities in access to rights (2020, p.81). Both Syrians under temporary protection and non-Syrians under international protection do not have the right of permanent stay, despite the fact that many have lived in Turkey for almost over a decade. However, when compared to other categories of asylum seekers, Syrians under temporary protection have easier access to registration, services and aid than conditional refugees from non-European countries waiting to be re-settled. On the top of this, irregular migrants outside of the asylum system and rejected asylum applicants are further marginalized with no access to formal provision of protection. In short, Turkey’s international protection regime is defined through **legal differentiation**.

The following section will clarify different regulations and practices applied to each group especially in relation to *registration, legal status, health care* and shelter.

## 2.2 Access to protection

### *Registration and legal status*

Non-Syrians seeking international protection in Turkey are expected to register with the authorities after their entry to the country. After registration, asylum applicants in Turkey are assigned to a “**satellite city**” where they are expected to reside and prove their presence by providing signatures to provincial authorities on a regular basis. Most of the time, they do not have a preference over which city to be assigned to. Then, they are called for an interview by the authorities for their refugee status determination (RSD). Note that as of September 2018, RSD procedures have been entirely moved from UNHCR (previously conducted in tandem with UNHCR) entirely to DGMM.<sup>4</sup>

*Non-Syrians under international protection* if granted “**conditional refugee status**”, are allowed to stay in the country with some basic rights but with no access to residency eventually leading to local integration. Hence, *non-Syrians under international protection* wait for long years, first to be recognized as conditional refugees and eventually to be resettled in a third country, where they can eventually enjoy refugee status. Note the number of those resettled from Turkey each year is meagre. In 2019, 10,558 refugees departed Turkey to be re-settled in 18 re-settlement countries and only 23% of them were other nationalities than Syrians (UNHCR, 2019). As a result, conditional refugees in Turkey are in a legal limbo because they are not given full refugee status and the quotas for resettlement to third countries are very limited.

Displaced people from Syria have been able to register with the authorities in the province of their own choice and were provided with temporary protection status. There is no RSD procedure for Syrian refugees. Although Syrians under TP are not required to provide signatures to prove residency in their registered cities, their mobility from one province to another is subject to official permission from the Provincial Directorate of Migration Management (PDMM) in the city they reside. Once registered, *Syrians under TP* are provided an identity card enabling them access to public services, especially health and education. In big cities such as Istanbul, there are thousands of Syrian displaced people, living and working in other cities than the ones they are registered in, jeopardizing their access to rights.

### *Shelter and basic needs*

With the exception of 60,169 Syrians<sup>5</sup> under Temporary Protection (less than 2% of all Syrians under TP in Turkey) living in camps run by Disaster and Emergency Management Authority (AFAD), all Syrians under Temporary Protection and non-Syrians under international protection are urban refugees. However, regarding housing arrangements, the Turkish government does not provide shelter to urban refugees except for unaccompanied minors. They are expected to find a place to stay in the housing market.

The Regulation on Work Permit of Refugees under Temporary Protection was introduced in January 2016, part of the agenda from the EU-Turkey Joint Action Plan of November 2015. The regulation has enabled easier access to work permit procedures for Syrians under temporary protection. This scheme was later adopted for non-Syrians under international protection. However, in practice, only

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<sup>4</sup> The implications of the shift of mandate are yet to be analyzed. One implication has been that the data of new applications after September 2018 has not been published by DGMM.

<sup>5</sup> See the official website of the DGMM: <https://en.goc.gov.tr/>

a small minority of displaced people in Turkey have access to formal labour market<sup>6</sup>. Housing and working conditions of Syrians under Temporary Protection and of non-Syrians under international protection in urban areas are very similar to undocumented migrants. All displaced people rely on the functioning of the informal housing and labour market.

Based on a vulnerability criterion, refugee families especially the ones with several children, elderly, disabled in need to care receive a modest cash aid (120 TL [currently less than 15 Euro] per eligible family member) under ESSN (Emergency Social Safety Net) scheme (Cuevas et al., 2019) (see timeline). ESSN scheme currently reached to over 1.7 million refugees in Turkey<sup>7</sup>. The cash transfer is modest but helps households to cover basic needs such as rent, bills or food. Note that 90% of households receiving cash aids are Syrians under temporary protection and the rest are non-Syrians under international protection (Murat<sup>8</sup>, IO representative, 5 May 2020). Needless to say, undocumented migrants have no access to regular cash aid.

### Healthcare

As long as *Syrians under Temporary Protection* and *non-Syrians under International Protection* reside in the province where they are registered, they have *de jure* access to free emergency, primary, secondary and tertiary healthcare services in public hospitals free of charge. However, a recent legal change introduced a time limit to access to unpaid public healthcare for *non-Syrians under international protection*. According to Law No. 7196 amendment enacted in December 2019, the health care needs of non-Syrians above 18 years old are only covered by the state during the first year after their registration with the authorities<sup>9</sup>. Plus, new regulations were introduced that Syrians under TP are expected to pay premiums to cover their health care expenses beyond primary healthcare (Eda, public health specialist and NGO representative, 8 May 2020). Our interviewer indicated how these recent changes created protection gaps, even before the COVID-19 outbreak:

At the moment, the biggest restrictions are observed for those under international protection. Before, they had access to general health insurance. However, the regulation dating back December 2019 restricted the access to general health insurance to one year. Cancer patients cannot get access to their medication, their treatment stopped. Syrians under Temporary Protection are now asked to pay premiums. At first, they were not paying anything and now they have to contribute. Nonetheless, the restrictions in access to health are not as bad as those under international protection. (Eda, public health specialist and NGO representative, 8 May 2020)

For Syrians under TP, the access to public healthcare is at stake due to lack of information and language barriers. In order to improve access to primary healthcare services for Syrians under TP, the SIHHAT project (acronym for “Developing Services Related to the Health Status of Syrians under Temporary Protection in the Republic of Turkey”) funded the establishment of 180 Migrant Health Centres (MHCs), employing Syrian health care workers. The initial phase of the project will last until November 2020 with possible follow up for more targeted interventions. The number of functional MHCs in 29 provinces has reached 176, employing 3181 healthcare personnel by the end of 2019<sup>10</sup>. Majority of healthcare personnel are Syrian nationals. MHCs providing primary health care alleviated the burden on the health system, plus prevented cases of mistreatment or under treatment arising

<sup>6</sup> Most recent statistics made available by the Ministry of Family, Labour and Social Services in 2018, indicated that 34.573 Syrian nationals were granted work permits in 2018: <https://www.ailevecalisma.gov.tr/media/31746/yabanciizin2018.pdf>

<sup>7</sup> Check the statistics available at: [https://ec.europa.eu/echo/essn\\_en](https://ec.europa.eu/echo/essn_en)

<sup>8</sup> We use pseudonyms referring to our interviewees.

<sup>9</sup> Law No. 7196 Amending Several Acts, 6 December 2019. Retrieved August 7, 2020, from <https://www.resmigazete.gov.tr/eskiler/2019/12/20191224-1.htm>

<sup>10</sup> See COM(2020) *Fourth Annual Report on the Facility for Refugees in Turkey*, [https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/fourth\\_annual\\_report\\_on\\_the\\_facility\\_for\\_refugees\\_in\\_turkey.pdf](https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/fourth_annual_report_on_the_facility_for_refugees_in_turkey.pdf)

from language barrier between Arabic speaking patients and Turkish speaking doctors in public hospitals (Eda, public health specialist and NGO representative, 8 May 2020).

However, non-Syrians under international protection are in general not admitted to MHCs (Eda, public health specialist and NGO representative, 8 May 2020). The Ministry of Health announced in 2018 that Polyclinics for Foreign Nationalities (PFN) will be opened in the premises of public health centers in areas where the population of non-Syrian refugees and other migrants are above 4000<sup>11</sup>. However, as non-Syrians under international protection are lower in numbers and less spatially concentrated, these centres remained limited in numbers and not properly functioning (Murat, IO representative, 5 May 2020). Plus, our interlocutor explained despite high presence of migrants in certain neighbourhood, PFNs are not established as these migrants are undocumented, hence not registered with the authorities. In those cases, undocumented migrants can only have access to public hospitals at tourist rates, which are sometimes four times the normal rate, and risk being reported to authorities. Our interlocutor, Eda, who is a public health expert mentioned that not all, but some of the private hospitals in the historical peninsula of Istanbul developed this practice of admitting undocumented migrants at a citizen rate, as long as they can cover their own expenses.

Overall, despite recent improvements in access to primary health care, especially for Syrians under TP, displaced people not registered in provinces they reside or not registered at all constituted the main issue in access to health care before the outbreak. Because of the fear of rejection or even deportation, displaced people, especially non-Syrians under international protection and undocumented migrants would prefer to go to private hospitals or informal clinics.

This section summarized major legal categories of protection in the complex asylum system in Turkey. Against this background, the following parts of the report focuses on protection gaps at the front stage of Greek-Turkish border and urban backstage in Istanbul during the first phase of the pandemic.

### 3. First Phase of Pandemic at the Greek-Turkish Border

#### 3.1. Controlled/reinforced mobility toward the border gate

As summarized in the previous section, Turkish government increased internal controls and border controls in the aftermath of the Turkey-EU statement of March 2016 (Karadağ, 2019; Kuschminder et al., 2019). Strict controls rendered border crossings to Greece, costlier and riskier, even if it did not totally halted smuggling activities. This situation has suddenly and unilaterally changed in the wake of the COVID—19 outbreak.

On February 27, following the news about the death of 34 Turkish soldiers in Syria's Idlib province, the same night, the Turkish government announced that Turkey had “no choice” since it had not acquired enough support in hosting refugees in the country; and it would no longer stop asylum seekers and migrants from leaving Turkey to reach the EU (HRW, 2020). Right after the government's announcement, thousands of people started a rushed journey to Turkey's Pazarkule (in Edirne) border gate on the Greek-Turkish border and to the Evros River and migrants on their way to Edirne were broadcast live on national TV and covered in mainstream media. Turkish police, gendarmerie, coastguard and border guards were ordered to stand down and not to operate interception practices blocking the passages to Europe. Concomitantly, according to existing reports, Turkish border guards

<sup>11</sup> The Ministry of Health, available at: <https://hsgm.saglik.gov.tr/tr/yabanc%C4%B1-uyruklar-poliklini%C4%9Fi.html>

actively prevented potential migrant attempts towards the Bulgarian border; rather they encouraged and facilitated the movement to the Greek border, particularly the land border (Amnesty International (AI), 2020).

Right after the Turkish government declared to open the borders with Greece and Bulgaria, the streets in migrant neighbourhoods of Istanbul were very visible, actively looking for a smuggler to take them to the border. During our field visits on March 1<sup>st</sup>, it was clear that internal controls, reinforced in the aftermath of the Turkey-EU statement of March 2016 (see Kuschminder et al., 2019) were completely suspended and some Afghans under international protection stated that they were even encouraged to leave by the authorities in the provinces where they are registered.

Our interlocutors observed that some undocumented migrants **released from detention centers** were encouraged to Pazarkule border gate, at times transported by buses arranged by the DGMM while the rest tried to use their own means to arrive at the border (Idil, NGO representative, 5 June 2020). Another NGO representative we interviewed asserted that “within this period, removal centers were emptied, including the ones in Edirne, Kırklareli, Çanakkale, Ayvacık, İzmir, Bursa, Istanbul; and the as far as we know other centers in the rest of Turkey were also emptied” (Ceren, NGO representative, 16 June 2020; see also Yeşil Gazete, 2 March 2020; Hak İnsiyatifi, 2020). As she furthered: “there are 200-700 people in each removal center depending on its particular capacity... they [authorities] did not bring all of them by themselves but directed”.

The representatives of the interviewed NGOs and IOs are also agreed on that Pazarkule border gate was intentionally chosen by the government and the state officials to channel people to cross into Greece. First, the Greek-Turkish land border is not included within the content of the EU-Turkey Statement, and this enabled it to become **a new political bargaining tool**. Second, crossing the land border is cheaper for migrants, suitable for monitoring by the authorities, and also publicly visible to enable media attention. Therefore, The Greek-Turkey land border in Edirne provided suitable conditions in order to monitor the **controlled mobility of those on the move**. On the contrary, the sea border has a high degree of unpredictability and risks in monitoring mobility (Karadağ, 2019). With the aim of controlled mobility channeled to Pazarkule border gate, the people heading to coastal cities were not detained by the Turkish gendarmerie or coastguard. The coastguard focused on life saving operations at the sea that did not intercept anyone during this period (Esra, grassroots organization member, 19 June 2020).

While Turkey declared opening of borders at the end of February 2020, Greek side responded in further closing down and **militarizing the land border** with Turkey and **suspending new asylum applications** (see ADMIGOV Greek interim report). Human Rights Watch reported that asylum seekers and migrants who gathered at the Pazarkule border area and attempted to cross the border had been faced with severe violent acts by Greek security forces where they were detained, beaten, assaulted, sexually assaulted, robbed, stripped and then forced back to Turkey (see HRW, 2020). According to the testimonies appearing in the report of Amnesty International, asylum seekers were beaten by Greek border forces wearing either military uniform, police uniform or by people in plain clothes acting in cooperation with border forces (AI, 2020, p.8).

Approximately 13,000 migrants gathered at the border crossing points in Edirne (IOM, 2020)<sup>12</sup>. One of the humanitarian actors, actively worked on the ground during the Edirne process, shared the results of non-random survey that their institution conducted on the ground<sup>13</sup> in Edirne. Accordingly, **the majority were Afghans**, respectively followed by Iranians, Syrians, Somalians and Iraqis (Idil, NGO representative, 5 June 2020). Additionally, there was **a wide spectrum of nationalities**

<sup>12</sup>Note that the Turkish Ministry of Interior announced that around 130,000 migrants crossed into Greek side. See *Sabah*, 3 March 2020, <https://www.sabah.com.tr/gundem/2020/03/03/bakan-soylu-son-dakika-duyurdu-saat-0915-itibariyla-turkiye-topraklarindan>

<sup>13</sup>The statistics are provided by one of the interlocutors, based on a survey that has not been published yet.



observed, including Pakistanis, Congolese, Cameroonians, Nigerians, Moroccans and Algerians. In terms of their legal status, **undocumented people were the majority** in addition to Syrians under temporary and non-Syrians under international protection, those who had residence permit and were international students. According to the same survey, **71%** of the population was men while **13%** was women and **16%** were children; and single men constituted the majority.

Pazarkule border gate is approximately one square kilometer area while the buffer zone where migrants were mostly directed to gather is nearly two hundred square meters. The rest of the border area in Edirne, lying along the Evros River, is 205 kilometers border area. Based on the testimonies of actors, present in the border region in March, Pazarkule border gate was the main site of gathering where the Red Crescent and Directorate of Emergency Management (AFAD) established a central distribution point in coordination with Edirne governorship, Provincial Directorate of Migration Management (PDMM) and gendarmerie (Support to Life, 2020). UNHCR Istanbul Head of Office was present in the area. Additionally, Association for Solidarity with Asylum Seekers and Migrants (SGDD-ASAM), being one of the largest non-state actor in the field of migration in Turkey as the implementing partner of UNHCR was coordinating the central distribution point in cooperation with state-led organizations (Idil, NGO representative, 5 June 2020). However, according to the reports and testimonies of actors, Pazarkule border gate which was relatively coordinated point in terms of distribution of basic needs was not the only site that people gathered. Reportedly, rather the majority were dispersed along the Evros River (along 205 kilometers) in smaller numbers with the aim of crossing the river by a dingy<sup>14</sup> (Kemal, grassroot organization member, 6 June 2020). As noted, other smaller NGOs and humanitarian actors were not allowed to enter the central distribution point, rather they were asked to deliver their aid materials to state-led organizations to be distributed at the main point or allowed to distribute by themselves outside of the border gate (Association of Bridging People, 2020). Hence, numerous smaller NGOs, foundations and solidarity groups (Tarlabaşı Dayanışma, Association of Bridging Peoples, Yardımeli Derneği, Mavi Kalem Association, Aşhane Kardeşlik Seferberliği, Mazlumder, Hak İnisiyatifi among others) were mainly active in the Evros region rather than Pazarkule border gate, by providing food, clothes and hygiene materials to the groups who were dispersed across hundreds of kilometers and were in more vulnerable situations (Hak İnisiyatifi, 2020).

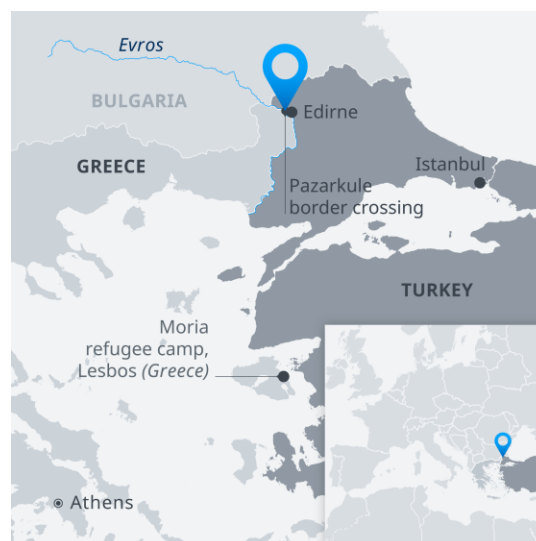


Figure 2: Greek-Turkish land border (Source: Deutsche Welle)

<sup>14</sup> Also see testimonies of humanitarian actors present in the region in the video series produced by the Association for Migration Studies (GAR) in Turkey, available at: <https://www.youtube.com/channel/UCBFnCVOipaaDUIGupB97tXQ>

### 3.2 Protection during Edirne events

#### *Shelter*

The chain of events in the Edirne border region **created major protection gaps on the top of existing ones** for refugee and migrant communities who have been stuck at the border between Turkey and Greece. Some had left their rented homes in their designated satellite cities and sold their belongings before leaving to the border. Some others were never registered with authorities or were accommodated in removal centers waiting for deportation.

As secondary data indicate, although there were instances of migrants being accommodated by the authorities in sport centers, majority of the population had to sleep in fields or in makeshift tents made with tree branches, blankets or plastic sheeting, which observed as the most severe shortage in the border area (AI, 2020). Some were sleeping on the ground without blankets and any materials underneath (Support to Life, 2020). Despite all efforts of NGOs in the border region, food provision as well as NGO-provided portable toilets and washing units were far below the level required for thousands of people (AI, 2020).

All through March, the urgent necessity was the provision of basic food, clean water and shelter in the border region. There was **no provision of shelter** by the state-led or civil society organizations. People had to build their own makeshift shelters by gathering various tools from the area. Due to the conditions of rain and cold weather, people started building tents by **using plastic sheets, branches from trees or watering pipes** from nearby agricultural sites (Ceren, NGO representative, 16 June 2020).

Turkish Red Crescent, DGMM and AFAD were distributing **soup and ready to eat boxes** in the border region in addition to the **food packages** distributed by ASAM in cooperation with UNHCR (Support to Life, 2020). Despite the provided support, people in the region reported that they had to wait for food for hours in very **long line-ups** while some could not even achieve anything for the whole day (Support to Life, 2020; Association of Bridging Peoples, 2020). Due to the hunger and thirst because of the **insufficient provision of basic supplies**, people in the border region had to use small shops in the border villages to buy bread and water. However, as reported by the members of Association of Bridging Peoples, town folks set up a small market nearby the buffer zone under the control of municipal security personnel and attempted to take advantage of the situation by hiking up the prices (Support to Life, 2020).

#### *Health*

Due to the constant clashes between Greek security officials and refugees, the **use of red pepper spray, tear gas and high-pressure water** had severe impacts on the refugees and contributed to a notable number of injuries every day (BBC, 7 March 2020), also televised by mainstream media on daily basis. According to the report published by Turkish Chamber of Medical Doctors (TTB), there were a wide range of daily injuries taken to the nearby public hospitals in Edirne (TTB, 2020). There were severe cases of **beating, damaged skin, shot by live bullets and drowning** as result of the violence used during push backs (Ghoneim, 8 March 2020). Drownings were also result of the border crossings organized by the smugglers, using more dangerous parts of Evros to avoid Greek control. As reported by the TTB in March, 27 injured people were observed in the nearby hospitals with 18 cases of beating; 2 cases of cutting injury; 6 cases of injury by live bullets and a case of drowning (TTB, 2020). As noted by the members of the chamber, access to primary health services was the major issue in the border region together with lack of access to food, clean water, basic medical needs and ambulance. This was an extreme situation where border clashes and push-backs were perceived as the main threat putting lives in danger; coupled with extreme living situation giving rise to issues related to public healthcare.



In the Pazarkule border region, **Field (Sahra) Tent Hospital** was operating as a major medical unit directed by UMKE (National Medical Rescue Team). UMKE is a governmental emergency service organization as being part of the Ministry of Health with the purpose of operating during natural disasters. The ambulances were directed by Edirne Provincial Health Directorate in a quite limited number. ASAM had its own ambulance with three medical staff operating emergency response. As many NGO representatives shared their observations and experiences in the border region during the interviews, they agreed that considering thousands of refugees living in the region for approximately a month, **the supply of medical care and ambulances was considerably inadequate**. UMKE's Field (Sahra) Hospital was unable to provide medical assistance and drugs for **chronic diseases** (such as asthma, redness etc.) and accordingly chronic diseases were constantly relapsing in the region (Reliefweb, 2020).

Due to the rain coupled with cold weather and poor hygiene conditions as well as limited number of toilets and washing units (50 portable toilets and 25 hand washing units set up two days in a week; no shower facilities), there was a high **risk of infectious diseases** (Reliefweb, 2020).

As of today, it is not clear how COVID-19 affected people stuck at the border. It was mentioned by the respondents who were present in Edirne that there was **no test done for COVID—19** in the region and accordingly no positive case was identified. Thus, there is no information about the emergence of cases in the border region. One of the NGO respondents critically described the situation in Edirne as **“a vacuum amidst the COVID—19 pandemic”** as it follows:

It was a place totally isolated from the rest of the world, like in a vacuum. The world was burning with the spread of pandemic but it seemed that we totally ignored the rest of the world in Edirne. In that period, the governor of Edirne even stated that the border region was the most isolated and safe place in the Earth since people were all locked down there.

(Ceren, NGO representative, 16 June 2020)

As the Greek border remains closed, clashes continue and COVID-19 cases around the country are on the rise, the government gradually evacuated the border (see Table 2 below for key events during the First phase of pandemic at the Greek-Turkish border).

**Table 2: First phase of pandemic at the Greek-Turkish border**

First phase of pandemic at the Greek-Turkish border	
February 27	Announcement of Turkish authorities that Turkey would not stop passages to Europe
February 28	Gathering of asylum seekers and migrants across Pazarkule border gate and Evros River
	✓ Approximately 13,000 people from a wide spectrum of nationalities gathered at the border crossing points while the statistics of Turkish Ministry of Interior announced much higher numbers
March 11	First officially confirmed case of COVID-19 in Turkey
March 16-17	Voluntary transfer of people to Istanbul who wanted to leave the border region
March 26	Evacuation of tents and forced transfer of people to removal centers and dormitories in random cities
Post-evacuation period following Edirne events in Turkey	
	14 days of quarantine in removal centers and dormitories in random cities
	Release from quarantine amidst of official lockdown

### 3.3 Protection in the post-evacuation period following Edirne events

#### *Shelter and Health*

Turkey's Ministry of Health announced the country's first case of pandemic on March 11 which was followed by certain lockdown measures in the country such as closing of schools and restrictions on within country mobility. In the following days of the official case, Turkish state officials started to make announcement in Edirne stating that people who wanted to return would be freely transferred by the state facilities to the cities they live. The below given two quotations from NGO representatives, who frequently visited the border region and followed up the evacuation process summarize the atmosphere in Edirne at the time of official beginning of pandemic.

Before the spread of pandemic, the announcements stating that people could leave the area on voluntary basis. Announcements were made by our staff as well in several times. DGMM arranged buses. Approximately 2500-3000 people left the area following these announcements. For their return, travel assistance was provided which was determined based on the interviews assessing protection needs and provided by contributions of private benefactors and donors. They [voluntary returns] started by 17<sup>th</sup> of March. At that time COVID-19 lockdown measures had been started in the country, but there was no quarantine policy implemented for the first round of returns. (Ceren, NGO representative, 16 June 2020)

With the first confirmed case of COVID—19, a fear haunted the atmosphere in Edirne. The gathering of thousands of people in the midst of pandemic will be a concern in eyes of the world media. People have become a toy in government's hands by being encouraged to gather at the border and then forced to leave hastily. DGMM buses took them to Istanbul.

State practices were ever changing and full of surprises during this process. They first took the people by buses and then left them near the terminal in Istanbul. They did that right at the time of corona pandemic. At that time, we started to receive photos of refugees sleeping outside on the ground with hunger. We provided them daily warm food. Those who could leave left, but those who could not maintained to stay there. (Derya, grassroots organization member, 27 May 2020)

By **March 17**, the first group of refugees who were **voluntarily transferred** to Istanbul bus terminal was totally abandoned in the terminal at the time when the number COVID-19 cases were on the rise in Turkey (Derya, grassroots organization member, 27 May 2020). There was news appeared on the Turkish alternative media outlets documenting the arrivals of displaced people abandoned at Istanbul bus terminal without having accommodation in the midst of COVID-19 pandemic (Bianet, 19 March 2020). At the beginning, lockdown measures were also in the making and **no state-organized quarantine** was provided to those the first group of people returning from Edirne. Since the transportation facilities were not running for the country travel due to the pandemic measures, Edirne returnees had to wait and sleep on the floor for days in the terminal with having no money and food. Our interlocutor who is the member of a grassroots organization gives insights about the situation in practice:

These people were transported to the cities they previously lived by the efforts of humanitarian volunteers; especially by the private buses arranged by grassroots initiatives [name of a grassroots organization]. These people were totally unprotected under circumstances in which lots of children were having fever and doctors were not accepting them. (Derya, grassroots organization member, 27 May 2020)

As of **March 26**, Turkish authorities forced the rest of the population to move out in order to totally empty the border area. People were forced to leave the Pazarkule buffer zone and taken by buses (Gerçek Gündem, 27 March 2020). They evacuated tents and put people into buses to transfer them to removal centers and dormitories in various random cities as a measure of **quarantine for 14 days** (Idil, NGO representative, 5 June 2020). Later, they were released, and some were taken to **random cities in the midst of COVID—19 outbreak**. According to the information announced by the DGMM on their social media account, the number of displaced people who were put in removal centers for quarantine measures right after being taken from Pazarkule is 5848<sup>15</sup>. The official statement by the DGMM remarks that people were checked by medical units before they were put into removal centers, and regularly followed up by the provincial health directorate during quarantine (Evrensel, 31 March 2020). In their report, lawyers from the Izmir Bar Association claimed that they had received many complaints from people put in Harmandalı Removal Center for quarantine measures, including overcrowded small and airless rooms with 15 people, lack of hygiene materials and isolation, and lack of medication despite symptoms of people (Izmir Bar Association, 2020). During this time, DGMM drew attention to COVID-19 precautions in removal centers. Official statement notes that there was no positive case detected among the people under quarantine, denying the claims made by Izmir Bar Association<sup>16</sup>. Furthermore, lawyers asserted that as opposed to official statements, there were 30 COVID-19 positive cases observed in the removal center (Evrensel, 18 April 2020).

According to the testimonies of lawyers and health specialists that we interviewed, the efforts of civil society aiming to closely follow the situation of people during the quarantine period had failed due to the lack of access and communication. Lawyers could not get information on the conditions of

<sup>15</sup> DGMM, Twitter account available at: <https://twitter.com/Gocidaresi/status/1244884202425929729?s=20>

<sup>16</sup> The report published by Izmir Bar Association underlines the severe risks occurring in Harmandalı Removal Center in Izmir, available at: <https://www.izmirbarosu.org.tr/Upload/files/ggm-rapor.pdf>

migrants during the quarantine period since their phones were confiscated along the journey (Burak, lawyer and NGO representative, 21 May 2020). Another NGO representative explains that:

At that time, there were hygiene materials left that we prepared for Edirne. We sent the remains to all removal centers by the request of Provincial Directorate of Migration Management. We did not have chance to reach people during the quarantine period. As part of our operations, we pay regular visits to removal centers, but in this period since we work from home there was no opportunity to be in the field. We could not have the chance to observe. (Ceren, NGO representative, 16 June 2020)

In the aftermath of 14-days of quarantine, there was a **random transfer of people**, and people were **left to their own faith** during the **lockdown measures in the country**. Despite the conditions of banning within country travel and official lockdowns during the weekends, these people were released in random cities that they did not live before while some were abandoned in coastal cities of Izmir and Çanakkale (Derya, grassroot organization member, 27 May 2020). There was no shelter or accommodation assistance for these people who were later transferred to their own cities by the efforts of civil society organizations. Several NGOs provided **temporal accommodation in the hotels or provision of buses** for the transfer. One NGO in Izmir explained the situation of an Afghan group abandoned on the roads of Izmir after quarantine period:

First, we heard that there was a group of African people left in Çanakkale [coastal city of the Aegean]. At that time, travel between cities was banned because of pandemic. Then, all of a sudden, we witnessed 100 refugees on the streets of Izmir. It was a heterogeneous group in which the majority was Afghans. They were abandoned on the street. We learned later that, these people were under quarantine in Malatya [city in the eastern Anatolia], and then taken to the removal center in Izmir. After two days, they decided to release the same people. It was during the pandemic; there was official lockdown; and hundreds of people were on the roads. People walked to the terminal by walk for 3-4 hours... We provided food in the terminal. Due to the travel ban, there was no bus in the terminal. We tried to contact the authorities. The same removal center which had released these people arranged buses this time, and travel permit documents were prepared for those people to reach the cities they previously lived. For those who had children and could not walk, the humanitarian volunteers provided cars to bring them to the terminal... I do not know exactly what happened to the people in Çanakkale...Based on our investigations, they attempted to cross the sea but intercepted by the gendarmerie; and then had to wait in the station for a while. But I do not know the rest. (Derya, grassroot organization member, 27 May 2020)

As noted by an NGO representative, **random transfer of people at the time of COVID-19 lockdown** contributed to numerous vulnerabilities of people in the post-Edirne period:

After 14 days of quarantine, everybody was released from removal centers once again. Some of the released people who had been undocumented were registered in the provinces that they were put under quarantine, like Balıkesir, Amasya etc. In other cases, they were transferred to nearby provinces for registration. If they are registered already, they somehow reached the cities previously they lived, but there were instances in which people were taken to wrong cities that they had never been. There were people who got stuck in Istanbul; they had to stay in the houses of their relatives for a while, and in several urgent cases, we provided housing assistance. (Ceren, NGO representative, 16 June 2020)

When the release of people in random provinces **coincide with the official lockdown**, DGMM provided **road permit document** to those people (who were under international protection) as a temporary solution, and let them stay in these provinces that they were not registered. However, there were many instances in which **civil society** tried to provide **temporary housing assistance** to those people:

When there was an official lockdown, we temporarily arranged hotels to host the people. When the lockdown was over during the week days, we tried to find new houses for those

people. Accordingly, there was a need to provide a new rental house, furniture, and deposit for those who got stuck in the provinces that they were not registered. We tried to reallocate our budget to provide all of these, but due to our very limited budget for this kind of support, we could only reach out the most vulnerable cases. (Ceren, NGO representative, 16 June 2020)

As another NGO respondent explained, in the majority of cases, the solution was migrants' own networks. In order to have further details about what kind of solidarity experienced among migrant networks, further research is needed capturing the testimonies of displaced people. NGOs only have partial knowledge about how these solidarity networks worked in those days:

Lots of people just left on the street in the post-quarantine period after Edirne events. Dormitories and public shelters did not accept without COVID-19 tests. Since there was no provision of shelter to those people, they mostly used their own migrant networks...Some even did not want to get released from the removal centers since they were totally homeless. (Idil, NGO representative, 5 June 2020)

### *Legal Status*

When the border area was emptied, the legal status of the people who went to Edirne was marked with uncertainty. With the decision to evacuate the border as the outbreak started, majority of those in the border area were subject to a **14 days quarantine operated by state officials**. The NGO respondents provided information how the post-Edirne process unfolded for different groups of people based on their legal status. However, as they explained, the process was far from unitary and, included different at times conflictual implementations in different provinces.

**First**, the majority of the persons waiting at the border area were **adult males, not registered with the authorities**, some others previously detained allegedly released from removal centers. In other words, they were **undocumented**, detained by the authorities and waiting for deportation before they moved to Edirne. After their 14 days of quarantine in removal centers/dormitories in random cities, they were released again and provided a legal document that the content is not clear. NGO representatives still do not know whether these documents stand for a deportation decision or an exceptional one particular to Edirne case (Idil, NGO representative, 5 June 2020). Regardless of the outcome, the **legal basis of the mobility from and to the removal centers during Edirne period is not clear**:

They gave a document to those who were released after quarantine. But, we have no idea what was it for. Was it a document of deportation or of permission to stay? Nobody knows. We cannot ask to authorities since they do not operate during the pandemic. (Idil, NGO representative, 5 June 2020)

It was very difficult to provide legal aid for humanitarian workers under the circumstances of Covid-19 outbreak. As mentioned by many NGO representatives, the management of removal centers during this period was operated based on **ad hoc, self-contradictory decisions and practices**. Unfortunately, since this period coincided with outbreak, civil society members could not have access to reach governmental bodies to follow up individual cases:

We cannot follow the cases of these people. We cannot reach their legal documents, and they cannot give power to an attorney since there is no notary operating. Why they were released from removal centers? What was the legal basis of this? What is their current legal status? Did they lose their previous status? Will they be deported? All of these questions are waiting an answer. (Idil, NGO representative, 5 June 2020)

**Second**, the refugees **under international protection could not provide their regular obligatory signatures**, as referred in Part 1, in their registered provinces while they were waiting at the border area for weeks. As stated many of the respondents during the interviews, there is **lack of certain**

**information about the legal status of refugees under international or temporary protection** who arrived Pazarkule border gate or Evros region to cross into Europe. In other words, it was not clear whether the refugees who moved to the border and later quarantined will be able to reclaim their legal status.

**Third**, the ones who attempted to cross Evros region and pushed back by the Greek officials **lost their personal identification documents**. Their situation is still uncertain (Idil, NGO representative, 5 June 2020).

**Fourth**, as explained above, upon spending 14 days of quarantine in various provinces, people were released from removal centers or dormitories in **random cities where they do not reside or are registered in**. As stated by the expertise from NGO, a number of undocumented migrants were directly registered within the provinces they were in quarantine such as Balıkesir, Amasya, Bursa etc. Some were transported again to another province where registration was possible.

These events suggest the existence of serious protection gaps for people on the route in general. The events coinciding with the initial period of COVID-19 outbreak in the region exemplify how protection needs multiply in a situation where a (public health) crisis coincides with another (political) crisis. During our interviews, it was identified that the coincidence of events in Edirne with the COVID—19 outbreak created the “**Edirne-COVID Nexus**” concerning the protection of refugees in Turkey. During these events, both state-led and civil society organizations were expected to react and provide basic needs in a fastest possible way. Some even articulated that they **experienced a warm-up period in the front stage** of the Edirne border region, because a more challenging humanitarian situation was waiting for them in the urban backstage, as the county, especially big cities, were severely hit by COVID-19.

It is worth mentioning that overwhelming majority of displaced populations in Turkey stayed put during Edirne events. Hence, the next part of the report focuses on the challenges faced by humanitarian actors in urban backstage of Istanbul in meeting protection needs of displaced communities in Turkey whose access to livelihood was severely cut since the beginning of the outbreak.

#### **4. Urban Backstage in Istanbul in the period of COVID-19 Pandemic: back to basic needs**

Since the outbreak of COVID—19 in Turkey up until the reopening in mid-June the Turkish government called citizens not to go out unless necessary. At first, the call has been a recommendation rather than an enforced rule. As the numbers of deaths and of confirmed cases have risen, the government gradually enforced restrictions such banning within country travel, closing down access to public areas and lockdowns during weekends and public holidays from April throughout June. While some sectors such as restaurants, cafes, hotels, barbers were closed down, the economy was not completely shut

The need for basic needs such as food, hygiene supplies, rent support have increased enormously among the refugees but also other disadvantages, low income segments of the society. While most economic activities were resumed in June with the re-opening of the economy and normalization process; it is hard to say those most affected by the shutdown, have been able to recover their loss income or jobs. COVID-19 outbreak has adversely impacted the livelihood of people in every corner of the world, but those at the bottom of the socio-economic ladder have suffered most, including displaced communities in Turkey.

Istanbul is the heart of the Turkish economy with sixteen million inhabitants and over half a million registered Syrian refugees. Additionally, it is a hub for migrants seeking work who are mostly



employed in the informal sector. The majority of the urban poor, including refugees, undocumented people and internally displaced are daily laborers who live and work side-by-side in packed shop floors and overcrowded households in densely populated neighborhoods. Istanbul hosts the highest number of Syrian refugees in which Syrians under temporary protection make up around 4% of the population in Istanbul. In some districts, the ratio of refugees to the overall district population increases to 8% (Kale and Erdoğan, 2019). With its unique circumstances, the city has become an epicenter of the COVID-19 cases in Turkey in the first months of the pandemic. As announced by the Ministry of Health on April 10, the data on the distribution of positive COVID-19 cases per province indicates that Istanbul ranked as the first province containing 60% of positive diagnoses across Turkey (Milliyet, 10 April 2020). Displaced populations live in highly populated periphery urban settings of Istanbul with high rates of infection, such as Küçükçekmece, Bağcılar, Sultangazi, Fatih, Esenyurt and Zeytinburnu (Kale and Erdoğan, 2019). Crowded households, poor sanitary conditions, and lack of access to food and health services have severely exacerbated the impact of COVID-19 on refugees.

As revealed by other research, there is a widening range of international and domestic NGOs, municipal institutions and advocacy groups providing services to Syrian refugees (Çamur and Çamur, 2018; Danış and Nazlı, 2019; Paker, 2019; Sunata and Tosun, 2019). Before COVID-19 pandemic, the humanitarian projects were widely centered on consultancy practices (provision of legal and administrative consultancy, information guidance, translation support etc.), social cohesion and integration programs (pedagogic workshops for children, trainings empowering women and young generations, language courses, events pioneering dynamics of living together etc.), and entrepreneurship and long-term vocational trainings. However, as indicated during our fieldwork, COVID-19 outbreak has severely deteriorated refugees' already precarious conditions, and due to the pandemic measures and also lack of budget plan, international and domestic NGOs have become inadequate to meet the urgent needs of refugee populations. The existing reports as well as our investigation demonstrate that during the pandemic, basic needs became an urgent necessity. Since most of the refugee population is informally employed in Turkey, they are not eligible for the unemployment assistance or government safety nets. One of our respondents framed the current situation as in which **"they are not poor anymore, they are literally hungry now"** (Kemal, grassroots organization member, 6 June 2020).

#### 4.1. COVID—19 Outbreak: Back to basic needs

The COVID—19 outbreak has been a **definitive turning point in protection efforts** in Turkey. Until the pandemic, the sector of urgent and basic needs was almost nulled and thus the focus was primarily on social cohesion programs, integration efforts, entrepreneurship, long-term vocational training (HasNa, 2020). According to the survey conducted by the Association for Solidarity with Asylum Seekers and Migrants (SGDD-ASAM), **18%** of participants were **unemployed** before COVID—19 outbreak whereas this number increased to **88%** after March 2020 (ASAM, 2020, p.14). In the same report, it is noted that the percent of refugees having difficulties in accessing food and basic needs amid pandemic conditions is **63%** while **6.71%** percent of refugees declared that they no longer have any access amid outbreak (ASAM 2020, p. 13).

In order to meet unexpected and urgent needs of refugees during the pandemic, the civil society organizations had to **reallocate their limited budgets and activities** along the way of distributing food and hygiene materials to beneficiaries while prioritizing the ones applying the vulnerability criteria of the UNHCR:

As oppose to our regular protection interviews, the requests we receive from the beneficiaries have become very different than before. 85-90% of those who called stated that they had become unemployed and unable to pay their rents and bills and even to access food...They frequently asked for cash assistance. We finished our annual budget in midst of

April. Nevertheless, we could only help to those under vulnerability criteria. We could not support the ones, who could not pay their rents...We do not have data about how many cases we supported and to what extent. There are different items: food, accommodation, cash assistance, support of medical material etc....In Istanbul, mostly Syrian beneficiaries received support...Based on our data, we specified the most vulnerable groups...Cash assistance is allocated under protection plan. Here, the criterion is whether that person is appropriate for the vulnerability criteria. It refers to single parent, single woman, elderly people and LGBTI persons. There is also criterion of “Unmet Basic Needs”. Indeed, everyone is included in this criterion during the pandemic.

(Ceren, NGO representative, 16 June 2020).

The quoted paragraph of our respondent indicates that considering the limited budget allocated for the provision of basic needs, NGOs kept adopting their criteria of vulnerability and “unmet basic needs” referring to the exceptional cases experiencing severe living conditions. However, COVID-19 pandemic illustrates a breaking point at which the majority of the refugee population has met this criterion and the available budget of NGOs has been quite inadequate to meet these urgent basic needs. Respectively, under the circumstances of hunger during the pandemic, **package distribution** including food and hygiene materials has become **the major activity of civil society**.

NGOs working closely with the government have passed through similar transformation in which they started to prepare food and hygiene kits in community centers and distributed them to those who are registered under the database of community centers. 98% percent of the refugees listed under this database were **Syrians under temporary protection**. However, due to the lack of budget plan for rent support or cash assistance under protection programs, among Syrian community the ones who **meet vulnerability criteria** were given the priority to provide assistance.

98% of our list of beneficiaries included Syrians. Additionally, the support is provided to the ones in the list generated by the DGMM. Also through instructions (by NGOs, the state), we pursued to reach the families in the database of community centers. The priority is given to the ones coded under the item of “unmet basic needs” which refers to single parents and elderly people...We have 168 call center. They [refugees in need] can reach to staff providing cash assistance or the Red Crescent card...By law, we cannot provide cash assistance. We provided rent support, travel assistance; urgent accommodation etc. but there is no direct cash assistance. But, Emergency Social Safety Net (ESSN) program has a plan in which a cash support will be provided via the Red Crescent cards (Melike, NGO worker, 8 July 2020)

When we asked the profile of beneficiaries who received rent and accommodation assistance in particular, she highlighted their selection criteria determined in accordance with the vulnerability criteria:

We provided rent and accommodation assistance to single parents and elderly people who had been threatened with eviction. Also, we recently helped a Congolese family because they had no access to any rights and services. For the rest, we did not give support of rent or accommodation. The criterion for rent support is clear: to be under the need of protection and when the need is met with the support, this would lead the person to survive without any need of support in the future (Melike, NGO worker, 8 July 2020).

The selection criteria for humanitarian aid to be distributed are based on the appropriateness of that particular person to the criteria of vulnerability which contains single parents, single women, elderly people or certain disadvantaged identities such as LGBTI persons. There is also item of “unmet basic needs” as stated by our interlocutor above, which refers to the quite limited number of people in severe poverty and hunger. However, the circumstances under the outbreak reveal that **the previous exceptional criteria of “unmet basic needs” have become the common reality for the majority of refugee population** who lost their jobs and have experienced real hunger. With regard to this, urgent needs from state and non-state actors have re-appeared, but civil society has had notable difficulties



to fill the gap in order to deal with the severe impacts of hunger on refugees. As stated by the representative of an IO, there were several attempts that had to be rearranged urgently:

The sector of provision of basic needs was nearly fading, but it has reversed as of March. The other fields such as health, education and protection had to prioritize provision of basic needs. Although this was not our routine to allocate budget for basic needs, we announced that we would be flexible with the budget allocations and thereby we switched the budget of one million euro to the field of basic needs. Our partners have started to prepare and distribute food and hygiene kits to beneficiaries (Murat, IO representative, 5 May 2020).

As priorities were changing, the issue of access was the major problem in meeting protection needs (HasNa, 2020). As it was identified during the interviews with NGO and IO representatives, the pandemic created an unexpected rupture in the operations of stakeholders, governmental offices and workplaces that resulted in the **suspension of all face-to-face** activities and responses. During the pandemic, civil society organizations had to close their offices, and mobile teams had to suspend their home visits and activities. They had to adopt the novel situation by setting up telecommunication services in order to pursue their psychological support, provision of translation and interpretation services, consultancy and instruction responses and well as research activities gathering data from complaints, urgent needs and requests. The limitations of institutionalized NGOs in reaching out activities have become more crystalized under the conditions, which has been filled up by the efforts of grassroots.

An interlocutor from a **grassroot organization** mentioned the **differentiated access** of civil society associations to the refugees **regarding their legal status**. As raised by the representative who was notably active, mobile and in close connection with the refugee communities during the pandemic, the reach out activities of NGOs were mainly toward their existing beneficiaries within the community, mainly Syrian families under TP. This leaves out undocumented migrants, but also single men under TP or international protection who work in the informal economy, at times in different cities than they are registered in and who do not have much contact with established NGOs:

Many civil society organizations could not be present on the streets during the pandemic, but we tried to be mobile as far as we could. Additionally, the distribution of basic needs generally is done to the beneficiaries who are registered and already among the lists of NGOs. However, the situation of undocumented refugees was the worst one throughout the pandemic. They are not poor anymore, they are literally hungry. (Kemal, grassroot organization member, 6 June 2020)

Kemal from a grassroot mobilization in a disadvantaged neighborhood of Istanbul further explains how they worked to fill the gap for people in need but out of reach of NGOs is as follows:

We came up with a suggestion offering establishment of a telephone hotline via SMS in order to mail market cards, and packages of hygiene materials and masks based on the urgent needs and requests. But, no organization paid attention to it... When we mentioned the undocumented migrants to whom access is quite difficult, they said that they would not be interested with these people, but the ones who had particular identities [here, he refers to the vulnerability criteria]. But, you cannot keep the data of undocumented persons. Therefore, we generated our own packaged of food and hygiene materials, and we arranged transportation for the delivery. Due to the warnings of the Ministry of Health [referring to lockdown measures], we could not distribute the food. Instead, we provided cards that could be used in the markets, like *A101* and *BİM* [widespread low budget supermarkets], as being the most suitable and cheap option. From our own network of volunteers, we distributed cheaply produced masks. We included brochures and our 24-hour emergency calls into the packages giving information about COVID-19 in four different languages...NGOs could not be active beyond their regular activity reports, they all had different priorities. Their presence in

the field was not visible... Rather, local NGOs such as Çorbada Tuzun Olsun, Şefkat-der, İmra foundation, provided various assistances.

(Kemal, grassroots organization member, 6 June 2020)

During this period, along with local charity and humanitarian initiatives that Kemal mentions, the **role of local municipalities and their cooperation with NGOs** had become much more pivotal. The infrastructure of local municipalities enables them to reach out larger populations by including displaced communities in Istanbul:

We included migrants into our database to provide packages of food, hygiene materials and medicals. We reached more than 8000 migrant beneficiaries in Istanbul. We generated our list in cooperation with IOs and NGOs, and distribution was made via their guidance. [...] While we prepare ourselves for the next wave of the pandemic in the winter, we concomitantly aim to plan long-term sustainable projects for the local development including migrant communities in Istanbul.

(Zeynep, worker of local municipality, 24 July 2020)

#### 4.2. Access to Legal Status

During the COVID—19 outbreak, the major obstacle regarding legal issues was the **inactivity of DGMM and courts**. All procedures about registration and identity card problems had to be suspended which caused maintenance of **uncertainty** among displaced populations. As mentioned above in Part 2, suspended registration period right after dense fluctuations of Edirne process contributed to a wide range of people who had to stay **unregistered** in various cities and who had a **fear of losing their legal status and of deportation**. Since the courts were inactive in the pandemic period, it was not possible to **appeal against potential deportation** decisions (Idil, NGO representative, 5 June 2020). However, as mentioned by the respondents, there was no case of actual deportation during the pandemic period (Burak, lawyer and NGO representative, 21 May 2020). Asylum seekers who had just received the right to be resettled in a third country right before the COVID—19 outbreak got stuck in Turkey, as resettlement operations and almost all international air travel stopped, with **indefinite uncertainty** about their near future (Ceren, NGO representative, 6 June 2020).

#### 4.3. Access to Healthcare

By March 10, right after the first official diagnoses of COVID-19 in Turkey, series of lockdown measures started to be implemented. As the map of Istanbul prepared by the Ministry of Health, describing the distribution of positive cases of COVID-19 indicates, the majority of instances occur in the districts such as Küçükçekmece, Bağcılar, Sultangazi, Fatih, Esenyurt and Zeytinburnu. These districts host the majority of the urban poor in addition to the high numbers of displaced people (Kale and Erdoğan, 2019). Considering the living conditions of refugees with precarious working conditions and inadequate access to food, health services and hygiene, displaced communities represent the most vulnerable and risky group influenced by the pandemic (Caman et al., 2020; Heinrich Böll Stiftung, 2020). However, throughout the period of the outbreak, there was **no official information about the numbers of COVID-19 diagnoses** identified within the refugee and migrant communities. During the period of pandemic, the Ministry of Health daily declared that the overall numbers of daily cases also include foreigners living in Turkey. But, overall, the data was not transparent in explaining the spatial and demographic distribution of cases. The officials also refrained from sharing the data on refugees to prevent stigmatization of certain communities, especially Syrians in the country. Interestingly, considering the existing reports and expert opinions, there was **no observable evidence** indicating the relatively large spread of pandemic within the displaced population. The responses of our interlocutors were in parallel. One reason behind this

outcome might be that displaced people live in quite closed communities with relatively limited spectrum of mobility. Secondly, there might be less official diagnoses because the majority of refugees prefer not to go to the hospital unless they have severe symptoms. In an all, these observations require further research.

Throughout the COVID-19 outbreak, displaced people have witnessed severe problems regarding the access to information and health services, the preventive measures such as isolation, filiation and hygiene conditions, and access to basic needs.

#### *Access to information and health services*

On April 10, one month after the first confirmed case of COVID-19, the government announced that pandemic will be considered under “**emergency care**” by the acceptance of non-Turkish people to public hospitals regardless of their legal status (but there was no statement about charges). On 13<sup>th</sup> of April, with the presidential decree announced in the official newspaper, it was announced that everyone will receive necessary COVID-19 treatments **regardless of their insurance status**. Our respondent, Ayşe working as a nurse in the district health directorates explains this process as follows:

In the third week after the confirmed case of COVID-19, right after the MoH announcement, we started to register undocumented people under the heading of “stateless patient” under Public Health Management System. Right now, we can accept both registered and undocumented people. We can also accept the ones who are registered in different provinces. When a person whether he/she is Syrian or non-Syrian, he/she can get registered by the system. They have a patient document and generally receive outpatient treatment during the pandemic if there is no necessity to be hospitalized. We distribute the approval forms of isolation, filiation and medication. (Ayşe, nurse, 1 May 2020)

In order to brace the impact of health care crisis, the regulations regarding the pandemic eradicated differences between Syrians and non-Syrians, between registered and non-registered displaced people, as described in Part 1, at least for COVID-19 treatment. However, our interlocutors indicated that despite the right to access to healthcare officially guaranteed by the legislation, migrants and refugees face numerous obstacles, such as **language barriers, mistrust to officials and refusals based on various reasons**.

The **lack of access to information and information pollution** were major obstacles during pandemic to achieve health services. The Ministry of Health and the DGMM announced guidance and brochure three languages (Turkish, English and Arabic) in order to provide necessary information about the pandemic. The videos describing the necessary steps for hygiene conditions were circulated on the social media (HASUDER, 2020). In addition to state efforts, SGDD-ASAM created a page of COVID-19 sharing the information about pandemic in Arabic. The report published by the Association of Public Health Specialists (HASUDER, 2020) indicates that due to the language barriers, the necessary individual measures specific to the outbreak do not reach its goals for refugee and migrant communities. The report also mentions that while basic information about necessary individual measures on COVID-19 was made available in Arabic at Migrant Health Centers and online, there was no public announcement in other languages. Furthermore, despite their online translation services, during the COVID—19 outbreak, NGOs could not accompany refugees and operate their activities of **translation** in the hospitals. Concomitantly, they could not gather adequate information about the implementations in practice in the hospitals.

Although people had relatively higher chance to reach information about the preventive measures of pandemic on social media (DGMM publicized translations of 14 rules of precautions on Twitter), the information about the procedure in the public hospitals was quite ambiguous. There was a **three-**

**week delay in the official notice** regarding the free access of all groups of displaced people to public hospitals in relation to national notice. As our respondents stated, delay in official decisions and sudden changes in the regulations concerning the refugee communities have contributed to **information pollution** or **lack of reliable information** about health services during pandemic. Due to the lack of explicit official procedure and clear standardization in practice regarding updated processes of registration, treatment, medication and charges, people could not have access to reliable sources. Ayşe describes the situation as such:

Two months ago, I was asking them to call 112 and go to the hospital by ambulance when witness symptom. Later, this has been changed totally and they were asked to enter from emergency. Hence, there is too much information pollution... Procedures related to implementation have changed fast and it made it difficult to communicate this information efficiently to health providers and refugee communities...Especially in the case of refugees, the circulation of information has full of different interpretations because of the language barriers. I reach the NGOs, then they reach refugees as far as they can access. It takes time and we can only reach some. (Ayşe, nurse, 1 May 2020)

According to the report published by Refugee Support Center (MUDEM, 2020), **52% of the displaced people do not have access to information** about hospital appointments, registration, medication and charges for routine health care services. Additionally, information about the charges of cases in which there is a need of hospitalization or there is a negative test result is not clear. Similarly, since there is no official regulation describing the registration of “stateless patient”, there are various different practices on the ground.

#### *Challenges with isolation and filiation*

The respondents we interviewed highlighted that two preventive measures, isolation and filiation, cannot be pursued with the displaced people, especially with the undocumented ones. With respect to the measures of filiation, mistrust to public institutions and officials plays a key role jeopardizing the efforts of medical staff. Especially undocumented migrants do not want to give clear information about their relatives and housemates with the aim of protecting them. The **lack of trust to public institutions and the fear of deportation** decrease the level of beneficiaries using health services. Especially undocumented people may not share their real name, address, communication details and information about relatives by which it becomes impossible to follow-up in suspicious cases of COVID—19. Even documented migrants would refrain from giving their addresses with the fear that their co-residents might kick them out of the house. Note that among displaced people in Istanbul, single men or families sharing rooms and flats to be able to afford high rent prices is very common. As our fieldwork indicated in this regard:

- The **fear of job loss, deportation and eviction** in the case of potential COVID-19 diagnoses is causing decreased level of utilization of health services.
- Displaced people do not prefer to use health **services unless it gets deeply serious**. Refraining from going to a hospital leads to an increased potential of transmission and higher risk of death.
- Rather than using public health services, displaced people **prefer clandestine clinics** opened by medical refugees if there is needed condition. By this way, they also aim to overcome the obstacles occurred because of the language and cultural barriers.

Our respondent, the representative of an IO explains the situation as such:

Migrant knows that there are obstacles in registration and also there might be risk of trouble in public hospitals. The majority prefer to go to hospitals at the last step. Because of the fear of deportation or forced transportation to another city, people generally go to the hospitals in severe cases. This leads to disease to progress and also higher risk of transmission. They have big fears. Additionally, there is no official open call or announcement that might give them

some confidence. They ask help from the civil society or they have to clandestine clinics. (Murat, IO representative, 5 May 2020)

Regarding the **measures of isolation**, it is again highly inefficient to adopt within displaced communities. The impossibility for self-isolation stems from their devastating living conditions. They live in highly overcrowded houses, together with three or four families. Being isolated in a room and physical distancing from family members is not possible in most refugee households. A medical staff from Istanbul emphasizes the need for field tent hospitals in big cities such as Istanbul not only as a precaution for high number need of hospitalization but also in cases where isolation at home is not possible (Ayşe, nurse, 1 May 2020). As she furthered, there are severe hygiene and sanitation problems in displaced communities. Within overcrowded houses, they live without adequate access to food and hygiene materials as well as no social distancing and use of masks. This leads to deteriorated immune systems that increase their vulnerability for the pandemic.

### *Cases of refusals*

Our fieldwork indicates that although the portion of displaced people who went to the public hospitals is quite low, among the ones who preferred to go managed to access the treatment. The cases of refusals occur as a result of different reasons such as **lack of information, not wearing masks, having no appointment or polyclinics not actively operating** due to the pandemic measures:

There are lots of cases of refusal during the pandemic. But, these are not because of the COVID-19, rather different reasons. First category of refugees who had been refused from hospitals was the ones having other diseases. Secondly, the ones who did not have mask or other preventive measures were rejected. In our survey, 56% of refugees and migrants declared that they felt symptoms of COVID-19, and 70-80% of those people could achieve health services. For the rest, the reasons were mainly lack of mask, lack of appointment, and polyclinics not operating on this particular day etc. We did not necessarily observe discrimination towards refugees, but it always a possibility. Even if there was discrimination, refugees may not have perceived it due to language barrier. (Hasan, NGO representative, 18 June 2020).

### *Access to masks and bottom-up mask production*

On April 3<sup>rd</sup>, 2020, the government announced that face masks would be compulsory in public spaces. Due to high number of demand to surgical masks, the government banned the sale of masks and instead citizens and registered refugees and migrants with an ID number could get a limited number of masks from pharmacies. This complex system of distribution failed to achieve intended results. At the end, the government revoked the earlier decision and made surgical masks available for sale with a ceiling price of 1TL per mask.

Due to the incapacity of the state in providing free distribution of masks even for its own citizens, refugees have started to produce masks via the initiation of various organizations, including NGOs working closely with the government, such as the Red Crescent and also in community centers run by NGOs and by solidarity groups. The masks that were produced were then sterilized and distributed to those in need among them are displaced people as well as other disadvantaged segments of the society.

For instance, Turkish Red Crescent started producing masks in 16 community centers, and around seven hundred thousand masks were produced. While these centers initiated to provide language and vocational training to refugee and migrant communities, they were turned into mask production sites during the pandemic (Samet, NGO worker, 1 July 2020). Several people who lost their jobs, volunteered in mask production as a way engaging with their community but also getting access to basic needs (hygiene kits and food) for their family. Anecdotally, participating in mask production has

been a way of coping for those who lost their jobs during the first phase of the pandemic. As social distancing is produced within the community center, migrants were able to observe how precautions are practiced. The mask production has been a good example of bottom-up protection practices during the first phase of the pandemic.

#### 4.4. Access to Shelter

In May 2020, the government introduced short-term employment allowance for employees who take unpaid leaves and banned employers from sacking employees. As this short-term employment allowance only applies to those in the formal labour market, overwhelming majority of the migrant population either lost their work, hence income or had to continue working under amid the danger of being contracted.

In the absence of public housing facilities, rent and bills are the major household expense for displaced communities in Turkey. The report published by ASAM indicates that 64.8% of people within migrant and refugee community had severe difficulties in paying their household expenses during the outbreak (ASAM, 2020).

Since majority of the refugee population is informally employed, they are **not eligible for unemployment assistance or governmental safety net systems**. During the pandemic, they all have become unemployed and accordingly had difficulties in **paying their rents and bills**.

They cannot pay their rents. The ban restricting the mobility of young people under the age of 20 deeply influenced refugee communities. No member of a family is employed right now which means that they are really hungry. We try to generate lists in order to reach the most vulnerable cases in order to collectively pay their rents. (Derya, grassroots organization member, 27 May 2020)

As explained in Part 1, Syrians living in non-camp areas and refugees under international protection in Turkey are not provided with housing; unlike it is the case in certain countries. The major concern about the **need for housing benefit** which rapidly emerged with the pandemic is that NGOs and IOs do not have particular budget allocated for cash or rent assistance:

We have the item of cash assistance under our protection plans. But, they are quite limited. During this period, we provided the expenses of hotels for couple of days; and then provided rent benefit for the first couple of months if the person meets the criteria of vulnerability (Ceren, NGO representative, 16 June 2020).

There are cases where refugees were threatened with **eviction by the house owners** due to the nonpayment of the rents. In these kinds of situations, NGOs and solidarity networks have the role of negotiation (Mehmet, NGO representative, 8 June 2020). However, it is difficult to perform this negotiation role during pandemic situation where majority of humanitarian actors are working remotely.

Before pandemic, we were able to provide a negotiation support between migrants and house owners. However, since we had to stay at home during this period, we could not be helpful that much. It will be highly difficult to convince house owners, and unfortunately we cannot provide financial assistance in this regard (Mehmet, NGO representative, 8 June 2020).

Since NGOs do not have separate budget for financing shelter, they were unable to respond to this urgent need:

We finished the entire budget in April that was allocated for the whole year. We could provide cash assistance only to those who were under exceptional cases or within the criteria of



vulnerability. We could not provide any response to those who had difficulties in paying their rents and bills. (Ceren, NGO representative, 16 June 2020)

With the observable serious obstacles occurred during the pandemic and the urgent need of shelter appeared as a major one, there were several attempts to provide cash assistance by international organizations such as International Organization for Migration (IOM). IOM has a plan of cash assistance for those who are and who are not among ESSN beneficiaries, 1000 Turkish lira for once. Since the applications were the much higher than the capacity, the application system was blocked in one day.

## 5. Conclusion

This interim report prepared for ADMIGOV WP4 on Protection covered existing and newly arising protection needs of refugee and migrant communities in Turkey in the period of February-July 2020, as we called this period **the first phase of the Coronavirus pandemic**. As this period coincided with our planned fieldwork, the research team based at Koç University moved the fieldwork to online platforms. The **humanitarian actors** we interviewed using online tools, cover a wide range of institutions from intergovernmental bodies such as IOM, to national NGOs some working closely with the central government, local governments, lawyers, medical personnel on the ground as well as grassroots initiatives.

As summarized in Part 1, **Turkey has a differentiated protection regime**: different refugee communities are treated under various legal statuses and are subject to different regulations. The main axis of legal differentiations covered in this report are *Syrians under temporary protection*; *non-Syrian refugees in Turkey under international protection* who are either conditional refugees or asylum applicants waiting for their RSDs, and *undocumented migrants* including those who have never registered with the authorities, those who are detained or those whose asylum applications are rejected. Our analysis revealed that during the first phase of the pandemic and before, these groups had several unmet common protection needs eradicating the importance of legal status but a degree of differentiation based on legal status remained to be significant in defining their access to resources. While non-Syrians under international protection have mostly been sidelined in the provision of protection over Syrians under Temporary protection, the protection needs of undocumented migrants have been rendered totally invisible.

Against the background of recent events that influenced terms of protection in Turkey, we focused what we called the “**Edirne-COVID nexus**”, a combination of border and public health crises. Coupled with the outbreak of COVID—19, pandemic precautions have intersected with the precautions to evacuate the border, causing protection actors swinging from one crisis to another. As covered in Part 3, Turkish government announcing the opening of borders on February 27 led to the mobilization of thousands of refugees towards the Greek-Turkish border. Their camping situation in rural Edirne along the Greek border, poor sanitation conditions, scarce access to food and push-backs and violence by Greek border guards would create a major protection crisis, even no pandemic situation had followed it. No outbreak of COVID—19 was reported during the Edirne events, however, to our knowledge, there was no attempts of widespread testing. Humanitarian actors in the field reported that after the quarantine period imposed by the government; returnees from Edirne have found themselves in limbo in terms of legal status and also in terms of access to shelter. The situation created another de facto legal, protection category, which we might call as “internally dislocated”.

When it comes to urban backstage, our main findings focused on the situation in Turkey and they indicate an unprecedented **impoverishment of urban refugees**. Before March 2020, most civil society activities and funds were moving away from initial protection into areas such as livelihood and social cohesion. COVID—19 has resurrected basic protection needs. It should not mean that

basic needs were fully covered before the pandemic but the emphasis was on enabling communities to sustain themselves economically while the protection efforts would focus only on the most vulnerable. Refugee households are generally poorer than the host community households and during the pandemic they have been the first ones to lose their jobs. The need for cash aid mainly to pay rent, and to basic food aid and hygiene kits have tremendously increased.

It was indicated that the **conventional vulnerability criteria** adopted by both non-state and state-led organizations, fall short to capture the current and urgent needs of displaced people. Previously adopted criteria, prioritizing certain categories of people such as single parents, single women, elderly people or LGBTI persons, have become considerably limited under circumstances of pandemic in the vulnerability criteria, considered as exceptional, have become the common for all. Such conundrum enables us to question existing vulnerability criteria and their limitations.

As refugees are deprived from income generating activities due to the lockdowns followed by economic recession, it is likely that the **need to shelter** could be more at stake in the coming period. Shelter, although a major aspect of protection, is currently mainly left to the market. For years, landlords have taken advantage of displaced people by renting houses above the market price. This trend has become visible since the arrival of Syrian communities. Due to high rents, most households were dividing up their living space and share with others. With their income in decline, it is likely that the housing situation of displaced communities will further deteriorate. Declining housing conditions increase in overcrowded households will have health implications. In addition, displaced communities unable to generate income and paying rents, further pushed down under the fierce economic competition is likely to negatively impact already very fragile inter-community relations and social cohesion in the urban space.

Facing a global public healthcare challenge, refugees along with the rest of the population had less access to routine health checks during the first phase of the pandemic. Refugees would **refrain from going to hospitals** due lack of reliable information given the language barrier and with the fear of losing their jobs, once diagnosed positive. As the official registration process was on hold, the undocumented migrants had no options to register themselves with the authorities. Hence, the fear of deportation would create major obstacle preventing them to go hospitals unless severely ill; or to sharing accurate information with the medical staff. Along with registrations, appeals to deportation decisions, RSD interviews and re-settlement procedures were also on hold during this period. During this period, Migrant Health Centres had to run in a lower capacity as it is the case for the entire health system in Turkey. Due to the lockdown measures, their capacity, schedule and medical staff have been decreased in parallel with all other hospitals in the country.

In the **absence of transparent data sharing**, we can only speculate on the spread of coronavirus among refugees in Turkey. The common-sense would indicate that refugee communities should be hardly hit, as most affected areas are big cities such as Istanbul and sub-provinces of Istanbul populated by urban poor including refugees. At the same time, it is likely that positive cases among refugees are underreported. This is interesting to note that no major outbreak among refugee communities has been reported in the first phase of the pandemic.

During this time, most NGOs had **to cut down their outreach activities** and limited to aid distribution. As community activities were also either stopped or moved to online, it has also become more difficult for refugees to reach services such as language schools, legal consultation, medical referrals as before, as they were not able to walk in the institutions. Although not covered in detail in this report, as schools were closed down, all children including refugee children had to follow classes remotely from internet or TV services. The latter was impossible for children in crowded households with no TV or stable internet connection and no parent speaking the local language.



On the one hand, as more institutionalized NGOs failing to reach out refugees, the **importance of grassroots initiatives** became more visible. During this process, several protection actors underscored the need for local governments to be more active to improve living conditions of displaced people. Among themselves, NGOs reported that they have become more coordinated, with increasing number of online meetings, sharing experiences on a regular basis.

The pandemic changed working conditions for everyone and also for the civil society, formal and informal humanitarian actors on the ground in Turkey. We have yet to analyse the outcome of COVID—19 experience for refugee civil society in Turkey. Is the current experience making them more resilient to external shocks, including the expected second wave of the pandemic? Or else, will civil society led protection activities shrink in time, as donors and funds are already pressured under a new humanitarian crisis and economic recession.

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**Appendix 1: List of online interviews**

Interviewee No.	Pseudonyms	Type of Institution	Area of Specialization	Spatial Scope of Operations	Date of Interview
01	Ayşe	State institution	Health	Istanbul	01/05/20
02	Murat	IO	International humanitarian aid	Istanbul	05/05/20
03	Eda	NGO	Health	Istanbul	08/05/20
04	Burak	NGO	Legal status	Istanbul	21/05/20
05	Derya	Grassroot organization	Protection/solidarity	Izmir	27/05/20
06	Leyla	NGO	Protection/social cohesion/education/health/training/consultancy	Istanbul	04/06/20
07	Mehmet	NGO	Protection/Social cohesion/integration	Istanbul	08/06/20
08	Idil	NGO	Legal status	Istanbul	05/06/20
09	Ceren	NGO	Protection/social cohesion/education/health/training/consultancy	Marmara region (Istanbul/Edirne)	16/06/20
10	Hasan	NGO	Protection/social cohesion/training/Consultancy	Istanbul	18/06/20
11	Kemal	Grassroot organization	Grassroot organization	Istanbul/Edirne	06/06/20
12	Esra	IO	International organization /border governance	Izmir	19/06/20
13	Samet	NGO	Protection/health/social cohesion/vocational training	Istanbul	01/07/20
14	Melike	NGO	Protection/health/social cohesion/vocational training	Istanbul/Edirne	08/07/20
15	Zeynep	Local government	Infrastructure/social cohesion/employment	Istanbul	24/07/20

## Appendix 2: Overview of key events on protection until the COVID-19 pandemic

Overview of key events on protection until the COVID-19 pandemic	
2011	Turkey's "open door policy" at the onset of the Syrian crisis
11 April 2013	Law no.6458 on <b>Foreigners and International Protection (LFIP)</b> First comprehensive legal framework regulating international protection
2013	Foundation of <b>DGMM</b> (LFIP, Article 103)
22 October 2014	<b>Temporary Protection Regulation</b> determining migrants' legal status (RSD)
18 March 2016	<b>The EU-Turkey Statement</b>
2016	<p><b>The EU Facility for Refugees in Turkey (FRIT)</b></p> <ul style="list-style-type: none"> <li>✓ Managing a total of <b>€6 billion</b> in two branches, focusing on humanitarian assistance and protection, including legal counseling, access to documentation, psychological support, healthcare, municipal infrastructure, migration management, and socio-economic support.</li> <li>✓ <b>The Emergency Social Safety Net (ESSN)</b> is the biggest humanitarian programme of the EU, designed to help the most vulnerable refugees through cash assistance. The majority (90%) of the ESSN beneficiaries are people who have identity cards having the code of 99 (refers to <b>Syrians under temporary protection</b>)</li> <li>✓ The Project "<b>Improving the Health Status of the Syrian Population under Temporary Protection and Related Services Provided by Turkish Authorities (SIHHAT)</b>" is funded under FRIT as of January 2016. As being largest EU-funded health project in Turkey, the project improves the primary and secondary health care services to <b>Syrian</b> refugees in <b>Migrant Health Centers</b>.</li> </ul>
10 September 2018	The registration process ( <b>Refugee Status Determination</b> procedure) has been entirely moved from UNHCR (jointly conducted with DGMM) to DGMM.
22 July 2019	<p><b>Press statement of provincial governor of Istanbul</b></p> <ul style="list-style-type: none"> <li>✓ restricting mobility of unregistered Syrians and other undocumented migrants in Istanbul.</li> </ul>
6 December 2019	<p><b>Law no.7196 Amending Several Acts in the LFIP</b></p> <ul style="list-style-type: none"> <li>✓ limiting rights to free health care for those under international protection to one year after the registration.</li> </ul>

