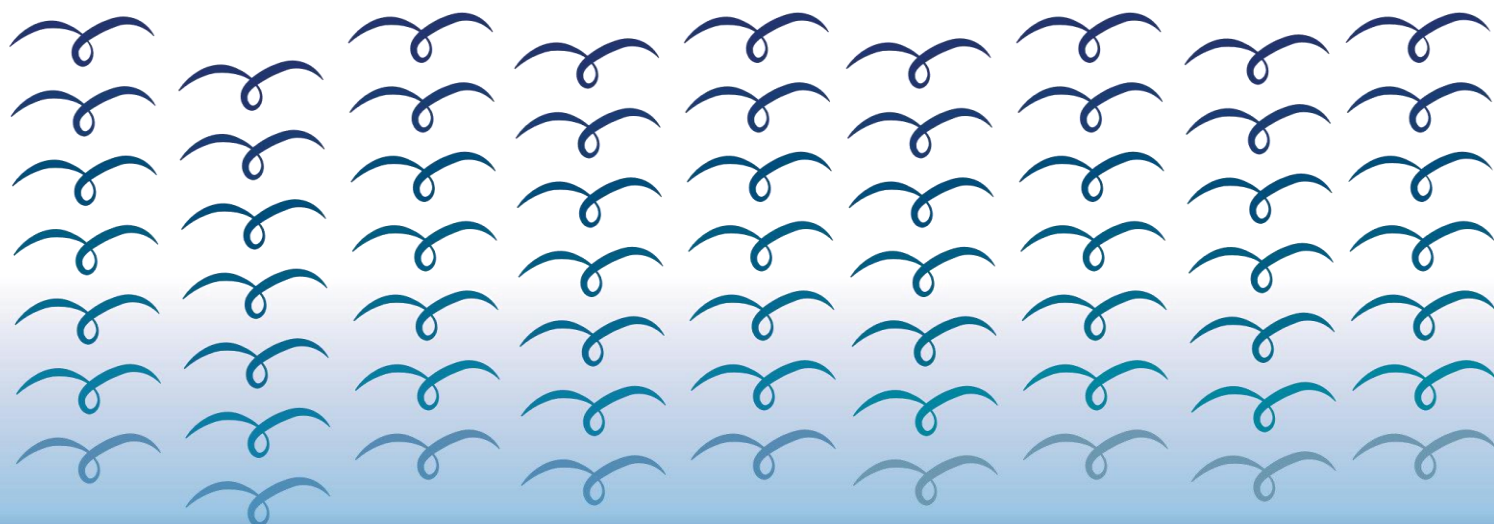


Advancing Alternative Migration Governance



Protection during pre-pandemic and COVID-19 periods in Turkey

Deliverable 4.2

Sibel Karadağ and Ayşen Üstübici

March 2021



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ACRONYMS

AFAD	Disaster and Emergency Management Authority
AI	Amnesty International
CMHCs	Community Mental Health Centres
COVID-19	Corona Virus Disease 2019
DGMM	Directorate General of Migration Management
ECtHR	European Court of Human Rights
EMHCs	Enhanced Migrant Health Centres
EU	European Union
GHIS	General Health Insurance Scheme
HRW	Human Rights Watch
HASUDER	Association of Public Health Specialists
ECRE	European Council on Refugees and Exiles
ESSN	Emergency Social Safety Net
FTF	Foreign Terrorist Fighter
IO	International Organization
IOM	International Organization for Migration
IP	International Protection
IPS	International Protection Status
LFIP	Law on Foreigners and International Protection
MNC	Migrant Health Centre
MoH	Ministry of Health
NGO	Non-governmental Organization
PDMM	Provincial Directorate of Migration Management
PFN	Polyclinics for Foreign Nationalities
RA	Readmission Agreement
RSD	Refugee Status Determination
SGDD-ASAM	Association for Solidarity with Asylum Seekers and Migrants
SIHHAT	Health Project funded by European Union
TEPAV	The Economic Policy Research Foundation of Turkey
TP	Temporary Protection
TPS	Temporary Protection Status
TPR	Temporary Protection Regulation
TTB	Turkish Chamber of Medical Doctors
UMKE	National Medical Rescue Team
UNHCR	United Nations High Commissioner for Refugees

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1. Introduction

ADMIGOV WP4 Final Report on Turkey, following the Interim Report published in November 2020, details the framework, practices and lived experiences of protection for displaced people in Turkey, especially in the urban context of Istanbul but also provides accounts related to smaller provinces and the Evros border area when relevant. In addition to the legal framework of protection, the report adopts a **bottom-up approach** in the analysis of protection. In that regard, the report considers the multifaceted nature of protection, in which a wide range of actors—holding various webs of relationships and mindsets—operate within certain historical and socio-political contexts. An on-the-ground approach enables us to transcend the abstract, formal and technical principles of protection and to provide a historically and spatially contextualised analysis of practices and discourses around protection. Based on online fieldwork conducted during the COVID-19 outbreak, the report considers continuities and ruptures in the practices of protection as well as gaps in access to protection before and during this period. Amongst the many spheres of interventions in the field of protection, the structure of the report focuses on three key areas: **legal protection, healthcare and accommodation**.

Studying protection in Turkey, the country hosting the world's largest refugee population, is a challenging task due to its immensely **differentiated, multi-layered** and, at times, ad hoc migration governance. The report revolves around the trajectory of the Turkish protection regime and its significant crossroads, especially since 2018. The temporal structure of the report is designed to reflect on pre-existing practices in the aforementioned three areas prior to the COVID-19 pandemic, then explores the challenges that have emerged during the pandemic. The report elaborates on the changing asylum and reception system in Turkey in the last decade, with an emphasis on increasing centralisation and securitisation, especially since 2018, and the impact of these changes on access to legal status, healthcare and shelter. In evaluating certain crossroads, we seek to comprehend the state's **different legal categories** and their multi-layered precarity. While we focus on the 3.6 million registered 'Syrians under temporary protection' and over 400,000 'non-Syrians under international protection', we additionally grasp that there is an unknown number of migrants without documents who stand at the bottom of the stratum. In the report, we use the term '**displaced people**' as a descriptive category to refer to those who are the subject of protection under different legal categories. Additionally, the term '**humanitarian actors**' will be used as a generic category in reference to actors involved in the field of protection in state-led or international, national and local non-governmental organisations.

Alongside pre-existing gaps and policy changes in the post-2018 period, the **COVID-19 pandemic** has had a severe impact on the provision of protection. Combined with the ongoing economic crisis, the pandemic has resulted in the unprecedented impoverishment of migrants and refugees, where provision of basic needs has become the major concern for the majority.

Terminated outreach activities and limited aid distribution for basic needs provided by civil society actors have exacerbated gaps in protection. Studying protection has become even more crucial for displaced populations of various legal status, as they are disproportionately affected by the pandemic due to limited access to hygiene, food, shelter and healthcare when compared to citizens.

The **spatial focus** of the report will be the **urban space of Istanbul**. The city of Istanbul has a *sui generis* composition, inhabited by the largest proportion of the displaced population. In addition to hosting the largest number of registered Syrians, the city is also home to the largest percentage of undocumented persons including, but not limited to, those who are living outside their province of registration. Due to its unique social fabric as host to heterogenous legal categories, Istanbul has been selected as a case of protection in the urban *backstage*. In addition to Istanbul, the report extends its spatial focus to include a brief analysis of satellite cities hosting non-Syrians under international protection as an additional *backstage*. Moreover, the Greek-Turkish land border region around the river Evros serves as a case of protection at the *frontstage* during the first phase of the pandemic. Note that the report provides examples from several satellite cities, areas within provinces that are designated for the registration of non-Syrians under international protection, to portray the character and identify gaps in protection for this particular legal category concerning people who are required to settle in those smaller provinces and have restricted access to internal mobility.¹ The spatial extension from an urban centre, Istanbul, as the main focus of the report, to smaller cities and the border region during the first phase of the pandemic enabled us to grasp the bigger picture of the protection regime in Turkey as well as to compare and link different forms of protection under certain social contexts.

The report is structured around the abovementioned three key areas. In each area, there are two main temporal focuses: the **pre-pandemic period** (pre-existing patterns in protection) and the **pandemic period** (recurrent and newly arising protection needs in the period from February 2020 to January 2021). Each focus area covers particularities of protection-in-practice regarding **three legal categories: Syrians under temporary protection in Istanbul, non-Syrians under international protection in satellite cities, and undocumented migrants in Istanbul**. **Chapter 2** explores the theoretical and methodological approach of this report in studying protection. Alongside discussion on the multifaceted standards of protection declared by two recently adopted Global Compacts, the bottom-up and practice-based approach to protection and our original qualitative data collection are described. **Chapter 3** provides a brief historical overview of the Turkish protection regime with the aims of laying out the patterns of protection in Turkey and situating the context for the audience to better understand the differentiated nature of protection. **Chapter 4** discusses the dynamics of legal protection in Turkey since 2014, with

¹ Satellite cities receive this designation by the Ministry of the Interior. Satellite cities are smaller cities, primarily located in the least-densely populated areas of the central Anatolian region and along the Turkish borders; this designation specifically excludes Turkey's large metropolitan areas of Istanbul, Ankara and Izmir. As of 2017, 62 provinces are considered satellite cities.

particular attention given to the post-2018 period. The variation of legal obstacles according to different legal statuses are considered in this section. In **Chapter 5**, we discuss access to healthcare, again with respect to different legal categories both in Istanbul and satellite cities in the pre-pandemic and pandemic periods. In **Chapter 6**, we focus our attention on accommodation, standing as the most prominent structural shortcoming of the Turkish protection system in the absence of public provisions for housing. The chapter analyses poor housing conditions, overcrowded houses shared by families and single men, and exploitative practices in the housing market. **Chapter 7** concludes by discussing major continuities in protection.

2. Conceptualising Protection and Designing Research Under Pandemic Conditions

The protection of migrants and refugees stands at the centre of global migration governance today, together with continuing challenges encountered on the ground. As part of the follow-up to the 2016 New York Declaration, the 2018 adoption of the Global Compact for Safe, Orderly and Regular Migration (GCM) and Global Compact on Refugees (GCR) underscore the inadequacy of the 1951 Refugee Convention and the 1967 Protocol in terms of unravelling the complex needs of displaced persons across the world. The new approaches in the field of protection emphasise the necessity of a framework that provides a comprehensive response to its multi-faceted nature. The two Global Compacts seek to establish and strengthen a safe, orderly and regular migration approach in which protection and fulfilment of human rights of all migrants are ensured regardless of their migration status. In that regard, the framework of protection is extended to the fulfilment of human rights of all migrants, the saving of lives at risk, provision of humanitarian assistance, access to education and services, and elimination of discrimination, xenophobia and racism. To ensure the extended goals of protection, the Global Compacts propose a ‘whole-of-government’ and ‘whole-of-society approach’ where multi-stakeholder partnerships, as well as horizontal and vertical policy coherence across sectors in migration governance are promoted.²

Analysing Protection

Protection is a broad term covering a wide range of practices, from the provision of services to ensuring social cohesion, and is therefore implemented by a wide range of actors holding diverse and interconnected responsibilities and positionalities. In our report, we consider the notion of protection *not only* as an abstract, formal or technical principle tied to a legal framework but rather as a set of practices and responses that address a wide range of approaches and multi-level work on the ground. Considering the multi-layered reality of migratory movements and

² Information on the Global Compact for Refugees is located at <https://www.unhcr.org/en-us/the-global-compact-on-refugees.html> and for the Global Compact for Safe, Orderly and Regular Migration at <https://refugeesmigrants.un.org/migration-compact>

differentiated subjectivities of protection providers and recipients, we examine protection via a bottom-up approach, critically analysing whether the expectation and needs of protection recipients are met, how recipients' expectations are perceived by different providers, who are responsible for negotiating, interpreting and implementing policies, as well as how everyday practices of protection vary across time and space.

To this end, theoretical assumptions and inquiry of the scholarship on *critical humanitarianism* guides our framework in approaching protection. We consider that the nature of humanitarianism, as signalling both an ideal and a practice, encompasses an intertwined logic of both *care* and *control*. This indicates interrelated practices of protecting lives and policing/control of populations (Agier, 2011; Aradau, 2004; Ticktin, 2011; Pallister-Wilkins, 2015). Additionally, scholarship on critical humanitarianism allows us to mirror potential hierarchies, subjectivities and power positionalities among actors and their complex web of relations.

Inspired by the abovementioned new approaches and critical perspectives of protection, WP4 of the ADMIGOV project is motivated by going beyond the legal and formal definition of protection as framed in international law, namely the 1951 Geneva Convention and 1967 Protocol. As part of our bottom-up approach, we have studied protection not only from formal or technical perspectives but from the perspective of persons in need of protection as well as from that of humanitarian actors in formal and informal institutions. Amongst the varied frameworks that set out minimum standards of protection in practice, we utilise the Sphere Standards (2018) as our guideline in the provision of basic needs involving access to accommodation, food and nutrition, sanitation and hygiene, and healthcare, in addition to legal access (see Figure 1).

In the operationalisation of protection in our analysis, we adopt the principles of the Sphere Standards in three key areas:

- ✓ Legal protection
- ✓ Healthcare
- ✓ Accommodation

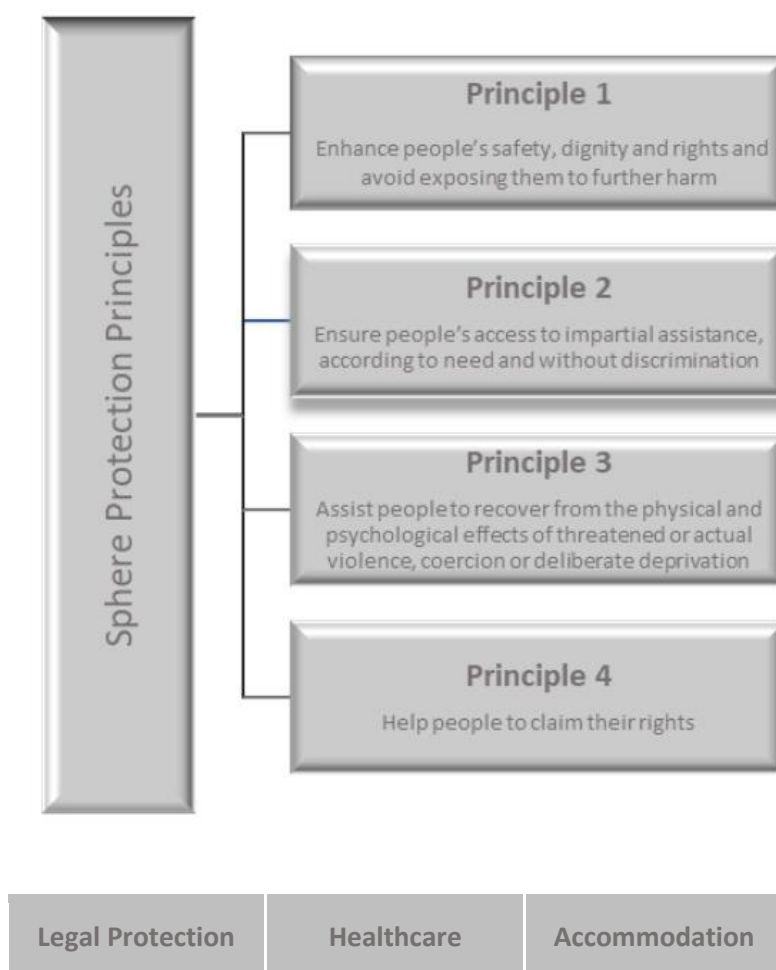


Figure 1: Combining Sphere Standards and our three key areas

The bottom-up approach to the protection regime in Turkey is challenging, as the country hosts the largest number of refugees in the world, further compounded by a differentiated and multi-layered migration governance regime. The complex composition, positionality and entitlements of displaced populations in Turkey further necessitate a nuanced evaluation of practices and actors of protection. Moreover, the dynamic and, at times, ad hoc character of migration governance in Turkey highlight the significance of transcending fixed legal perspectives and, thereby, focusing on practices on the ground. In this regard, the report notably contributes to existing literature in the sense of producing knowledge based on a historically and spatially contextualised analysis of perceptions and actual practices in the field of protection. The study historically investigates the trajectory of the Turkish protection regime and turning points of transformation prior to and during the COVID-19 pandemic outbreak. Hence, it provides a comprehensive picture of the Turkish protection regime grounded on sets of practices in the mentioned three areas during **two temporal periods: the pre-pandemic period and the COVID-19 pandemic period.**

Spatial Focus: Istanbul as the Main Venue

Istanbul has been hosting an increasing number of displaced populations moving to and through the city, with the intention of settling, working, seeking protection, or transiting to a third country. Since the 1990s, Istanbul has been a major migration hub for persons from the wider region, ranging from Syria to Iraq, Iran and Afghanistan in the Middle East, Georgia to Turkmenistan in the Caucuses, Moldova to Ukraine in Eastern Europe, and Nigeria to Somalia in Africa. The demographic composition of Istanbul epitomises a *sui generis* case with its immense diversity; not only nationalities but also motivations, channels and legal statuses of migrants are exceedingly variable. Istanbul is not only the largest city in Turkey, with total 15,415,197 registered inhabitants as of 2021, but is also a megacity simultaneously inhabited by the largest magnitude of the labour force and the informal sector in the country, drawing both internal and international migrants to the city. Moreover, the city represents a hub for migrants intending to move onwards to Europe (see Suter, 2012; Yüksekler and Brewer, 2011). With a variety of stories, opportunities, motivations, and channels, the city hosts a multitude of migrant categories in terms of legal statuses and profiles. While home to the largest number of Syrians in Turkey, there are other sizeable migrant groups in Istanbul who are in need of protection, including undocumented individuals of various nationalities, those registered in different satellite cities but who have come to live in Istanbul in search of job opportunities—at the risk of jeopardising their asylum applications—those who already have residence permits, and those who arrive with official visas for education or business.

In Istanbul, there are 547,943 registered Syrians under temporary protection (TP), constituting 3.64% of the total population. In addition, it is estimated that approximately 300,000 more Syrians live in the city who are registered in a different province (Erdoğan, 2019). When the unregistered group is included, Syrians comprise 5.6% of the city's population. For those of other nationalities seeking protection in Turkey, the city of Istanbul is not an option. It is not a satellite city, meaning there is no official registration process for those who apply for international protection. This is one of the key determinants producing and proliferating the size of the undocumented population, for whom the city represents job opportunities—with its large informal sector—but not a legal status. Since the channels are closed to applying for international protection in Istanbul, thousands of Syrians under TP status and non-Syrians under international protection head to the city for work, despite the devastating costs of being undocumented. The majority of Istanbul's urban poor, including refugees, undocumented and internally displaced people, are day labourers who live and work side-by-side in packed shop floors and overcrowded households in densely populated neighbourhoods. Displaced populations live in the highly populated urban periphery of Istanbul, also home to high rates of infection, such as Küçükçekmece, Bağcılar, Sultangazi, Fatih, Esenyurt and Zeytinburnu, Sultanbeyli, and Esenler (Kale and Erdoğan, 2019). In these districts, the ratio of registered Syrians to citizens range from 5.10% to 8.77% (TEPAV, 2019).

The city of **Istanbul is selected as the main venue** considering its aforementioned unique composition, illustrating a **diverse urban space**. While our focus is protection practices in the urban landscape of Istanbul, the report **partially extends the spatial scope of protection issues to satellite cities and the Greek-Turkish border**. Non-Syrian nationals seeking international

protection in Turkey are spread over 60+ satellite cities in Turkey, as detailed in Chapter 3. Notably, protection practices range from one city to another; therefore, our analysis should not be read as a full account of protection practices in satellite cities. However, interviews with refugees living outside of Istanbul helped us capture the experiences of this sizeable group under the international protection system in Turkey.

ISTANBUL	
Main spatial focus on the urban backstage of protection	
Side locations	
Evros border region as <i>frontstage</i>	Satellite cities as urban backstage
The events occurred at the Greek-Turkish border region are covered as side location	Brief examples are provided from the cities of Denizli, Kayseri, Adana, Karabük and Sinop

Table 1: Spatial composition of the report

While briefly portraying the structure in satellite cities, the report additionally adopts a **frontstage/backstage** approach in studying protection, particularly due to the issues stemming from the COVID-19 pandemic situation in the border city of Edirne in February–March 2020. As the first confirmed COVID-19 case in Turkey was announced, thousands of displaced people were stuck at the Greek-Turkish land border in Edirne, encouraged by the government’s 27 February announcement that Turkey would 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. Adding the protection measures related to the border region of Edirne as an extra layer into the study, we aimed to extend the scope of analysing protection, to examine different spatio-social contexts, and to show the multifaceted forms of protection at the border region as a *frontstage*, with the urban metropolitan space of Istanbul and small satellite cities as a *backstage* (see Figure 2).

Qualitative Data Collection During COVID-19

The report embraced a qualitative approach to data collection. The primary qualitative data for the report was collected between **April 2020 and January 2021**. Online data collection took

place in **two phases**. The first phase took place between April and June 2020, as Turkey experienced the effects of the first COVID-19 lockdown measures. During this period, the research team conducted 15 interviews with a range of international, national and local NGOs, in addition to public officials, municipal representatives and grassroots solidarity organisations that we term ‘humanitarian actors’. A detailed analysis of these interviews has already been published in the Interim Report (see Üstübici and Karadağ, 2020). The second phase aimed to capture issues pertaining to protection in the second phase of the pandemic, in addition to investigating historical moments in the transformation of the Turkish protection regime. Because of the lockdown measures and ethical reasons, data collection is based on online semi-structured interviews.

In total, we conducted **50 in-depth, semi-structured** interviews between **April 2020 and January 2021** with displaced persons and humanitarian actors. Out of **50 total** interlocutors, there were **24 displaced persons³** and **26 humanitarian actors**.

Interviews with **26 humanitarian actors** included members of NGOs and IOs, public officials, experts, municipal representatives and grassroots initiatives. Representatives of these organisations mainly operate in Istanbul, and some temporarily worked in Edirne. Edirne was selected as a *frontstage* case because of actor representativeness in terms of the spatial dimension of their activities in border cities of Turkey and witnessing the mobility of asylum seekers and migrants at the time of the outbreak⁴. With the aim of unpacking the series of events in the frontstage of the Greek-Turkish border immediately before the COVID-19 outbreak, we conducted interviews with NGOs, some working closely with the government, IOs, and 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 Istanbul, we conducted our interviews to **capture the pre-pandemic and pandemic periods**. The interviews primarily centred on a set of questions designed to provide insights into the operations of a wide range of stakeholders active in the field of protection in Turkey. Regarding the selection of our interlocutors, we considered three major dimensions:

- **Institution type** (IO, NGO, local municipality or solidarity group)
- **Area of specialisation** (legal aid, health, social cohesion, training and education, provision of basic needs, etc.)
- **Spatial scope of operations** (Istanbul, Edirne and Izmir)

We conducted our interviews with humanitarian actors 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, transcribed, and then translated into English. Data was collected after receiving the voluntary, well-informed and explicit consent of

³ Three interviews were conducted with persons who are registered in satellite cities. With the aim of briefly covering the structure in those cities, the interviews conducted as part of WP6 have been used in the sample. Plus, among interviewees currently residing in Istanbul, a number of them had experience life in a satellite city before coming to Istanbul.

⁴ In the Interim Report on Turkey, we also covered the city of Izmir as a frontstage, see Üstübici and Karadağ (2020).

respondents. Principles of anonymity and confidentiality were fully respected. Our humanitarian respondents provided us with considerable information on the ground in different fields of legal protection, healthcare and access to accommodation. Due to the wide range of protection providers on the ground, ranging from state officials to grassroots initiatives, we managed to observe and compare various positionalities and mindsets. More importantly, interviews conducted with displaced persons enabled us to examine and reflect on the gaps in protection work on the ground.

24 interviews were conducted with displaced persons of differentiated legal statuses and nationalities. There were 11 Syrians, 11 Afghans, 1 Iranian, and 1 Nigerian. In our sample, Syrians included those who are registered in Istanbul under TP, registered in other provinces but have moved to Istanbul, and have not been registered at all. Afghan persons include individuals who are registered in other satellite cities but reside in Istanbul, undocumented persons and those who hold a residence permit or visas to enter the country. Finally, our Iranian and Nigerian interlocutors hold residence permits acquired through diverse channels. Of the 24 displaced person we interviewed, there were 6 women and 18 men. 6 interviews were conducted with persons residing in satellite cities, including Denizli, Kayseri, Adana, Karabük and Sinop. The variance in our sample with regard to respondents' countries of origin, as well as diverse legal statuses, enabled us to capture the repercussions of the differentiated and multi-layered protection system of Turkey on the ground.

Interviews with displaced persons were conducted via phone or video calls. In reaching our respondents, we relied on a pre-existing list of Syrian and Afghan refugees and migrants in Istanbul. This list is confidential and was collected by a survey firm for another WP in ADMIGOV research. With the informed consent of interlocutors, enumerators collected basic demographic information with pseudonyms and phone numbers of those interested in further in-depth interviews. Appointments were made through phone with Arabic- and Farsi-speaking research assistants/translators. During the interviews, Arabic- and Farsi-speaking translators provided simultaneous translation, which provided trusty and reliable communication between the researchers and informants. While 3 interviews were conducted in Turkish, as the respondents were fluent Turkish speakers, the interview with the Nigerian interlocuter was performed in English. During online interviews, it was observed that respondents were willing to describe and express their circumstances, which ultimately enabled us to capture the conditions of the displaced community in detail. We covered the internet usage our respondents required for the interviews by sending them internet bundles before or after each interview. After the interviews, audio recordings were transcribed and translated into English by native speaker translators.

Findings gathered from the primary data are supported by secondary sources, including existing reports, articles, legal documents, regulations and the news. We combined the literature during the early phase of the COVID-19 pandemic and afterwards. In a nutshell, this report is a comprehensive analysis of protection in Turkey, providing a bottom-up approach and is structured along historical critical junctures until the COVID-19 pandemic outbreak and its aftermath.

Main Challenges and the Impact of the COVID-19 Pandemic

The COVID-19 pandemic has notably influenced our research methodology. Taking into account the safety of our respondents and ourselves, we revised our initial research plan of close field observation and face-to-face interviews. Despite the challenges of the pandemic period, the overall response rate was high regarding both displaced populations and humanitarian actors.

We received a positive response from almost all humanitarian actors with whom we arranged contact. The exceptions were representatives of the DGMM, the Ministry of Health and UNHCR. This was a major shortcoming of our findings. Nonetheless, we collected information provided by state institutions on online platforms and interviewed NGOs that work closely with the government, those who implement state policies and whose stance is parallel to the official state perspective. We were also able to interview representatives from the Istanbul metropolitan municipality.

The response rate was also high among displaced persons, as interviewees had previously participated in a very short survey and consented to be contacted again. Despite several unresponsive calls, we managed to receive a positive response from most of the potential interviewees we contacted. As the majority were working until late during weekdays, interviews took place in the evenings or at the weekends. Our respondents primarily had internet connection via their phones. The monetary cost to respondents of using their internet connection for the interview was provided for. To our surprise, all respondents kept their cameras on during the interviews and most gave consent for audio recording (except one Afghan woman). Housemates, migrant co-workers or family members wanted to join some of the interviews, providing us a chance to talk to other persons sharing the same space with our interlocutors. In most cases, we talked to other family members in the house or members of a second family sharing the same house. In other instances, several co-workers joined in and contributed to the interviews. We did not count these contributions in the total number of interlocutors. In the majority of our interviews, our interlocutors were willing to show their houses or workplaces on camera, which enabled us to observe the environment in which they live or work. Migrant interviews ranged from 33 to 130 minutes, with an average duration of 77 minutes.

3. Historical Background**3.1. From Ad Hoc Protection Policies to the 2014 Law on Foreigners and International Protection**

Although known to be a land of immigration since the foundation of the Turkish Republic, if not before, Turkey did not have an asylum or international protection policy independent of its nation-building process. The migration policy of the newly established state was very much centred on its nation-building project and involved the assimilation or dispersal of non-Muslims within the country and the reception of Muslim communities from the wider region (İçduygu et

al., 2008).⁵ The arrival of Muslim and Turkic groups from the wider region was encouraged, and members of these groups were perceived as natural citizens rather than foreigners in need of protection. Those who arrived in Turkey during the 1930s and Cold War periods were treated according to the 1934 Settlement Law, which defined immigrants as those of 'Turkish descent and culture' coming to settle in Turkey. In this context, Turkey received Sunni Muslim and (mostly) Turkish-speaking communities from the wider region (Kirişçi and İçduygu, 2009). As the title 'Settlement Law' indicates, some of the incoming groups were also provided land to settle on, partially resolving housing and labour market integration issues. They experienced a rather smooth transition from displacement to citizenship. The most recent wave of displaced people who were treated as potential citizens and given citizenship consisted of Bulgarian Turks fleeing the Zhivkov regime in 1989. Although the 1934 Settlement Law and its 2006 revisions are inadequate for the challenges that Turkey currently faces in terms of incoming displaced persons in need of protection, there has still been a level of continuity in reception policies concerning 'ethnic kin' in the post-2000s. In other words, legal residence might be provided to those of Turkic descent, although the acquisition of citizenship has become more strenuous (see Daniş and Parla, 2009 for an overview of the legal opportunities and challenges faced by Bulgarian Turks and Iraqi Turkmen settling in Turkey).

From a formal, international law perspective, Turkey's commitment to international protection dates back to 1951. Turkey was one of the first signatories of the 1951 Geneva Convention on the Status of Refugees. However, the country did not establish its own refugee reception and protection system for several decades. Plus, Turkey still retains the geographical limitation on the implementation of the Convention, meaning that refugee status is granted only to persons originating from Europe. In legal terms, there have been few Convention refugees in Turkey. Individuals seeking protection in Turkey have been dealt with under different legal categories, as detailed later in the report.

In particular, after the 1980s and through the mid-1990s, the arrival of displaced populations fleeing conflicts in the region caused a challenge for international protection. The geopolitical location of Turkey and lax visa policies enabled different forms of undocumented entry and stay by foreign nationals in search of protection as well as economic opportunities. During this period, a large number of displaced people from Iran, Iraq and Afghanistan arrived in Turkey. However, they were essentially either tolerated or neglected by the authorities in the context of the Cold War, as these groups were able to reach their final destinations in European countries where Western European countries were willing to grant asylum status. Because of particular developments during this period, Turkey was one of the first countries labelled a 'transit country' (see Oelgemöller, 2011; Üstübici, 2018; 2019). The transit country label indicates the first impact of externalisation measures. Plus, in the eyes of officials, refugees were generally associated with transit migration rather than individuals in need of protection (Hess, 2012:431).

Turkey introduced its first legislation on the implementation of the principle of international protection in 1994, in which authorities introduced a regulation on refugee status determination as a reaction to potential mass inflows during the Gulf Crisis. 'Regulation No. 1994/6169 on the

⁵ A notable exception during this period is the arrival of Jewish intellectuals and scientists fleeing Nazi Germany in the 1930s. The latter were also treated on an ad hoc basis, and most left Turkey after the end of the Second World War.

Procedures and Principles Related to Possible Population Movements and Aliens in Turkey Either as Individuals or in Groups Wishing to Seek Asylum Either From Turkey or Requesting Residence Permission in Order to Seek Asylum From Another Country', known as the 1994 Regulation, gave the Ministry of the Interior, in collaboration with the UNHCR, the mandate for final decision-making on refugee status determination (RSD).⁶ Research focusing on the post-1994 period drew attention to rights violations by Turkey, especially the right to non-refoulement, and the increasing number of cases against Turkey at the ECtHR (Kirişci, 2012: 67-8). Although the 1994 Regulation is a milestone for migration governance in Turkey, many people in need of international protection were deported before gaining proper access to the asylum process due to problems in capacity and implementation. While İçduygu and Bayraktar Aksel (2013) characterised this regulation as an indicator of transition toward international norms, it did not provide a clear procedure for international protection applications until it was amended in 2006 (Soykan, 2017). The '2006 Implementation Directive' removed the temporal requirement to apply for asylum shortly after arrival and replaced it with a 'reasonable time period'.

Over the last few decades, Turkey has faced various mixed migratory flows, which have created a complex migration system involving irregular labour migrants, transit migrants, asylum seekers, refugees and regular migrants. Available statistics, albeit inadequate, indicate an increasing trend in the number of persons in need of protection that began long before the Syrian crisis. For instance, non-Syrians seeking asylum in Turkey significantly increased from a few thousand in 2005 to over 34,000 applicants in 2014 (Üstübici, 2018:52). The trend rose to over 114,000 applicants a year until 2018. During this period, the number of migrants apprehended by security forces rocketed from around 11,000 in the 1990s to nearly 100,000 in 2000 (Üstübici, 2018:52). The number of apprehended irregular migrants later declined to nearly 40,000 in 2013, only to rise again to record highs in 2015 and afterwards.⁷ Among them, major nationalities include Afghans, Syrians, followed by Pakistanis, Bangladeshis and others from Central Asian Republics, the Middle East, and Africa.

Despite these developments, the country still lacked a fully-fledged migration policy until 2013. Several laws and regulations entered into force in the post-2008 period in the context of the adoption of the EU acquis, the shadow of ECtHR decisions against Turkey, and critical reports by domestic and international civil society actors on rights violations (Kirişci, 2012; see e.g., HCA, 2007). The year 2008 also marks the establishment of two new bureaus under the Ministry of the Interior, the Migration and Asylum Bureau and the Bureau for Border Management, in close cooperation with specific EU member states, the UNHCR, and the IOM. The main mission of the Migration and Asylum Bureau, which later evolved into the main official body responsible for migration management in Turkey, the Directorate General for Migration Management (DGMM), was to draft the Law on Foreigners and International Protection (LFIP). The draft law became public in 2011 and came into force in April 2014, a year after its enactment.

The LFIP brought together formerly scattered pieces of legislation on the entry, stay, and deportation of foreigners. Turkey's asylum policy was codified as law for the first time, as opposed to secondary legislation. As a major institutional novelty, the law centralises policymaking and implementation in the field of international migration and situates asylum

⁶ The complete Regulation is available at <https://www.refworld.org/docid/49746cc62.html>

⁷ Please visit the official DGMM website for further statistics: <https://en.goc.gov.tr/>

under the DGMM. Before the LFIP, various state bodies were simultaneously responsible for policies concerning immigration.

As a direct response to ECtHR decisions against Turkey, the law ensures procedural guarantees and the right to appeal decisions on entry bans, detentions and deportations (Dardağan Kibar, 2013). Meanwhile, the detention capacity of the DGMM has increased over the years, mainly through EU funded projects. Several reports during this time, indicated that apprehensions, detentions and deportations have continued to be used for migration control (Grange and Flynn, 2014).

Under external pressure by the EU, but also equipped with technical and administrative support, as indicated by the increasing number of apprehensions, Turkey became responsible for policing unauthorised migration flows. Moreover, Turkey signed a Readmission Agreement (RA) with the EU in December 2013 after years of negotiations (İçduygu and Aksel, 2014). The readmission concerns nationals of EU Member States and Turkey, plus third-country nationals and stateless persons who ‘entered into, or stayed on, the territory of either sides directly arriving from the territory of the other side’ (EC, 2013). The RA recognises the receiving side of the agreement as ‘safe third countries’, without problematising the implications for actual protection on the ground.

3.2. Developments After the Syrian Displacement

Turkey started to receive refugees fleeing the Syrian conflict in 2011, while its own immigration and asylum policy were in the making. Under the open-door policy initially pursued by the government, Syrians were settled in camps in the South-East region bordering Syria and called ‘guests’, a non-existent category in international law. Their legal status and the type of protection that Syrians would receive were not clear at the onset. The expectation and official message conveyed to the public was that the conflict would end in the near future, and Syrian refugees would return to Syria. In time, the number of non-camp refugees increased, with Turkey still lacking a legal framework and publicly available policy documents on how the ‘guests’ from Syria would be protected and incorporated, except for circulars on access to free public health, education, and so on. The Regulation on Temporary Protection (RTP) came into force in October 2014, nearly four years after the initial arrival of refugees from Syria, specifying the terms of registration and stay in Turkey without determining the length of protection.

The following year was marked by the so-called ‘refugee crisis’, as nearly one million refugees from Syria as well as asylum seekers from other countries mobilised to enter Europe through Turkey (Heck and Hess, 2017; Tazzioli, 2016; De Genova et al., 2016). This ‘crisis’ discourse and EU panic over new arrivals under conditions of relatively open borders along the Balkan route led first to the closure of borders to refugee arrivals in Europe. Second, it re-initiated an intense period of migration diplomacy between Turkey and the EU (Karadağ, 2019). The talks culminated in the EU-Turkey Joint Action Plan enacted in November 2015 and the EU-Turkey Statement on additional action points of March 2016. As a continuation of the externalisation of EU migration and border policies, the 2016 statement between the EU and Turkey—commonly known as the ‘Turkey-EU Deal’—had direct implications for protection issues in Turkey.

Following the agenda initiated by the EU-Turkey Joint Action Plan of November 2015, the 'Regulation on Work Permits of Foreigners Under Temporary Protection' was introduced in January 2016. The regulation has enabled access to work permit procedures for Syrians under TP upon the initiative of their employers. This scheme was later adopted for other groups who are conditional refugees under the law. By 2018, reportedly only 34,573 work permits had been issued for Syrians in Turkey.⁸ This figure includes Syrians with residence permit as well as those under TP in Turkey. Putting this figure in perspective, there are over 2 million Syrians of working age under TP in Turkey; this reveals the limitations of the state's integration measures. The regulation introduces a maximum 10% quota for the employment of Syrians in most sectors. In practice, the work permit regulation prioritises those with financial and cultural capital, such as business owners, young refugees with linguistic skills or those with connections employed by the non-profit sector, leaving the majority of Syrians and other groups seeking international protection in the hands of a highly informal and abusive labour market.

The Turkey-EU statement of March 2016 between the EU and Turkey has been subject to debates regarding its value as a legal document and its implications for the international refugee protection regime (Karadağ, 2019). Rather than a formal agreement that could be taken to court, the legal status of the statement in relation to international law is never clarified (Poon, 2016; Peers, 2016; ECRE, 2017; Öztürk and Soykan, 2019). The statement has three important components. The parties agreed that all those who arrived at the Greek islands 'illegally' as of 20 March 2016 would be returned to Turkey. Between April 2016 and December 2019, UNHCR Greece recorded 2001 returnees from the Greek islands who were from Pakistan, Syria, Algeria, Afghanistan, Iraq, Bangladesh, Iran, Morocco, Egypt, and Nigeria (UNHCR Greece, 2019).

Second, for every Syrian returned to Turkey from the Greek islands, EU member states would resettle one Syrian from Turkey to the EU. As of March 2021, Turkey's official sources indicate that 28,100 have been resettled under this scheme.⁹ Third, financial aid was channelled to Turkey to improve the living conditions of refugees. In return, Turkey was promised a re-energising of membership negotiations and a continuation of visa liberalisation negotiations for Turkish nationals travelling to EU countries. The biggest portion of financial support went to cash transfers, a joint venture by the World Food Programme, Turkish Red Crescent and Turkish government. The programme introduced a cash transfer system under the Emergency Social Safety Net (ESSN) for family members of non-camp refugees in Turkey. The Emergency Social Safety Net (ESSN) is the biggest humanitarian programme of the EU, designed to help the most vulnerable refugees through cash assistance. The funds under the Facility for Refugees in Turkey (FRIT) have been contracted until the end of 2020, funding a number of ongoing projects for the protection and integration of displaced communities, especially Syrians in Turkey.¹⁰ As this report is being drafted, negotiations over a second version of the statement are ongoing.¹¹

⁸ See *Mülteciler Derneği*, 1 April 2020, available at <https://multeciler.org.tr/turkiyede-calisma-izni-verilen-suriyelisayisi/#:~:text=Aile%2C%20C3%87a%20C4%B1%20C5%9Fma%20ve%20Sosyal%20Hizmetler,34%20bin%20573'%C3%BC%20Suriyeli>

⁹ <https://www.goc.gov.tr/gecici-koruma5638>

¹⁰ The allocation of funding under FRIT can be found at https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/facility_table.pdf

¹¹ See for instance, Proposal for a Revised EU-Turkey Statement 2.0 published by European Stability Initiative (ESI) <https://www.esiweb.org/pdf/ESI%20-%20EU%20Turkey%20Statement%202.0%20-%2016%20March%202021.pdf>

After the March 2016 statement, Turkish security forces introduced more internal controls over the mobility of migrants and refugees within the country as well as over the border (Kuschminder et al., 2019). Furthermore, certain articles of the LFIP were amended with the adoption of Law No. 7196 on 6 December 2019. The changes enabled the detention of foreigners in transit zones (Article 7), alternatives to immigrant detention (Article 57/A), deportation appeals (Article 53) and interception of detained migrants' electronic and communication devices (Article 53) (see İneli-Ciger, 2020 for a comprehensive overview of these changes based on European Court of Human Rights (ECtHR) jurisprudence). Accordingly, the time allowed to appeal the deportation decision is reduced from 15 days to 7 days. According to an evaluation by İneli-Ciger, an international lawyer, this time frame may not be seen as a reasonable duration for appeal based on standards put forth by the ECtHR. Plus, Article 57/A introduced voluntary return as an alternative to detention. Other notable developments are the change of the mandate from UNHCR to DGMM with regard to RSD procedures of asylum applicants and the governorate of Istanbul ceasing new Syrian registrations and taking measures to reduce the number of Syrians not registered in the city. Although the impact of these recent changes is difficult to measure, during the fieldwork in 2020, interlocutors raised concerns about the effect they would have on protection.

3.3. Legal Differentiation and the Focus of the Report

As discussed below, the legal framework clearly differentiates amongst asylum seekers, legal migrants and unauthorised migrants (see also Üstübici, 2019). The categories of those currently under protection by the 2014 Law and Foreigners and International Protection (LFIP) in Turkey are explained in the Interim Report for Turkey (see Üstübici and Karadağ, 2020). However, we believe that it is worth reiterating these categories, substantiating the analysis we provide in the main pillars of this report.

The international protection regime in Turkey has a dual structure: **temporary protection (TP)** for **Syrians** and **international protection (IP)** for **non-Syrians**. The third category that we consider under the need for international protection is the unknown number of undocumented migrants in Turkey, referring to a broad category that includes apprehended migrants, those kept in detention, rejected asylum seekers and those who have never registered.

Syrians Under Temporary Protection

Persons from Syria are subject to separate procedures that is defined based on Article 91 of the LFIP. On the basis of the Regulation on Temporary Protection (RTP) adopted in 2014, Syrians under TP are granted rights and services, with the requirement of registering with authorities in a province of their own choice in order to be provided Temporary Protection Status (TPS). They have to approach the Provincial Directorate of Migration Management (PDMM) in a particular city. After registration, they receive a Temporary Protection Identity Card within 30 days. Once applicants have received their card and identity number, they can benefit from the right to **access public services, especially healthcare and education**. The option of applying for 'international protection' in place of or in addition to TP is not available to Syrians. 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 PDMM in the city in which they reside. Syrians under TP make up the majority (90%) of ESSN beneficiaries in Turkey.

Non-Syrians Under International Protection

Asylum seekers from non-European countries are expected to register with the authorities after entering the country. After registration, applicants 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. Note that while Syrians are able to register in their provinces of choice, non-Syrians applying for international protection have to register in designated provinces. Most of the time, they do not have a preference regarding which city they are assigned to. In the regular procedure, **PDMM** is required to conduct a personal interview with the applicant within 30 days from registration (LFIP, 75(1)). Note that as of September 2018, RSD procedures have been entirely moved from the UNHCR (previously conducted in tandem with UNHCR) to the DGMM. Since then, the UNHCR and ASAM (Association for Solidarity with Asylum Seekers and Migrants), the biggest service provider of UNHCR in Turkey, no longer accept first registrations or carry out RSD processes. The impact of this change is discussed in Chapter 4 in detail. If a particular PDMM cannot register the applicant for reasons such as lack of capacity, it is supposed to direct the applicant to another satellite city within 15 days.

Provinces with designated satellite cities in Turkey are geographically located away from the Western coast and land borders with Greece and Bulgaria. The number of satellite cities have gradually increased from 24 in 2003 to more than 60 in 2013 (Kahya and Sallan, 2017: 1391-1392).



Figure 2: The map of satellite cities in Turkey¹²

¹² The map is taken from Leghtas, I., & Sullivan, D. (2017). *"Except God, we have no one": Lack of durable solutions for non-Syrian refugees in Turkey*. Field Report. Refugees International.

At the end of the RSD process, if the application is accepted, individuals are granted ‘**conditional refugee status**’ or ‘**subsidiary protection**’. Here, conditional status refers to the temporality of their status, in which people with 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**. Similar to Syrians under TP, non-Syrians may access public healthcare and education **in their designated satellite cities**. Their mobility from one province to another is highly restricted, as they are required to provide signatures to PDMMs in their provinces on regular basis.

However, as will be exemplified in detail in the following chapters, due to numerous obstacles concerning lack of reception, personal connections and job shortages in smaller provinces across Turkey, non-Syrians under IP move to big cities such as Istanbul, which substantially jeopardises their access to rights. In other words, for non-Syrians, along with the structural factors of the labour market and housing, one of the main obstacles to protection in **Istanbul is that it is not a satellite city**.

Law No.7196 Amending Several Acts to the LFIP, adopted in December 2019 and mentioned in the previous section, limited the right to free healthcare for those under international protection to **one year after registration**. The implications of this change for the protection of non-Syrians under IPS is further discussed in Chapter 5.

Undocumented Migrants

In addition to Syrians with TPS and non-Syrians with IPS, Turkey hosts international migrants who do not have a legal status, who are kept in detention or whose asylum applications are rejected, as well as those who have never been registered. We label this rather large and heterogeneous group ‘undocumented migrants’. Note that this group is nearly invisible and not within immediate reach of formal civil society. Nonetheless, we also interviewed representatives of grassroots initiatives that explicitly support the needs of undocumented migrants.

	Working definition	Number
Syrians under temporary protection	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)
Non-Syrians under international protection	Non-Syrians who applied to the 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)
Undocumented migrants	International migrants not currently registered with the authorities, including those in detention, rejected asylum seekers, as well as those who have never registered.	Unknown and difficult to estimate

Table 2: Legal categories of displaced persons in Turkey

3.4. Chapter Conclusions

Before providing a detailed overview of actual practices on the ground in terms of how this legal differentiation is implemented and experienced in Chapters 4, 5 and 6, this chapter has explored the recent regulations and policies that have considerably impinged upon the current picture of the Turkish protection regime.

Turkey's international protection regime is based on a **multi-layered** and **differentiated scheme** within which legal differentiation determines migrants' opportunity to access rights (Genç, Heck and Hess, 2018; Üstübcü, 2019). In this scheme, although no one has a legal right of permanent stay, Syrians under temporary protection have easier access to registration, services and aid compared to non-Syrians under international protection. Situated at the bottom of this stratum,

the undocumented group is notably marginalised with no access to any formal provision of protection.

According to Aras and Mencütek (2020), the asylum system in Turkey is based on temporality, ‘creating a precarity in protection’, and disparities in access to rights (p.81). Both Syrians under temporary protection and non-Syrians under international protection do not have the right of permanent stay, even though many have lived in Turkey for a decade or more. On the top of this, undocumented persons outside the asylum system and rejected asylum applicants are further marginalised, with no access to formal provision of protection. In short, Turkey’s international protection regime is defined through **legal differentiation**, despite the fact that developments since 2019, including the period of COVID-19, especially in Istanbul have, at times, have blurred the differences amongst legal categories.

Developments in the post-2018 period have led to more centralised and securitised policies, especially in relation to access to legal status and healthcare, as will be elaborated in detail in the following chapters. The withdrawn of the UNHCR from asylum procedures, the de facto closure of Istanbul to new registrations, the press statement of governorate of Istanbul on 22 July 2019 announcing the return of unregistered Syrians to their provinces of residence, and the later 2019 Amendments to the LFIP, are subsequent securitising events that occurred in the last two years. As a result, the already precarious protection regime in Turkey has increasingly been based on the illegalisation of displaced persons, especially in the city of Istanbul.

The following chapters will elaborate on the trajectory of the Turkish protection system in relation to three main areas of protection: **legal protection, healthcare and accommodation**. The actual practices on the ground will be the main approach in analysing the Turkish protection system by taking the differentiated regulations and practices applied to different legal categories into account. While temporal focus will be organised around the pre-pandemic and pandemic periods, the main spatial venue will be the city of Istanbul, in addition to snapshots of protection from the Greek-Turkish border region and satellite cities.

4. Legal Protection in Turkey: Registration and Access to Legal Status

This chapter elaborates on the general legal protection system of Turkey with a particular focus on the city of Istanbul. The legal protections on paper and its repercussions at the practice level will be examined, with consideration of recent changes in the pre-pandemic period. In the second half of the chapter, the temporal focus will move to the pandemic period which, at the beginning, coincided with events at the Greek-Turkish border. We define legal protection as processes enabling access to registration and legal procedures following registration.

4.1. The Pre-Pandemic Period

4.1.1. Syrians Under Temporary Protection in Istanbul

As discussed in Chapter 3 of the report, **Syrians** are subject to a distinct regime of protection that is defined based on Article 91 of the LFIP. According to the Regulation on Temporary Protection, Syrians under TP are granted rights and services with the requirement of registering with authorities in a **province of their own choice** to be provided with **Temporary Protection Status (TPS)**. They have to approach the **Provincial Directorate of Migration Management (PDMM)** in a particular city. After receiving their card and identity number, they can benefit from the right to access public services, especially healthcare and education.

Central reception policies allowed Syrians under TPS to register in provinces of their own choice. Hence, the number of Syrians registered in Istanbul increased over time. As discussed in the chapter on Theory and Methodology, more than half a million Syrians under TPS are registered in Istanbul, primarily concentrated in poorer districts where they can afford accommodation and find work in the widespread informal sector. The actual number of Syrian refugees residing in Istanbul is not known exactly but is estimated at nearly one million due to the high number of Syrians not registered in Istanbul yet living there for the reasons explained below.

The situation gave rise to concerns related to the emergence of ‘Syrian ghettos’ (see, for instance, TEPAV, 2019) where basic social inclusion obstacles—such as financial poverty, prejudice arising from xenophobia, failure to meet basic needs, and stigmatisation—lead to spatial segregation within the city. Although there were no major challenges regarding access to protection for Syrians under TPS in Istanbul until recently, a number of developments at the legal and practice level since 2018 have led to a rise in the volume of unregistered Syrians that are excluded from protection in Istanbul. It is important to note that the recent increase of Syrians in Istanbul is not necessarily due to new arrivals from Syria but a greater number of those willing to move to Istanbul from the provinces they were registered in.

Within the city of Istanbul, there are two locations where Syrians and non-Syrians can become registered and follow up on their paperwork; one is in Beyazıt, on the European side, and the other is on the Asian side in Sultanbeyli. Sultanbeyli is literally at the eastern edge of the city but relatively close to districts where Syrians reside. Along with displaced communities in need of protection, mainly Syrians, Istanbul hosts nearly 500,000 residence permit holders. It is by far the busiest PDMM in the country. As mentioned by Firat¹³, **overburdened PDMM personnel** in Istanbul present a challenge for displaced people and their lawyers seeking help to resolve complex cases of registration:

¹³ All names are pseudonyms, unless indicated otherwise.

Not only persons under TP or IP come to PDMM; there are businesspeople, students, tourists, foreigners buying property, investors, etc. Thousands of different people. Hence, the capacity needs to be enhanced substantially. Because of their incapacity, personnel are strained, and I know their violent treatment in person from my clients [...] Especially in Istanbul, personnel are much rudier due to the overwhelming stress caused by work-related pressure. When we visit other PDMMs, we come across staff who are gentler, but it becomes extremely difficult to have any communication or dialog with the personnel in Istanbul when explaining your problem or offering a solution (Firat, lawyer, 17 January 2021).

To deal with this overwhelming burden, **Istanbul was closed to newly arrived** Syrians seeking to register under TPS in Istanbul in February 2018 (Daily News, 9 February 2018). It was also stated that registration was closed to Syrians under TPS wanting to transfer their registrations from other provinces. Following that, since 2018, the PDMM in Istanbul **has not been accepting registrations from new applicants**. For non-Syrians seeking international protection, the city of Istanbul has not been an option since the beginning because it is not a satellite city, as explained in the next section. But, in the last two years, the city has ‘de facto stopped registering’ newly arrived Syrians as well (ECRE, 2020). Syrians who have recently entered Turkey and arrive in Istanbul or move to the city from other provinces where they are registered, cannot access registration. Statements from our informants indicate that there are very few cases in which access to registration has been accomplished due to exceptional circumstances, such as a serious illness requiring treatment, family situation, work or education.

Transferring one’s TPS registration from another province to Istanbul is only possible if you hold a **work permit**. Syrians need to receive an official work permit provided by their employers in Istanbul. One of our informants, Salih, a Syrian working in a chicken market came to Turkey in 2015, and his story exemplifies such an instance. With his wife and five children, he was registered under TPS in the city of Bursa but never lived there. After experiencing a devastating period of health problems, due to the family’s lack of access to public services because of Salih’s unregistered status in Istanbul, the family finally transferred their registration:

We could have a temporary card, but not in Istanbul; it was in Bursa. Then, my manager could give me a work permit, and I could have temporary cards from Istanbul (Salih, male, registered Syrian in Istanbul, 29 December 2020).

The story of Salih is rare because the number of work permit holders among Syrians is extremely low. As of March 2019, only about 31,000 Syrians across the country had official work permits; this only constitutes 1.5% of the 2.2 million working-age Syrians (Reliefweb, 2019). That said, the vast majority work in the informal sector under deeply precarious conditions. The impossibility of transferring their registration to Istanbul leads to various obstacles for Syrians, especially regarding **access to healthcare** and **family unification**. Family members who arrive in Turkey at different time periods and want to reunite often ultimately become undocumented in the city. Mustafa, a 40-year-old Syrian, came to Turkey six years ago by himself. For the first two years, he did not register at all. Then, in 2016, he gained a temporary protection card issued in Istanbul.

Eight months ago, he managed to bring his wife and four children to Turkey. Although he could register himself in 2016, he has been unable to register his family, despite numerous health issues and their four school-aged children:

I went to the DGMM; I told them everything. We had passports for all my family, and I am registered in Istanbul. Now, I have four children, they all should be in school, but they were not accepted in any school because they do not have ID cards [...] When I went to Sultanbeyli [the DGMM coordination centre in the Asian part of the city], I could not get an appointment. They told me that I could do an update, but new registrations cannot be done. The system opens only for 15 or 10 minutes, and the people who take money in order to make appointments want commissions; they take commission for that. We are not able to make an appointment no matter how we try; the link is not opening [...] They [bribe-takers] are Syrians. Yes, I heard a lot about these people; they claim they could give us ID cards for 400 TL, but I do not trust them. I think they are bad people, and the ID will be fake (Mustafa, male, Syrian registered in Istanbul, 5 January 2021).

Mustafa's anecdote reveals how the registration process is technically unreachable, due to an **inactive appointment system**, and therefore, how the system itself has become **monetarised** and **corrupted** by bribe-takers emerging within the community. Statements highlighting the inoperability of the online system as well as mediators capitalising on the situation were frequently expressed by our Syrian interlocutors.

In a context where new registrations are formally closed and exceptional, lawyers may attempt to mediate the situation for extremely vulnerable cases by reaching a staff member they know personally at the PDMM to solve the issue of registration. 'I called an officer that I know personally in two urgent cases and received the ID in a day', said lawyer Deniz, while explaining how the current system in Istanbul risks illegalising the displaced population (Deniz, lawyer, 17 December 2020). Presenting a rare example, Ahmad was able to transfer his registration from Adana to Istanbul. He first expected his employer to help him, which did not work out. To his surprise, a transfer was possible when he enrolled his son in primary school in mid-2018; a time when the registration system was more flexible. His example underscores the ad hoc implementation of registration and the importance of intermediaries to fill in protection gaps:

My registration stayed in Adana for one year and six months. Two years ago, my oldest son became six years old, and he was to start school, so I went to register him at the school. They called us from the school and gave us a paper to change our ID cards to Istanbul, including my wife my three children; we all have ID cards from Istanbul. I spent three years trying to get an ID card from Istanbul. I tried everything, but I couldn't. It was a coincidence; it happened by chance. They changed our ID cards because my son started at school two years ago. (Ahmed, Syrian registered in Istanbul, 8 January 2021).

In our field research, cases in which husbands arrived in Turkey earlier than the rest of their family and have an ID under TP, but the rest of the family does not, were common amongst Syrian families living in Istanbul. In other words, the 2018 changes rendered family reunification difficult. The lack of registration is not only a legal matter but, more importantly, led to the exclusion of Syrians not yet registered or registered in other provinces but living in Istanbul. They are thus prevented from enjoying access to the basic rights and services in Istanbul envisaged by the Regulation on Temporary Protection, as further elaborated in the following chapters.

The 2018 decision created obstacles to providing protection to the increasing number of unregistered Syrians in the city. Although the situation created a major protection gap in terms of access to public healthcare and education for Syrians registered in other cities but living in Istanbul, as explained in Chapter 4 on healthcare, the presence of unregistered Syrians in the city was largely tolerated.

Towards Greater Securitisation and Closure After 2019

On **22 July 2019**, complete termination of the registration process was clinched with a **statement by the provincial governorate of Istanbul** announcing that Syrians living in Istanbul must return to the cities where they were registered before October 2019.¹⁴ The statement also indicated that return to Syria would be facilitated for those who wanted to go back voluntarily. This statement was issued in a particular political context, following a mayoral election in Istanbul where the candidate of the ruling party lost metropolitan governance for first the time since 1994 and where public discontent about Syrians settling in the city had also become much more voiced (DW, 23 June 2019). In addition, along with ongoing discourse about integration and social cohesion, return policies for Syrian refugees had entered the political agenda of the central government (Yanaşmayan, Üstübcü, Kaşlı, 2019: 47).

Signalling a securitised turn in Turkey's flexible reception policy in Istanbul, the statement led to the introduction of an increased number of **checkpoints** throughout the city, especially in neighbourhoods largely populated by Syrians and non-Syrian migrant communities. It was reported that **Syrians intercepted** in Istanbul were encouraged or even misled into signing forms for '**voluntary return**' to Syria, under the premise of being sent back to the provinces where they initially registered¹⁵. Even though the LFIP does not explicitly mandate detention for those violating residence restrictions, reports (ECRE, 2020) and statements from our interlocutors indicate that **detention of unregistered Syrians and non-Syrians under IPS in Istanbul has increased substantially since July 2019** (Murat, IO member, 5 May 2020). Additionally, the December 2019 amendments to the LFIP reduced the **time limit for appeal** of deportation decisions from 15 to **7 days**.

¹⁴ In the first announcement, the return deadline was declared as August 20, which was then postponed to October: <http://www.istanbul.gov.tr/duzensiz-gocle-mucadele-ile-ilgili-basin-aciklamasi>

¹⁵ <https://www.amnesty.org/en/countries/europe-and-central-asia/turkey/report-turkey/>

Based on Istanbul PDMM statistics, 6,416 unregistered Syrians were sent to temporary accommodation centres between 12 July 2019 and 15 November 2019 (ECRE, 2020). In addition to those who were sent back to their provinces of first registration, anecdotal information indicates there have been a number of Syrians ‘voluntarily’ sent back to Syria. Hence, another implication of the 2019 statement by the Istanbul governate was the encouragement of returns to Syria. While the procedure of ‘voluntary return’ is required to be conducted under observed interviews, reports state that persons detained in removal centres after July 2019 did not undergo such interviews (ECRE, 2020).

‘It was a preposterous period’, notes our lawyer informant while she describes the first couple of months after the decision. No official figures are available estimating the number of people forcibly deported but, based on reports and statements from our informants, there were Syrians who were enforced into signing ‘voluntary return’ forms (see for instance, ECRE, 2020: 17). As one informant noted, ‘it was a breaking point for Syrians in Turkey’ who lost their trust in the state and became deeply worried about their situation:

It was directly related to conjuncture and municipal elections of that time in the summer of 2019. But it still goes on. One month ago, one of my Syrian clients was taken into custody [...] I reached the PDMM and explained the situation. They said he wanted to return to Syria, himself. The man is married in Istanbul, having two kids, why would he want to go back to Syria, a place of war, suddenly? They took him to Hatay first and brought him back to Istanbul. But, as I said, we saved him thanks to our efforts, personal contacts and additionally individual initiative from certain persons from the PDMM (Firat, lawyer, 17 January 2021).

For several lawyers on the ground, it was not possible to monitor the practices of ‘voluntary return’ or distinguish them from forced returns: ‘If people sign the form under the inspections of police or security guards, if it happens without informing your lawyer and if your family is in Turkey, who would believe that it is voluntary?’ justifiably asks our informant (Kaya, lawyer, 30 December 2020). In 2019, while Turkish authorities announced that 315,000 Syrians had voluntarily returned to their country,¹⁶ published reports and lawyers underscore the presence of cases of forced return among them (Amnesty International, 2019; Öztürk and Yalçınalp, 17 December 2019). Another interlocutor touches upon an important detail, the language of ‘voluntary return’ forms:

Rather than a long and tedious official process, the DGMM comes up with a so-called economic and practical solution. They have voluntary return forms saying persons want to return to their home country voluntarily. Because they don’t have money to buy the plane ticket, the DGMM buys it for them. In 2018 and 2019, they used to make the refugees sign the document at police stations, meaning that they keep the forms ready in the police stations before transferring people

¹⁶ *Hürriyet*, ‘Adalet Bakanı Gül: 315 bin Suriyeli memleketine döndü’, 2 March 2019: <https://bit.ly/2Ybg71a>. Sınır illerindeki Suriyelilerin dönmek istediği hakkında haber bkz. *Hürriyet*, ‘Cumhurbaşkanı Başdanışmanı Aybet: Doğu illerindeki Suriyeliler dönmek istiyor’, 24 February 2019: <https://bit.ly/2JrTphH>.

to the DGMM. Every document has a translation, the form for administrative detention or form for a deportation decision. But I have never seen a translated voluntary return form. It is like a secret document that nobody understands, but everyone was made to sign it. A lot of people got deported with the document (Kaya, lawyer, 30 December 2020).

In general, it should be noted that the increasingly securitised policies since 2018 blocked access to registration in Istanbul for newly arrived Syrians as well as those who wanted to transfer their registration to Istanbul from another province. In this regard, the volume of the unregistered Syrian population has multiplied, despite the severely precarious conditions of family reunification and access to education. The situation was exacerbated with the statement by the Istanbul governorate in July 2019, after which police checkpoints, forced returns to provinces of registration and returns to Syria have proliferated.

4.1.2. Non-Syrians Under International Protection in Satellite Cities

As explained in Chapter 3, **non-Syrians** seeking **international protection** and their assessment process are defined by LFIP. They are expected to register with authorities after entering the country. After registration, applicants 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. Note that while Syrians may register in provinces of their choice, non-Syrians applying for international protection have to register in designated provinces. Most of the time, they do not have any control or say over which city they are assigned to.

At the end of the RSD process, **non-Syrians applying for international protection**, if the application is accepted, are granted **conditional refugee status** or **subsidiary protection**. Although the difference between these two categories is vague both in principle and practice, one informant, a senior lawyer specialising in refugee law, describes the decision-making process at the practice level:

Conditional refugee status is given to ones from non-European countries in cases where they provide all necessary documents, but as far as I have come across in the field, this is mostly given to Iraqis or Iranians. Additionally, if the UNHCR had given that status previously but not yet pursued resettlement, then the DGMM considers as such after it takes over the case. **Subsidiary protection** usually stands for those who might not be eligible to gain ‘conditional refugee status’, but they [authorities of DGMM] agree on the necessity to provide protection. Rather than discussing the conditional refugee status, it appears an easier way for them to give the decision of subsidiary refugee status. If that person has notable risks of persecution in returning to the country of origin, then providing subsidiary protection becomes handier for the authorities [rather than rejecting the application] (Firat, lawyer, 17 January 2021).

As noted by our informant, despite slight categorical differences, the two categories of international protection for non-Syrians provide the same benefits at the practice level. The major difference is that the status of subsidiary protection excludes the applicant from

resettlement to a third country. Those offered 'conditional refugee status' have to **wait many years**, first to be recognised under the category, then to eventually be resettled in a third country where they can enjoy refugee status. Note that the number of those resettled from Turkey each year is meagre. In 2019, 10,558 refugees departed Turkey to be resettled in 18 countries and only 23% were of nationalities other than Syrian (UNHCR, 2019). As a result, conditional refugees in Turkey are in **legal limbo** because they are not given full refugee status and quotas for resettlement to third countries are limited.

In the regular procedure, the **PDMM** is required to conduct a **personal interview with applicants** within 30 days of registration (LFIP, 75(1)). Note that as of September 2018, **RSD procedures**, previously conducted in tandem with the UNHCR, have been **entirely moved from the UNHCR** to the DGMM. Since then, the UNHCR and ASAM (Association for Solidarity with Asylum Seekers and Migrants), the biggest service provider of the UNHCR in Turkey, do not accept first registrations or carry out RSD processes.

The entire process of first registration, RSD, and resettlement moved under the authority of the DGMM, as indicated in Article 92 of the LFIP. In our research, we aimed to investigate the implications of this significant change. However, the current situation leaves researchers with very little resources to grasp what is happening inside the international protection system in Turkey.¹⁷

Among our interlocutors, there were different perspectives regarding this transition. Some experts argue the UNHCR had willingly decided to withdraw from being a significant party in RSD and resettlement processes, as it has recently done in other countries, while others suggest that it was Turkish authorities who pushed for this change. Either way, observations indicate that **access to registration has been markedly influenced since the change of mandate**. According to our interlocutor, a senior lawyer in the field, the UNHCR preferred to take the easy way out in throwing off the burden of these processes in a system that was not functioning properly (Firat, lawyer, 17 January 2021). The increasing number of displaced persons, long wait for interview appointments, rejection of appeals and lack of capacity to meet the demand for resettlement paved the way for this decision.

According to DGMM statistics, the number of international protection applications fell dramatically by 2019. While there were 112,415 applicants in 2017 and 114,537 in 2018, this drops to 56,417 in 2019 (DGMM International Protection Statistics). Unfortunately, there are no official statistics or detailed information publicly shared by the DGMM with respect to the number of rejected applications or the reasons behind such rejections.

After the change of mandate, applicants have to approach a PDMM office to register for international protection status. At the registration phase, if the particular PDMM cannot register

¹⁷ Despite our efforts to reach officials from the DGMM and UNHCR to conduct an interview, we did not receive a positive response.

the applicant for reasons such as lack of capacity, it should direct the applicant to another satellite city within 15 days. Then, interviews for RSD are pursued by PDMM personnel in the designated satellite city. Nonetheless, our field research indicates that everyday practices hardly follow these protection principles. The lawyers we interviewed underlined that **RSD decisions for non-Syrians** face significant obstacles due to lack of information and capacity to run reception, registration and RSD mechanisms. The **quality of interviews, lack of proper identification of vulnerable groups, lack of trained migration experts** and **lack of interpreters** have been frequently reported as particular obstacles witnessed, especially since the termination of the UNHCR mandate.

RSD procedures are entirely done by the DGMM now. The personnel got training, but it does not work at all since the decision on refugee status is a serious work. As far as we hear, they casually talk to the applicant [...] When it was in the hands of the UNHCR, migrant experts were conducting 3–4-hour long interviews, who knew every corner of Afghanistan, for instance, or who investigated the potential risks of persecution in a particular country in detail. Now, the interviews are done quite negligently which indicates the rationale of authorities (Deniz, lawyer, 17 January 2020).

Registration for non-Syrians is not available since Istanbul is not a satellite city. Observations indicate that for non-Syrians who seek international protection in other provinces, there is also a **lack of reception capacity in many satellite cities**; additionally, it is often unclear which satellite city is open for new applications. Observations further indicate that, in addition to terminating registrations in Istanbul, the PDMM does **not direct and guide persons** (Syrians or non-Syrians) to be registered in any other available province, though the legal framework indicates their mandate is to do so. It might be argued that **increasing securitisation of migration** goes hand-in-hand with the **institutional incapacity, work overload, lack of transparency** and **patchy implementation**. While describing the post-2018 situation, Deniz refers to the change of mandate from the UNHCR to the DGMM:

The UNHCR was the one keeping the system up. Despite some obstacles, persons had access to registration at that time. The system has been down since it entirely moved to the DGMM [...] Istanbul was a city that was always problematic in registration, but now it is completely closed. Previously, it was at least possible to have provision of referral and travel permits directing persons to eligible provinces. Since last year [due to decisions of July 2019], this has also become impossible (Deniz, lawyer, 17 December 2020).

The already-stumbling registration, RSD and re-settlement system has further slowed down with the 2018 change of mandate from the UNHCR to DGMM. Some lawyers on the ground argue that the previous system, in which applicants were first applying to the UNHCR and then getting assigned to a PDMM, was providing better protection.

As a result, testimonies of displaced persons show that **difficulties in satellite cities in terms of access to registration, post-registration procedures** and the **indeterminate waiting periods for**

resettlement create uncertainties for newly arrived non-Syrians seeking protection. In other words, the institutional infrastructure paves the way for the illegalisation of displaced non-Syrians who cannot access legal protection, despite their efforts, and encourages them to move to Istanbul where they can at least work in the informal sector. Huseyin, a 19-year-old Afghan, arrived in Turkey two years ago and failed to apply:

I wanted to apply for an ID, but they did not accept applications in Trabzon [a province in North-Eastern Turkey]. Some of my friends told me that they accept applications in Giresun [a province neighbouring Trabzon], so I went there. But they wanted us to come back for the application later. We did not go back (Huseyin, male, undocumented Afghan, 11 January 2021).

For those who manage to get registered in a satellite city, other obstacles await. The **lack of work opportunities** and **personal connections** in designated, generally small, provinces are a major concern for people. Since they are assigned to these provinces by state authorities, they often do not have personal connections that might enable their integration. Especially for single men, structural factors in the labour market and the lack of reception capacity become push factors leading them to Istanbul, where they will not receive legal protection. Idris, a 23-year-old Afghan man, succeeded in becoming registered in the city of Giresun in 2017. However, he could not find a job there. 'They [friends in Istanbul] sent me money so **I threw out my ID and went to Istanbul**', he said (Idris, male, registered in Giresun, 5 January 2021). Likewise, Ali, a 25-year-old Afghan man living in Istanbul, applied for registration in the city of Nevşehir:

They took my name and identity information. They told us that there was a line, so they would call us later. We went there again to check the process. There, it was said that 'if you spend some money your work will be done'. They told us that they would call us. We waited for 3 months but received no call. Once we went there again, they said 'your phone was turned off', but it was not indeed (Ali, male, undocumented Afghan, 13 January 2021).

Our lawyer informant describes how this mechanism of protection, requiring signatures to prove residency in satellite cities without providing a reception infrastructure to facilitate settlement, contributes to further precarious conditions for those seeking protection in satellite cities:

It is impossible for people to move back to satellite cities once they are in Istanbul. **They have their relatives, friends and workplace here in Istanbul** [...] For a while, there are instances in which people went to the city of Sivas, for instance, to provide the weekly signature, then come back. Authorities there and here know the situation, a ridiculous system [...] Bus drivers earn money, nothing else. This is torture for those people [...] They asked whether authorities would provide an accommodation, a job or any aid. No, nothing. **You say you will go that city, but you have to take care of yourself** (Firat, lawyer, 17 January 2021).

In a nutshell, the process of seeking protection in satellite cities contains numerous institutional and managerial obstacles pushing people to instead be unregistered in Istanbul. Firstly, due to institutional incapacity, a lack of information about open satellite cities, a lack of guidance, and

patchy implementation, first registration of non-Syrians in satellite cities becomes extremely difficult. Secondly, even if they manage to be registered, the processes of RSD involve numerous concerns in relation to the quality of interviews, the long and uncertain wait, a lack of transparency and high rates of rejection, especially since 2018. Thirdly, designated satellite cities do not offer many opportunities for people's livelihood due to **job shortages** and a **lack of personal connections**. Consequently, all of these concerns, in practice, become push factors for non-Syrians to renounce their search for international protection and move to Istanbul.

4.1.3. Undocumented Migrants in Istanbul

Most of the undocumented migrants in Istanbul are those who overstayed their visa after entering with a passport or who entered the country without valid documents but did not apply for international protection. As access to residence permits is costly and bureaucratic, overstayers may refrain from applying for residence permits due lacking the means to afford it or the fear of being rejected. Others, as explained in previous sections, fall into irregularity because they are registered in other cities and, especially for non-Syrians under IPS, failure to provide signatures may cause the loss of international protection status. For this group, cracks in the registration system and restrictions on internal mobility push them to become undocumented in Istanbul. In other words, protection gaps emerging from the lack of access to legal procedures are most visible in the case of migrants in Istanbul who are pushed into irregularity for a variety reasons and thus rendered deportable (see Üstübici, 2018).

When the structural and institutional obstacles in the legal system block registration channels, the gap is, at times, **filled by associations**. Article 46 of the LFIP enables access to humanitarian residence permit (*insani ikamet*). For instance, in the case of Afghans, Afghan associations '**sell**' **residence permits**, usually provided for humanitarian reasons by the DGMM to those who pay the association. However, there is also a high level of corruption in associations under the guise of providing residence permits (Karadağ, 2021). One of our informants, Ayse, who is a married Afghan woman with three kids, received a residence permit three years ago. As she expressed, the whole family paid a certain amount of money to an Afghan association to get the residence permits, and 'more than a thousand Afghans received IDs that year' (Ayşe, female, Afghan with residence permit, 7 January 2021). But, as noted, there are many instances in which undocumented migrants may regret paying such a fee. First, apart from the issues of fraud and corruption, there is no guarantee they will receive a residence permit. Moreover, as Ayse mentioned, they may not be aware they have to pay money to renew the permit every year. 'This [the humanitarian residence permit] is the widest and most flexible area for state authorities, where they have a free hand totally' said our lawyer interlocutor while he listed various groups who have received the permit, including Afghans, Uyghurs, Central Asians, etc. (Firat, lawyer, 17 January 2021). The anecdotes clearly illustrate how access to legal status has become monetarised under the circumstances of a lack of infrastructure for international

protection. Rather than the institutional and procedural channels of international protection, the overall system compels persons to pursue an illegalised life or be involved in corrupt networks.



Figure 3: A call shop in Zeytinburnu (Istanbul), also providing services to facilitate registration.

Photo Credit: Ayşen Üstübcü, June 2017

Widely discussed within the literature on undocumented migration is how the continuous sense of being deportable further limits undocumented migrants' access to legal status and services such as healthcare, making them particularly vulnerable to exploitation in the labour market (De Genova, 2002: 439; Calavita, 2005). In the case of Istanbul, undocumented migrants in the workforce have been generally tolerated, especially in sectors characterised by widespread informality (Üstübcü, 2018). However, earlier research has also revealed that undocumented migrants are subject to different forms of arbitrary detention and deportation practices, mainly because they lack legal status (Suter, 2012; Yüksek and Brewer, 2011; Üstübcü, 2018). Reflecting a more securitised approach to migration after 2018, in comparison to earlier periods, our interviews with migrants without legal status in Istanbul, especially Afghans, revealed their constant sense of deportability, as they encounter security checks on daily basis.

Especially since the 2019 Istanbul governorate statement, intensified police checks and apprehension of persons under IPS, but residing in Istanbul rather than their assigned satellite city, and of migrants who are undocumented have led to an increase in the number of detainees in removal centres in Istanbul. Note that **three active removal centres in the suburbs of Istanbul** (in Selimpaşa, Çatalca Binkılıç, and Tuzla) were constructed with EU funding, together with other removal centres in Turkey (a total of 28, with the capacity to hold 20,000 individuals) (Kaytaz,

2020). While it is known that detention capacity has increased with financial support of the EU over the past years, the number of detainees is not publicly available (Kaytaz, 2020). In addition to the three removal centres in Istanbul, there are two additional police stations for foreigners in Pendik and Findikzade that function as removal centres in practice. There is a division among the three removal centres in terms of their function, but it is not clear. Based on statements from our lawyer interlocutors, the centre in Selimpaşa is the official one for women, Binkılıç generally hosts those accused of being ‘Foreign Terrorist Fighters’ (FTFs), and Tuzla is generally for the Afghan, Pakistani and African communities.

Although out of the scope of our focus, our field research signals that the practices of **detention and deportation are complex**, ambiguous and, at times, contradictory to law. The lawyers complained about a **lack of information, lack of transparency, unlawful practices in detention processes** and restrictions on reaching those in detention. One informant describes the situation as akin to ‘the story of the blind men and the elephant’ for lawyers seeking to reach their detained clients. ‘The DGMM has no standard procedure. Things work differently in Van, in Izmir and in Kırklareli. Even within Istanbul, it is different on the Asian and European sides’, remarks one lawyer and further adds, ‘each DGMM has developed its own mode of operation’.

When a person is intercepted by the police on the street, they are first taken to a police station. After the identification process and completion of documents, the police have to transfer individuals to the DGMM, which determines whether deportation or administrative detention shall be imposed within the scope of Articles 54 and 57 of the LFIP. In principle, that decision should be made within 48 hours, and if an administrative detention decision has been taken, the duration of detention should not exceed six months. The period may be extended for an additional six months. However, our lawyer informants mentioned cases who were kept in detention for longer periods.

Our lawyer interlocutors clarified that **not all detainees are deported**. They indicate that the most common reason for deportation is **involvement in a crime or posing a security concern**, especially in the case of suspected FTFs. ‘The rationale behind administrative detention is allowing time for deportation procedures’, Kaya asserts, but underlines that collective deportation is not always the ultimate aim; rather, there is **an economy in the governance of detention and deportation**:

Is it always the case the DGMM wants to deport people in the quickest way possible? Not always; there is an economic side to things. For instance, the Istanbul DGMM has a bigger budget, so they can arrange and coordinate large scale flights. The DGMM in small cities have economic problems. They try to avoid administrative detentions because it causes an additional expense. There is no place at DGMMs, flights are hard to arrange, and personnel are insufficient. It is common that the police raid Afghan houses, but they don’t detain everyone because it is hard to register and deport all of them. It is very costly (Kaya, lawyer, 30 December 2020).

From a legal protection perspective, one of the major concerns for lawyers is **systematic restrictions on reaching detained person** and the **short period to appeal** a deportation decision. By the 24 December 2019 amendment of the LFIP, the duration for appeal was **reduced to 7 days**. The limit to appeal an administrative detention was initially 30 days. Then it was gradually reduced to 15 and, later, to 7 days. It usually takes 7 days for lawyers to reach persons in removal centres. During these 7 days, **lawyers need to reach their clients and access their files** to examine their cases; in many instances, the DGMM does not share the necessary documents. Additionally, removal centres are located at the **far peripheries of cities**, which obstructs easy access. All these bureaucratic, economic and logistic difficulties make it **incredibly difficult for lawyers to intervene in cases**:

So here is what happens a lot: a family calls and asks about their missing child. Another problem is that we cannot reach the defendants as they cannot reach us. For instance, a defendant is brought to a removal centre from a police station in Istanbul. Let's say the police don't tell you where they are; how will you ever know? Maybe they aren't even in Istanbul. It is common that they send refugees to Aydın, Kırklareli [other provinces] when Pendik [in Istanbul] is too crowded. So, you don't know where your defendant is. There is no central system where they can search for my defendant and tell me where he is. It is impossible to know where they end up. They may call you the next day from Van and tell you to come quickly because they are about to get deported (Kaya, lawyer, 30 December 2020).

The testimony of Ali provides a detailed picture of the process. Ali is a 25-year-old Afghan who arrived in Turkey in 2016. After experiencing undocumented life in Istanbul for two years, he was stopped by the police in 2018:

I was put onto a bus with other Afghans. They didn't take us to the police station but somewhere much bigger [Tuzla removal centre]. I stayed there with 800 people for 14-15 days. Each night, they took people to get their fingerprints and deported them in groups of 100-200. The night I was deported, there were 270 other people. I think ours was the largest group that was deported (Ali, male, undocumented Afghan, 13 January 2021).

While we asked him to describe the conditions of the Tuzla removal centre, Ali indicated they were locked into small rooms and only released into the hall to eat. There were a few blankets but no cushions. They slept on the floor. Ali told us how he was convinced to sign a 'voluntary return' document:

When there was disorder during meals, they punched and kicked people. They had a list of names from which they called out people to take their fingerprints. But a small group of people gave false names because they didn't want to get deported. They punched and kicked people who refused to give their fingerprints or real names. They just gave one meal a day [...] Each room was let out to go to toilets only for 15 minutes. That's why I wanted to give my fingerprints and get deported voluntarily [...] There were a lot of people who wanted to get deported [...] I was not exposed to violence, as I signed those forms voluntarily. I didn't see anyone coerced to sign,

because you do not sign the forms in the hall. There was a separate room for that (Ali, male, undocumented Afghan, 13 January 2021).

Ali and other Afghans at the Tuzla removal centre were put onto buses to be taken to the airport. They received their tickets free of charge. After a six-hour flight, they arrived in Kabul in the early morning. ‘I stayed [in Afghanistan] only for 3 months’, said Ali. He continued, ‘I was deported at the end of 2018 and returned in the beginning of 2019’.

In the first part of this chapter, we analysed the legal protection system in the pre-pandemic period. In addition to major turning points that have increased securitisation of the system since 2018, we described various barriers at the implementation level that hardly follow the legal principles. Based on the statements and testimonies from our interlocutors, our research demonstrates that the legal protection system in Turkey has significant obstacles in accessing registration. For both Syrians seeking TP and non-Syrians pursuing IP, due to the abovementioned barriers, the registration system represents a *politics of deterrence* (Karadağ, 2021), referring to a set of obstacles illegalising displaced populations and pushing them out of the legal protection sphere. While we observe instances of better access to registration before 2018, for those who arrived afterwards, it became extremely difficult due to the specified institutional and bureaucratic obstacles. Consequently, it could be argued that, as a result of the politics of deterrence producing illegality, especially since 2018, the previously differentiated and multi-layered structure of the legal system has de facto merged different legal categories into one pot, at least in Istanbul, by denying access to legal protection.

In the second part of this chapter, we will move to an analysis of legal protections during the pandemic period, the beginning of which coincided with events at the Greek-Turkish land border and ultimately intensified existing legal protection gaps in Turkey.

4.2. The COVID-19 Pandemic Period

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; they had been encouraged by the Turkish government’s 27 February announcement that Turkey would not impose border controls. The various COVID-19 measures and lockdowns in Turkey coincided with the encampment and eventual return of displaced communities from the Greek-Turkish land border. Both what we call the ‘Edirne events’ and the implications of the first phase of the pandemic for refugee communities in Turkey are covered by a number of reports, primarily prepared by NGOs or journalists (Relief Web, 2020; ASAM, 2020; HASUDER, 2020; HRW, 2020). While existing reports and secondary data separately provide insights about events at the Greek-Turkish border and the impact of the pandemic, this 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 that sense, the section on the COVID-19 period puts a particular emphasis on

pandemic circumstances both **at the border and in urban areas** through a **frontstage/backstage approach to the study of protection**. This approach to protection enables us to capture different spatial and temporal conjunctures that emerged during the initial and later phases of the COVID-19 pandemic in Turkey.

4.2.1. Induced Mobility Toward the Border Gate

On 27 February, following news of the death of 34 Turkish soldiers in Syria's Idlib province, the Turkish government announced that Turkey had 'no choice'; since it had not received enough support in hosting refugees in the country, it would no longer stop asylum seekers and migrants from leaving Turkey to reach the EU (HRW, 2020). Right after the government announcement, thousands of people started a rushed journey to Turkey's Pazarkule border gate, located in Edirne at the Greek-Turkish border, and to the Evros River. Turkish police, gendarmerie, coastguard and border guards were ordered to stand down and not to conduct interception operations blocking passage to Europe. Concomitantly, according to existing reports, Turkish border guards actively prevented potential migrant attempts towards the Bulgarian border; instead, they encouraged and facilitated movement toward the Greek border, particularly the land border (Amnesty International (AI), 2020).

Our interlocutors observed that some undocumented migrants **released from removal centres** were encouraged toward Pazarkule border gate, at times transported by buses arranged by the DGMM, while others relied on 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 centres were emptied, including the ones in Edirne, Kırklareli, Çanakkale, Ayvacık, İzmir, Bursa, and Istanbul; as far as we know, other centres in the rest of Turkey were also emptied' (Ceren, NGO representative, 16 June 2020; see also *Yeşil Gazete*, 2 March 2020; Hak İnsiyatifi, 2020).



Figure 4: People are gathering to go to the border city of Edirne by buses. Zeytinburnu, Istanbul, 1 March 2020. Photo Credit: Ayşen Üstübcü



Figure 5: Displaced people waiting for their transport to the border city of Edirne, Zeytinburnu, Istanbul, 1 March 2020. Photo Credit: Ayşen Üstübcü

While Turkey declared the opening of its borders at the end of February 2020, the Greek side responded by further closing and **militarising 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 had gathered at the Pazarkule border area and attempted to cross the border were met with severe violence by Greek security forces, in which they were detained, beaten, assaulted, sexually assaulted, robbed, stripped, and then forced back to Turkey (see HRW, 2020).

Approximately 13,000 migrants gathered at border crossing points in Edirne (IOM, 2020).¹⁸ One of the humanitarian actors actively worked on the ground during the Edirne process and shared the results of a non-random survey their institution conducted on the ground in Edirne.¹⁹ 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** observed, including Pakistanis, Congolese, Cameroonians, Nigerians, Moroccans and Algerians. In terms of their legal status, **undocumented people comprised the majority**, in addition to Syrians under temporary protection and non-Syrians under international protection, those who had residence permits and international students. According to the same survey, **71%** of the population were men, **13%** were women, and **16%** were children; single men constituted the majority.

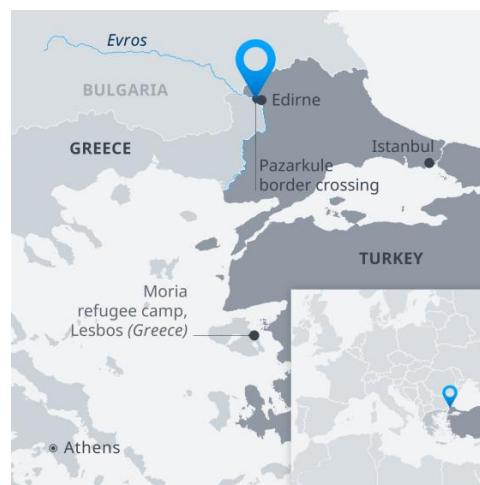


Figure 6: Greek-Turkish land border (Source: Deutsche Welle)

By March 11, following the first official case of COVID-19 in Turkey, state officials started to make announcements in Edirne that people who wanted to return would be freely transferred by the state to the cities where they lived. By March 17, the first group of persons at the Pazarkule border gate were voluntarily transferred to the Istanbul bus terminal on state-sponsored buses. No state-organised quarantine was provided to the first group. As of **March 26**, Turkish

¹⁸ The Turkish Ministry of the Interior announced that around 130,000 migrants crossed onto the 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>

¹⁹ Statistics are provided by one of the interlocutors, based on a survey that has not been published yet.

authorities forced the rest of the population to move, in order to completely empty the border area. People were forced to leave the Pazarkule buffer zone and taken by bus (Gerçek Gündem, 27 March 2020). Tents were evacuated, and people put onto buses for transfer to removal centres and dormitories in random cities for a **14-day quarantine** as a public health measure (Idil, NGO representative, 5 June 2020).

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 amid official lockdown

Table 3: First phase of pandemic at the Greek-Turkish border

The events coinciding with the initial 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 clear that the coincidence of events in Edirne with the COVID-19 outbreak created the '**Edirne-COVID Nexus**' concerning the protection of refugees in Turkey. The next section will consider the obstacles to legal protection in the aftermath of the evacuation, which coincided with the COVID-19 pandemic, not at the border but in urban spaces.

4.2.2. Protection in the Post-Evacuation and Urban Phases of the Pandemic

When people were released from quarantine, some were taken to **random cities amid the COVID-19 outbreak**. According to information provided by the DGMM on their social media account, 5,848 displaced people were put into removal centres for quarantine measures right after being taken from Pazarkule.²⁰ Official statements by the DGMM indicate that people were checked by medical units before being put into removal centres and were regularly followed up with during quarantine by the provincial health directorate (Evrensel, 31 March 2020).

Since the 14-day quarantine imposed by state officials, **the legal status of people who went to Edirne has been uncertain**. **First**, as mentioned by many NGO representatives, removal centres during this period were operated based on **ad hoc, self-contradictory decisions and practices**. Unfortunately, since this period coincided with the outbreak, civil society members could not access governmental bodies to follow up on individual cases.

Second, non-Syrians **under international protection could not provide the obligatory signatures** in their registered provinces, while they were waiting for weeks at the border area. Moreover, those who attempted to cross in the Evros region and were pushed back by Greek officials generally **lost their personal identification documents**. As stated by many respondents during the interviews, there was a **lack of information about the legal status of refugees under international or temporary protection** who arrived at the Pazarkule border gate or Evros region to cross into Europe. In other words, it was not clear whether refugees who went to the border and were later quarantined would be able to reclaim their legal status (Idil, NGO representative, 5 June 2020).

Third, as explained above, after spending 14 days in quarantine in various provinces, people were released from removal centres or dormitories in **cities where they do not reside and are not registered in**. According to NGO experts, some undocumented migrants were directly registered within the provinces where they underwent quarantine, such as Balıkesir, Amasya, Bursa, etc., while others were transported to another province where registration was possible.

The interim report (Üstübici and Karadağ, 2020) relied on stakeholder interviews to highlight these concerns regarding the legal status of those who were returned from Edirne in the middle of the pandemic. Among our informants, Hasan, who is an Afghan under international protection and registered in a satellite city, decided to go to Edirne together with his wife and five children. They stayed at the border gate until the last day. In addition to his detailed testimony of what happened at the Greek-Turkish border, his experiences during the post-Edirne process exemplify the refugee perspective of the situation:

Migrants **in Pazarkule were divided into three [groups]**. One part of them was taken to the camps in Pazarkule, and they took us to Osmaniye camp. I can't remember the name of the

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

camps they took the other people to. We were in quarantine in a camp for 18 days. After 18 days, some people were infected by Coronavirus. There were Somali migrants, Iraqis, Syrians, Iranians, and Afghans. They first transferred Somalis and Syrians to the Çanakkale border [a city on the Aegean coast]. I spoke with my friends who were there, and they said that they are still hopeful that UN ships will come and get them. There were Iranians and Afghans who remained in the camps. The quarantine was for 15 days, and we stayed there for 18 days [...] They were giving two papers to people when they were leaving the camps. The problem that I faced there was that on the paper it was written that this is the paper for leaving the country and you can leave Turkey in the next 24 months. There was nobody there that I could ask about these papers. Why should we leave the country? Why should I leave Turkey? [...] If we go there in an illegal way, then the government is obligated to take us outside its borders, but we went there by the announcement of a powerful government and a powerful president. They told us that the borders are open and the migrants who want to go to Europe are free to move. When we heard the speech of these great men, we decided to go there. So, **why did they give us this paper to leave the country**. We returned to our cities, and I went to speak with migration management, but they didn't have a clear thing to say to us, and they couldn't explain that what this paper is for (Hasan, male, Afghan, registered in a satellite city [kept confidential], 16 January 2021).

The story of Hasan clearly portrays the legal uncertainty of the post-Edirne events. The persons who were released from quarantine were provided a vague legal document regarding their status. As seen in the case of Hasan, people were given a document inviting them to leave the country but were not deported after the quarantine period. When we asked our lawyer interlocutors, they explained that the **document represents the termination of administrative detention** and is generally used when people are released from removal centres without being deported. 'The uncertainty is that, in order to give [a migrant] this document, there has to be a deportation decision [...] if there is no such decision, then forcing people to stay for 14 days in camps or removal centres is unlawful, [...] The DGMM does not have that authority', notes our lawyer informant, further highlighting the ad hoc nature of post-evacuation processes (Firat, lawyer, 17 January 2021).

Hasan has not lost his international protection status, although he did not provide the required signature in that period. During his time in the removal centre, he also observed undocumented migrants without any specific city to go to. 'They were mainly single people', he says, adding 'so, they [the officials at the removal centre] asked them to choose a city, and they sent them to that city'. NGO representatives also noted several collective registrations of undocumented people in cities they were taken to. In other words, one would expect them to be included under the category of international protection. However, since the document releasing them from the removal centre contains an invitation to leave the country, ambiguity around their legal status persists.

The post-evacuation period of Edirne occurred at the same time registrations and appointments were on hold due to the inactivity of the DGMM and courts in the first phase of pandemic. The suspended registration period right after the Edirne events led to a wide range of displaced

persons who had to remain unregistered in numerous cities. Since the courts were inactive in the pandemic period, it was not possible to **appeal or follow up on potential deportation** decisions that were taken before the pandemic (Idil, NGO representative, 5 June 2020).

As observed in the field, due to the **suspension of legal procedures, pandemic circumstances, lack of transparency and inability of lawyers and NGOs to reach clients**, implementation of legal protection during the pandemic is based on **anecdotal information** taken from lawyers. Data that go beyond these personal anecdotes and provide a general picture hardly seem possible.

Nonetheless, statements underscoring a considerable **decrease in ‘voluntary’ returns and deportations** during the pandemic period were repeatedly expressed by our lawyer informants. Likewise, **random checks by security forces and apprehensions decreased** in this period, with lockdown measures in place in major cities. Due to the impossibility of arranging charter flights for collective deportations or voluntary returns, as well as the invisibility of migrants in city life during the pandemic, it is perhaps inevitable that detention and deportation decreased. Despite the inadequate access to clients and information about potential barriers they faced, our lawyer informants remarked that the **number of persons detained in removal centres also decreased**.

While security checks and apprehensions decreased during the pandemic period, there was no flexibility in registrations in Istanbul. Fatima, for instance, is an unregistered Syrian who arrived in Turkey during the pandemic in 2020, together with her four children, to join her husband. Her husband had come to Turkey earlier, in 2014, and within one year of his arrival, he managed to obtain a temporary card from Istanbul. Despite having health issues and school-aged children, Fatima explains how they failed to access registration: ‘My daughter got sick; we went to the hospital, but they refused to take her in. We went to a private hospital. We also tried so hard for our children to go to school, but they were not accepted because they do not have ID cards’ (Fatima, unregistered Syrian, female, 6 January 2021).

In a nutshell, during the initial phases of the pandemic, the issues raised above, such as the **de facto closure of registration for Syrians in Istanbul, lack of transparency, and ad hoc practices**, continued to be major obstacles that created protection gaps. Under the circumstances of the pandemic, **connections between lawyers and clients** have deteriorated. Furthermore, as our interlocutors consistently noted, there was **no access to removal centres** to analyse the pandemic conditions. While in April 2020, lawyers from the Izmir Bar Association claimed they had received complaints from people in Harmandalı Removal Centre in Izmir, since then there has been no public information regarding conditions at removal centres, including those in Istanbul (Izmir Bar Association, 2020). The testimonies of migrants with various legal status, especially that of Syrians and non-Syrians registered in other cities and undocumented migrants, support the idea that there were less checks, detentions and deportations in Istanbul. Almost all of our informants repeatedly mentioned that they were pursuing a highly isolated life under the pandemic. ‘We never go out, except going to work’, says Huseyin, who adds, ‘I have never come

across checkpoints when I go to work [these days]' (Huseyin, male, undocumented Afghan, 11 January 2021). It should be noted the decreased level of checks and detentions might be the result of suspended deportation during pandemic, lockdown measures in the city or the invisible lives of displaced populations.

4.3. Chapter Conclusions

The chapter on the legal protection system in Turkey has analysed access to registration and legal protection during the pre-pandemic and pandemic periods at the practice level. This examination temporarily connected the changes since 2018 to the pandemic period and provided a comprehensive account of legal protection and its fluctuations in Turkey in recent periods.

In the period before the COVID-19 pandemic, the major legal protection issue in Istanbul concerned registration. Istanbul has been closed to registration of non-Syrians under IPS with few exceptions; since 2018, with accelerated securitisation and the addition of more restrictive measures, the city has also been closed to registration of Syrians under TPS, which ultimately led to an increasing magnitude of displaced populations residing and working in Istanbul without registration. The barriers in accessing registration deter persons from seeking protection and eventually produce large numbers of undocumented and under-documented displaced people in Istanbul in need of protection.

Concerning non-Syrians seeking IP in satellite cities, the lack of reception capacity, registrations unavailable in certain provinces without any warning, chains of referral from one province to another, and the long wait for a response are the major challenges deteriorating access to legal protection. In cases where registration was possible, decisions on RSD pose a second barrier, in which lack of transparency, high level of rejections, and questionable interview procedures are key protection gaps that require further investigation. Lastly, there is no formal or informal support upon arrival in some of the designated satellite cities where PGMM personnel capacity is limited and the population under IP is small. In those cases, persons seeking international protection are abandoned to their fates and have to endure job shortages in small provinces. These institutional and governmental obstacles potentially encourage onward migration to big cities, such as Istanbul, in search of work at the risk of losing legal protection.

Undocumented and under-documented migrants, such as Syrians under TP or non-Syrians under IP registered in other cities, have largely been tolerated since the early 2000s and are incorporated into the vast informal labour market (see Üstübcü, 2018). They have always been subject to 'deportability' but anecdotally, the actual practices of detention and deportation in Istanbul have been sporadic and cyclical, also depending on the capacity in detention centres. However, the period before the COVID-19 pandemic was marked by an increasing number of unregistered migrants in Istanbul due to the aforementioned institutional barriers, leading to intensification of control measures and more active use of detention and deportation. In the

aftermath of the July 2019 decisions in Istanbul, life in Istanbul has become more frightening for unregistered populations who have significantly isolated themselves due to fear of deportation.

The increasingly restrictive policies entered a new phase with the events at the Greek-Turkish border at the beginning of 2020. Restrictions on the internal mobility of displaced populations in Istanbul and satellite cities abruptly changed in February 2020, with official announcement of the 'opening of borders' with Greece. Thousands of persons from all provinces hit the road, , and bus terminals in Istanbul witnessed thousands trying to reach Edirne. The restricted movement of persons in place since the July 2019 policies had unexpectedly and rapidly turned into hyper mobility of displaced populations heading to the European border.

Announcements of the first official case of COVID-19 on 11 March coincided with the events at the Greek-Turkish border, at a time when thousands of persons were stuck at the Pazarkule border gate. The pandemic outbreak led to evacuation of the border area but legal ambiguity for those who were at the border area continued. Those who were evacuated were taken into quarantine in random cities as a public health measure. After the quarantine, they were occasionally taken to another random city amidst the lockdown measures in place across the country. Hence, it could be argued that at a time of immobility due to health concerns, displaced populations in Turkey were the only mobile ones, being moved from one city to another. In general, the Edirne events created a legal limbo for those who went to the border and were later evacuated. While evidence suggests displaced people, who went to the border were not deported during this period but partially re-registered instead, both their containment during the quarantine and the documents given during their release were ad hoc measures without a legal basis in principle. Given the research team's and our interlocutors' limited access on the ground during the pandemic period, our findings indicate a decreased level of securitised measures and deportations due to the pandemic circumstances amid a continuation of the lack of access to registration in Istanbul.

5. Access to Healthcare

5.1. General Overview of the Healthcare System

Healthcare is not only a major aspect of protection but is also a field that requires the allocation of major public resources. Not surprisingly, the provision of public healthcare, especially to Syrians, has also been a major field of political contestation. Contestations by opposition parties ranged from depicting refugees as a threat to public health to arguments they represented an unfair allocation of resources between citizens and refugees (Yanaşmayan et al., 2019) in a healthcare system already under pressure from a lack of resources. World Bank data for 2017 indicated 1.8 physicians per 1000 patients, far below the OECD average of 2.9 in the same year.²¹

²¹ See World Bank indicators available at <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS>

Keeping in mind the stress created on the healthcare system with the arrival of 3.6 million Syrians, along with other major groups, this chapter will first provide an overview of the healthcare system in Turkey to clarify the institutional setting of protection measures regarding healthcare. The following section summarises state and non-state initiatives in the provision of healthcare for Syrians under TPS, non-Syrians under IPS and undocumented migrants during the pre-pandemic period, highlighting the gaps. Then, the chapter also provides an overview of the pandemic period, which created major obstacles for access to healthcare, not only for displaced communities but for everyone.

The major transformation in the Turkish healthcare system was implemented in 2008 by the Justice and Development Party, which created a 'compulsory general health insurance model covering all Turkish citizens' and replaced the previous system in which the provision of insurance was stratified along the lines of occupational status (Ark Yildirim et al., 2019, p. 80). Under the new model, the Social Security Institution (SSI) organises the financing of public health insurance and introduced the new **General Health Insurance Scheme (GHIS)**. In contrast to the previous model, GHIS eliminated occupation-based stratification and required all citizens to contribute to the public health insurance under a unified insurance scheme, regardless of employment status. For those whose incomes are under a certain threshold and are therefore unable to make premium payments to cover their own insurance, the scheme extends the scope of healthcare coverage.

The 2008 reform underpinned the position of the Ministry of Health (MoH) as a **central authority** administrating the healthcare system in Turkey. It additionally increased the **role of private sector** hospitals, since the Social Security Fund began to obtain services from them. The 2008 reforms laid the groundwork for the implementation of a market-oriented healthcare system in which social policies have been gradually abandoned. Since then, the healthcare system in general has become notably based on **performance-based governance** (see Agartan, 2012 for a critical overview)

The healthcare system in Turkey is divided into **three hierarchical stages of provision** regarding capacity, equipment, size and personnel:

- **Primary-level healthcare institutions** are small clinics providing outpatient treatment and diagnosis. Primary healthcare is composed of two main branches: **family health centres** and **community health centres** (Efe, healthcare professional, 3 December 2020). Family health centres are responsible for providing individuals with preventive services, initial diagnoses, immunisations, rehabilitation services and outpatient treatment. They pursue follow-up appointments for pregnant and post-partum women, maternal and infant care, vaccination of children and those with chronic diseases. The branch responsible for communicable diseases is community health centres. Mother-infant health clinics, tuberculosis dispensaries, and recently established migrant health centres fall under the scope of community health centres.

- **Secondary healthcare institutions** are public and private hospitals providing inpatient treatment with specialised healthcare personnel.
- **Tertiary institutions** are training and research hospitals possessing advanced equipment and experts and are attached to public or private universities or the MoH.

The reform of 2008 introduced changes in the primary healthcare system with the aim of facilitating access to primary care and decreasing the burden on secondary healthcare. With that aim, **family physicians** are recognised as clinic directors and concomitantly become contracted workers whose payments are designated **in accordance with the number of people registered** with them. Family physicians must work with at least one more healthcare personnel, such as nurse or midwife (Ark Yıldırım et al., 2019). All citizens can choose their physician and register with them unless their total number of registrations reaches 4,000.

The healthcare needs of displaced populations have been provided for based on the institutional setting summarised above. **Family health centres served as the model for migrant health centres**, as elaborated below. Regarding the **General Health Insurance Scheme (GHIS)**, Article 89(3) LFIP states that ‘international protection applicants and status holders who are not covered by any medical insurance scheme and do not have the financial means to afford medical services’ shall be covered under the GHIS and their health insurance premium payments paid by the DGMM. Additionally, the healthcare system allows anyone, regardless of legal status, access to emergency healthcare, which is, in principle, free of charge.

The next section will comprehensively discuss the different stages of healthcare provision for displaced populations, in a chorological manner, since implementation of the LFIP. While the status-based differentiation will be considered, protection gaps at the practice level gathered from the statements of healthcare professionals, civil society members and displaced communities will be elaborated on.

5.2. The Pre-Pandemic Period

5.2.1. Syrians Under Temporary Protection

Until the introduction of the **Regulation on Temporary Protection (RTP)** in 2014, there were no official regulations regarding the legal status of Syrians. Healthcare provision relied on circulars issued by the government and implemented in emergency cases. Hence, the period **2011-2013** can be classified as a **pre-institutionalisation stage** in healthcare provision, during which care was provided through ad hoc responses based on pre-existing structures and primarily delivered in refugee camps (Gökalp Aras and Şahin Mencütek, 2015; Ark Yıldırım et al., 2019). The Disaster and Emergency Management Presidency (AFAD) was the main authority regulating and coordinating services to Syrians. Camps, though hosting a limited number of persons (currently

3.49% of total registered Syrians), are staffed with doctors and nurses with AFAD providing healthcare services. As the Syrian population increased and the number living in cities outside the camps grew, a circular was drawn up in 2013 expanding the free-of-charge healthcare access of Syrians who had identity cards issued by AFAD (Bilecen and Yurtseven, 2018).

This provisional method became permanent with the 22 October 2014 Regulation on Temporary Protection (RTP) under the LFIP, which is still the backbone of healthcare protection for migrants and refugees in Turkey. Accordingly, Syrian refugees under TPS are covered by health insurance in accessing **primary and secondary healthcare services, if and where they are registered with PDMMs**. The main concern is that access to public healthcare is valid **only in the province where the person is registered** under temporary protection.

The provision of health insurance for Syrians under TPS in 2014 witnessed notable challenges soon afterwards due to the unprecedented burden on the healthcare system, already operating at **low capacity**. Both primary and secondary healthcare services began to be overwhelmed, especially in districts with a high density of Syrians. Additionally, **difficulties in communication** between healthcare staff and Syrians increasingly became a major issue in healthcare provision. Numerous dysfunctions of ad hoc responses in the initial phase were aimed to be repaired by two policy attempts: (i) introduction of Migrant Health Centres (MHCs) and (ii) cooperation with NGOs (Ark Yildirim et al., 2019).

Introduction of Migrant Health Centres (MHCs) initially referred to additional units of existing community health centres, especially in districts with larger Syrian populations. Funding was provided by AFAD and implemented by MoH personnel. Family health centres formed the model, and services were provided by Turkish doctors. Serving 4,000-7,000 Syrians per centre, primary care provided at MHCs included ‘first stage diagnoses, medical treatment and rehabilitation services, vaccination and other protective healthcare services, monitoring services with respect to sex and age groups and medical screening (pregnancy, new parents, newborn, infant and child) services and health education’ (Ark Yildirim, et al., 2019). Despite the employment of translators to enable communication, language-based and cultural barriers were the main challenges affecting the provision of services.

Migrant health centres started to open under the units of community health centres; we were sending our interns to those centres at that time [...] Physicians were wondering what to do; they were trying to communicate with their hands. The system did not work at all; we were seeing horrible queues. Syrians were waiting for vaccination and immunisation services. [...] Syrians are used to regularly following their vaccination periods, and, in those days, they waited a lot to achieve that. Unfortunately, many could not (Gizem, public health specialist, 5 December 2020).

The **second policy**, in parallel, was to facilitate **cooperation with NGOs** to boost the capacity of primary healthcare and decrease the burden. A 2015 circular laid out the legal reasoning, opening the way for NGOs to provide healthcare services. The procedure was registration with

the MoH, to be renewed every six months. As a result of the policy facilitating partnership with the NGOs, two types of phenomena occurred. **Firstly**, international NGOs started to financially cooperate with Turkish NGOs in providing healthcare services to Syrians. **Secondly**, there was a spike in the number of Syrian-run clinics registered under Turkish associations. Since these clinics had a significant role in easing the burden in the healthcare system, the employment of Syrian doctors without work permits, nonrenewed legal statuses of the clinics or accusations of low fees accepted by them were largely tolerated (Ark Yildirim et al., 2019). Some private informal clinics run by Syrian professionals also emerged in this period (Kayali, 2020). Syrian-run clinics responded to a bottom-up demand in terms of both employment of Syrian professionals whose licenses are not recognised in the Turkish healthcare system and elimination of linguistic and cultural barriers for Syrian patients, despite concerns regarding the quality and safety of healthcare services provided and regarding the precarious working conditions of healthcare personnel, as explained by our interlocutor:

At that time, the MHCs were inadequate and the situation at family health centres was totally blurred. Thus, many people were being rejected and not treated. The MoH knew the situation, and it still does. There was no period without the knowledge of MoH. They [Syrian-run clinics] were satisfying considerable needs of the people, so it was right to allow them back then. However, should they be supported permanently? No, because of the issue of control. Nobody really knows whether the staff working there are really specialised or even real doctors. The area of healthcare is a serious one, certain standards should be met, and credentials should be ensured. Until the time at which the SIHHAT project was introduced, these grey clinics managed to close a gap for both healthcare staff and service recipients, and we have not witnessed a kind of scandalous instance of exploitation. Symbolic charges were received from the patients for each consultation (Gizem, public health specialist, 5 December 2020).

NGO partnership in healthcare filled the gap caused by the low capacity of the system at that time, but they were later inactivated with the aim of centralising the whole healthcare system under the sole authority of the MoH. This was when the SIHHAT project was initiated.

Introduction of the SIHHAT Project

The structure of previously existing Migrant Health Centres underwent a significant transformation in terms of physical buildings and personnel, with EU funding in the aftermath of the EU-Turkey Deal in 2016. The first EU-funded health project, namely 'Improving the health status of the Syrian population under temporary protection and related services provided by Turkish authorities' (SIHHAT), formally launched in 2017, aiming to improve healthcare provision for Syrians in Turkey. **The SIHHAT project**, funded under FRIT was designed exclusively for Syrians under TPS and aimed to establish systematised and centralised coverage in primary healthcare. The major aim was to overcome linguistic and cultural barriers, integrating Syrian healthcare professionals into the system and decreasing the burden on the healthcare system.

As the largest EU grant in the healthcare sector, the budget of SIHHAT is 300 million euro, which covers the construction and operation of **790 health units (one doctor and one nurse) in 177 Migration Health Centres (MHCs) in 29 provinces and 10 community mental health centres (CMHCs)**²². MHCs employ **790 Syrian doctors, 790 nurses, 300 support staff, 84 technicians and 960 patient guides** (ECRE, 2020). As of January 2021, SIHHAT I was finalised and SIHHAT II was introduced with a budget of 200 million euro.

Among MHCs, some have **enhanced status** (EMHCs). Built particularly in districts where more than 20,000 Syrians reside, EMHCs have specialised units such as gynaecology, dentistry, paediatrics, and radiology, all supported by the necessary technological equipment. In addition to health centres, the establishment of mobile healthcare and cancer screening units is also part of the SIHHAT budget. As one respondent stated, additional medical devices and technical equipment were provided to secondary level hospitals, especially those situated in districts with the most Syrians.

In Istanbul, there are **22 MHCs and 9 EMHCs** operating in districts hosting denser Syrian populations, such as Arnavutköy, Avcılar, Bağcılar, Bahçelievler, Başakşehir, Beyoğlu, Büyükçekmece, Esenler, Esenyurt, Fatih, Gaziosmanpaşa, Güngören, Kağıthane, Küçükçekmece, Maltepe, Sancaktepe, Sultanbeyli, Sultangazi, Ümraniye, Üsküdar and Zeytinburnu.



Figure 7: A Migrant Health Centre run by Turkish MoH in Tarlabası, Beyoğlu (Istanbul)²³

²² <http://www.sihhatproject.org/>

²³ Photo is taken from the website <https://www.unfpahumtr.org/tr/merkezlerimiz?city=34>

The SIHHAT project began to be implemented under the **core authority of the MoH** in 2017. More than a **thousand translators (Arabic-Turkish)** were employed under the SIHHAT project, mostly in secondary hospitals and are recognised as ‘patient referral personnel’. The rest were employed in enhanced migrant health centres since there were Turkish specialised professionals (Efe, health professional/field coordinator of SIHHAT, 3 December 2020). Some were appointed to migrant health training centres, where Turkish healthcare professionals provide trainings for Syrian colleagues. In total, 960 patient referral personnel were trained on the impact of migration on healthcare, multicultural communication, patient referral procedures, etc.

One respondent adds that the **sole authority is the MoH for this project**; the EU is only a financial provider. Thus, all creators and operators of the project are affiliated with the MoH. ‘At that time, we realised that there were approximately 2,000 Syrian doctors who had been working informally or totally unemployed. Some were providing unlicensed and informal healthcare service. We realised that it was a significant resource of healthcare personnel’, he notes in explaining how the employment process was initiated.

The training of Syrian personnel was implemented by the WHO and carried out by Turkish physicians by opening seven migrant health training centres in Istanbul, Izmir, Ankara, Gaziantep, Şanlıurfa, Hatay and Mersin. For those who completed the training, professional competence certificates were provided by the MoH under **special approval** from the Ministry of Labour, creating an exceptional work permit even though recipients did not have diploma equivalences recognised by the Council of Higher Education. In April 2017, a regulation was introduced laying the legal groundwork of principles for employing Syrian healthcare professionals, allowing them to be employed as one-year contracted personnel who could only provide services for Syrians in MHCs. As our informants noted, the phrase ‘**serving only Syrians**’ is deliberately highlighted in their contracts, which ultimately puts pressure on Syrian staff when non-Syrian migrants go to MHCs for treatment.

The EU is quite strict in the allocation of financial budget. It says that you will be investing that budget in Syrians. Otherwise, we all know that much more is needed for irregular migrants in Turkey. But the EU is certain on that. This is the case for SIHHAT II; non-Syrians are not included again (Efe, health professional/field coordinator of SIHHAT, 3 December 2020).

The training module was applied to Turkish healthcare professionals as well. Within the scope of this module, more than two thousand Turkish doctors and healthcare workers who work in family health centres, the District Health Directorate, and hospitals in various cities across Turkey took the training (Gizem, public health specialist, 5 December 2020). The general aim was to increase awareness among Turkish healthcare professionals, transform their attitudes towards migrant healthcare provision, and to eliminate discriminatory discourses and perspectives.

As our public health specialist interlocutor highlights, the **SIHHAT project has substantially changed** the face of healthcare provision for Syrians under TPS. Since the introduction of the

SIHHAT project, the MoH, as the central authority for monitoring, coordinating and supervising healthcare to the migrant and refugee population in Turkey, started **to close all clinics run by NGOs** in 2018. Partnerships with NGOs in the provision of healthcare have not been allowed since then. Only two fields are allowed to be **directly run by NGOs: psycho-social support and physical therapy and rehabilitation**. According to Melek, the **centralisation process** under the MoH potentially restricted the access to bottom-up solutions for those left outside the project scope:

The healthcare system in Turkey is under the sole authority of the MoH. Whether it is a private hospital or a small clinic, you must act upon the principles of regulations of the MoH. Hence, when the refugees entered the healthcare sector, this always caused fear. In the regulations, the principles regarding providing or not providing services to unregistered persons are quite clear. Acting outside of these provisions may even cost a person or private hospital their license. The other thing is that the area of migration is strongly under the influence of macro-level policies in Turkey. So, here to produce bottom-up solutions is significantly hard since the policy constructed at the macro level is based upon a very discriminatory narrative, you face its reflections in the field (Melek, NGO member, 1 December 2020).

During our fieldwork, we observed that MHCs are **well-known and receive positive reactions among the Syrian community**, mainly because they provide access to Syrian doctors speaking their native language. One respondent, however, was not satisfied at all with the **primary care he receives for the more complex health problems of his family members**:

We went to them [MHCs]; there are no other alternatives or choice. The Syrian health clinic only gives painkillers; they don't give treatment at all. Even if you are about to die, they still give you a painkiller. I went there for a long time for my children, they just give me an antibiotic. Also my mother, when she goes there, they give their painkillers, that's all [...] They are useless [...] They should treat us better. There are no other services like physical therapy. They depend on these doctors, but they do not treat us well. They understand us, we speak the same language, they are Syrians, yet they do not listen to us (Ahmad, male, Syrian, registered in Istanbul, 8 January 2021).

Due to the incidents that occurred during the war in Syria, migrants' journeys, poor living conditions in Istanbul and frequent work accidents, our interlocutors generally pointed to severe health problems that cannot be treated in MHCs.

As Syrian's access to free, public healthcare became one of the main targets of anti-refugee discourse, measures were introduced to limit access to secondary healthcare services for Syrians under TPS. Law No. 7196 amendment to LFIP in December 2019 introduced new regulations mandating they **pay premiums** to cover healthcare expenses beyond primary healthcare. As one interviewee indicated, 'at first, they were not paying anything, and now they have to contribute' (Eda, public health specialist and NGO representative, 8 May 2020). Hence, while access to MHCs is relatively easier for the Syrian community, most of the testimonies were about the obstacles they faced in accessing secondary care, which will be addressed in Section 5.2.

Overall, the observations indicated that access of Syrians under TPS to primary healthcare at MHCs has largely been accomplished. The SIHHAT project not only solved the language and communication barriers, it additionally provided employment for Syrian healthcare workers. However, while our Syrian interlocutors note that they frequently use the centres, it is apparent that the health issues they have are often more severe cases that require secondary level institutions.

5.2.2. Non-Syrians Under International Protection in Satellite Cities

Non-Syrians who are registered in **designated satellite cities** (both applicants and status holders) are covered by GHIS, similar to Syrians under TPS. They must already be registered with the PDMM and issued an identification card to have *de jure* access to primary and secondary healthcare institutions free of charge. As in the case of Syrians, **access is limited to the province of residence**. If there is no treatment available in the designated province of residence, persons can be assigned to another province for health reasons. Those who do not reside in assigned provinces have **only access to emergency services and services at primary healthcare institutions** pertaining to communicable diseases.

In 2018, the Ministry of Health announced that **Polyclinics for Foreign Nationalities (PFN)** would be opened on the premises of public health centres in areas where the population of non-Syrian refugees and other migrants were above 4,000.²⁴ In Istanbul, there are 6 PFNs in various districts²⁵. But, as non-Syrians under IPS are lower in number and less spatially concentrated, these centres remained limited and do not properly function (Murat, IO representative, 5 May 2020). In a nutshell, there was not a similar level of institutionalisation for non-Syrians under IPS, due to the fact that there is a smaller population that is dispersed throughout the country in satellite cities, and there was no external funding available for them, unlike the case for Syrians. As our health specialist interlocutors expressed, since PFNs are limited in number and function, MHCs often operate responsively in satellite cities with the aim of providing primary care to non-Syrians as well, although their intended clientele under Syrians under TPS (Efe, health professional/field coordinator of SIHHAT, 3 December 2020).

The **December 2019 amendment in LFIP** introduced a **time limit** to access healthcare, which had a considerable impact on the lives of non-Syrians under protection. According to amendment, the healthcare needs of non-Syrians above 18 years of age are only covered by the state during **the first year after their registration** with the authorities²⁶. After this period, they are expected to pay premiums to cover their own health insurance costs. The decision was implemented retroactively, affecting all non-Syrians under IPS who had applied and been waiting for the IPS decision or who had been approved and were waiting to be resettled. For those in vulnerable situations, the DGMM requires evidence, like health and medical reports issued by doctors

²⁴ The Ministry of Health, available at <https://hsgm.saglik.gov.tr/tr/yabanc%C4%B1-uyruklar-poliklini%C4%9Fi.html>

²⁵ <https://istanbulism.saglik.gov.tr/TR-54032/gocmen-sagligi-merkezleri.html>

²⁶ 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>

certifying a person's vulnerable health condition. However, as indicated by our interlocutors, there are numerous cases of individuals who are unable to obtain a special extension of insurance issued by the DGMM despite serious health problems. This amendment had devastating implications according to our interlocutors:

Many persons having chronic diseases, for instance cancer, had to suddenly cut off their treatment. There were persons [under IPS] whose scheduled operations were cancelled. Hence, because of this issue there were many people whose treatments were left unfinished or whose access to medicine was blocked and who lost their lives (Melek, NGO member, 1 December 2020).

As stated by one informant, the rationale of the Turkish state behind the decision was easing the financial burden of healthcare provision of those under IPS. 'A person applies for international protection and it means 4-5 years in Turkey to have an official response, whether positive or negative. This is an **enormous legal limbo** which negatively impacts the lives of people, hindering them from building a life', points out Melek, while also expressing that the international community bears equal responsibility as the state of Turkey. As the resettlement process grows longer, the Turkish state decided not to allocate budget for those who are waiting to leave the country. 'Macro politics once again entered into the picture and these people became victims again', she adds (Melek, NGO member, 1 December 2020).

Our Afghan interlocutor, Feride, has lived in the city of Denizli under IPS for three years, together with her husband and eight-year-old daughter. When asked about the **termination of health insurance in 2019**, she replied:

We had insurance [previously] and our situation was much better. Our situation became harder when they removed our health insurance [...] They cut off the insurance of all immigrants. If one has a sickness, he can collect his documents and go to the police. If they do it, the police will open their insurance but doing this also has a lot of expenses and I don't have this much money [...] They said that the insurance of all immigrants will be cut off, but they didn't inform us personally (Feride, female, Afghan registered in Denizli, 30 December 2020).

Since the termination of their health insurance in 2019, those with chronic health conditions have especially suffered, as seen in the example of Feride:

Generally, life is very hard because my husband is sick. He has a neurological disease [...] Because of these problems, he cannot work, and doctor costs are heavy and unaffordable. I also have thyroid and other health problems. Due to my eye problems, I have to change my glasses every 6 months, but I cannot do it because I cannot afford it. I have had a backache for 1.5 months, but I cannot visit the doctor. I am just rubbing some olive oil on it to reduce my pain. This is the only thing I can do since the treatment expenses are very high. I cannot visit the doctor for my thyroid or my liver problems. Everything is expensive, and the problems are too much. For one thyroid test, they ask for 500 Turkish Lira [around 55 Euros]. How much we should work to be able to pay

doctor's expenses, house expenses? (Feride, female, Afghan registered in Denizli, 30 December 2020).

With respect to those whose health insurance has not yet been terminated, there are still other obstacles regarding **certain health issues and medications**. As stated by Sherifa, a 46-year-old Afghan widow in the city of Denizli, the insurance does not cover her daughter's illness: 'One of my daughters is ill [she needs a blood transfusion]. I have health insurance and my daughters, too. But for medications, we must pay half of the price every time I buy the medication. My other daughter has a mental illness, so I must buy medicines for her as well' (Sherifa, female, Afghan registered in Denizli, 8 January 2021).

To summarise, the healthcare structure in satellite cities for non-Syrians under IPS has a similar operation as that for Syrians under TPS, albeit with limited capacity in terms of the institutionalisation of separate healthcare clinics. However, as mentioned, the amendment of December 2019 significantly changed the situation due to the termination of health insurance one year after migrants' registration. The amendment was implemented two months before the COVID-19 outbreak and the outcomes may not have entirely manifested yet. Field observations indicate severe obstacles in healthcare due to the termination, however. The tenets of the satellite city system had already served to push migrants towards bigger cities because of issues concerning registration and subsequent legal protection. Several families under IP plan to continue residing in their designated satellite cities, with the motivation of being able to send their kids to school and getting access to healthcare, especially those with chronic health conditions, while waiting for the ongoing RSD and re-settlement processes that typically take several years. Decreasing yearly resettlements from Turkey and less clear RSD procedures, and now losing access to public healthcare after the first year of arrival, have further hardened the conditions of non-Syrians under IP in satellite cities. The pandemic period made it difficult to measure the impact of the decision related to healthcare access of people under IPS; it is yet to be seen whether, coupled with other dynamics, it will cause more mobility towards bigger cities and provide an impetus for irregular border crossings.

5.2.3. Undocumented Migrants in Istanbul

Registration is the main determinant in access to healthcare. Those who are not registered, who do not reside in their assigned satellite cities, about whom a negative status decision is issued, or whose application process is withdrawn due to lack of signatures from the assigned provinces, do not have access to healthcare free of charge.

In principle, **primary care** and the **emergency service** in hospitals are free of charge for everyone, including undocumented persons. In family health centres, there is an option for physicians to register a person in the system as being stateless. Although emergency services are available in principle, our respondents frequently mentioned that the scope of 'emergency service' is vague. 'For instance, a baby turns upside down when woman gives birth or there is a

fatal risk at birth for the baby. But [general] maternity services are not considered under emergency', says one interlocutor (Melek, NGO member, 1 December 2020). Many of our interviewees reported that hospitals sometimes charge patients in cases of emergency and report those who cannot afford the bills (Ayşe, nurse, 25 November 2020).

While MHCs are restricted on paper by the principle of 'serving only Syrians', family and community health centres providing primary healthcare are open to everyone regardless of their status. However, our field research indicated that everyday practices hardly follow the principles on paper. Moreover, access to family health centres is actually **less likely compared to MHCs**, in contrast to the principles on paper. **First**, physicians in family health centres are contracted workers whose payment is determined on the principle of capitation in accordance with the number of people registered at that centre. However, they do not receive any financial credit for undocumented persons. Hence, accepting undocumented persons into the system via the 'stateless' option represents a burden for family physicians they prefer to avoid (Polat, health professional, 13 December 2020). **Second**, once an individual is accepted, physicians are obligated to strictly follow and report vaccination and immunisation periods to meet their credit requirements. Since they think reaching undocumented persons might be difficult for follow-up, they are not welcoming to them in general.

Access to Migrant Health Centres for Undocumented Persons

As mentioned, in principle, MHCs serve Syrians under TPS. In addition, personnel are Arabic-speaking staff, which leads to communication obstacles for non-Syrians. Nonetheless, the field research demonstrates that **access to MHCs for non-Syrians was possible, especially before 2019**, despite language problems. As our informants indicated, Syrian physicians may be more flexible in accepting non-Syrian or undocumented persons despite their work contract. Although in some cases, they attempt to prioritise the principles of equal and universal treatment for all, they still put their position at risk in terms of their legal position as denoted by their contract. Our informants stated that, especially with the **personal initiative** of Syrian doctors in MHCs, undocumented persons were able to access primary care. 'There was no digital registration at that time, but manual registration. The province of registration was not known, and it was easy to register undocumented persons', notes Eda, a public health specialist who highlights the impact of the July 2019 decisions that notably changed this process (Eda, public health specialist, 8 May 2020). While the initiative of Syrian doctors at MHCs were determinant in accepting non-Syrians at the clinics, in the post-2019 period, Syrian doctors have felt **increased pressure and risk of losing their license** (Polat, health professional, 13 December 2020).

That said, despite the initiative of Syrian doctors at MHCs in accepting non-Syrians before 2019, our field research indicated that **awareness about MHCs** among undocumented non-Syrians is hardly widespread. Many of our Afghan informants noted that they had never heard about these clinics. For some, MHCs are widely perceived as clinics serving only Syrians. It must be noted that acceptance of non-Syrians and undocumented persons at MHCs widely depends on **the district**

and the personal attitude of healthcare professionals. Those who welcome non-Syrians and undocumented persons seek to surmount the language barriers through individual efforts. If there is a healthcare professional who can speak Turkish, English, Farsi, Kurdish or any other language at the centre, they might communicate with non-Arabic speakers. Yet again, access is dependent on the attitude of personnel. This, in return, drives undocumented migrants in Istanbul to **choose private clinics or pharmacies** over public healthcare.

Access to Secondary Healthcare

Public hospitals offering secondary healthcare services can provide treatment to unregistered persons as long as they have a passport or other identification document, but persons are expected to cover their healthcare service costs. The cost of healthcare services for non-citizens who are not under general health insurance coverage or who are not under TPS or IPS issued in Istanbul is determined by the **'Regulation Concerning International Health Tourism and Tourist Health'**. The MoH specifies the cost of each item and medical treatment in a 'Health Practice Statement' (Sağlıkta Uygulama Tebliği). However, under this regulation, healthcare services **cost three to six times more than regular fees charged** Turkish citizens or registered migrants (Melek, NGO member, 1 December 2020). Even in the case of treatment under Health Tourism, hospital staff might **notify the police** about an unregistered person. Due to the **fear of deportation and rejection**, undocumented persons prefer to go to private hospitals or informal clinics. The main result of the Health Tourism rates is that public hospitals become more expensive compared to some private ones. Secondly, even though unregistered persons are subject to the principles of Health Tourism, their acceptance is **not guaranteed** and there is always the **risk of police notification**.

The undocumented Afghans we interviewed mentioned that they never go to state hospitals due to **expensive charges and the risk of deportation**. Some prefer private hospitals if they can afford it, while those who do not have enough money just go to the pharmacy and rely on medicines for their treatment. Idris, a 23-year-old Afghan man, was registered in the city of Giresun. But due to the lack of job opportunities, he had to move to Istanbul two years ago. During a police control in 2019, he was detained in removal centre for eight days, then released with an administrative fine of 3000 TL. As he expressed, his housemate was detained on the same day because he could not pay the charges to the private hospital that he was taken to:

We were taking photos on the seaside in Zeytinburnu. Then my friend fell down and broke his leg. Another friend of ours took him to a private hospital. There, he could not afford the charges, and staff called the police and he was detained [...] later we met in the same removal centre [...] He was crying because of pain; they deported him and released me (Idris, male, Afghan, registered in Giresun, 5 January 2021).

Under these extremely precarious conditions, Afghans create their own strategies. Many of them noted that they **use the ID cards of those who are registered** in Istanbul. Huseyin, an undocumented Afghan man, lives in Istanbul in a house with five Afghan men. He has done many

jobs including textiles, seasonal work, construction and cleaning. He went to Trabzon for a short period of time as a seasonal worker:

I had headache, so I went to a hospital in Trabzon. They didn't treat me because I didn't have an ID. So, I took my friend's ID and received treatment. [...] I don't know if others do the same [...] They admitted me because my condition was serious [...] Later, I cut my hand while working in a tea field in Trabzon. I went to the hospital again. It took 2-3 weeks for me to get well. [...] This time, my employer took me to the hospital [with his ID]. They admitted me because I was bleeding a lot (Huseyin, male, Afghan, undocumented, 11 January 2021).

When he came back to Istanbul, he used the same strategy:

I went to hospital twice in Istanbul. One in Zeytinburnu, the other in Yeni Bosna. I don't remember their names. [...] I used my uncle's ID when I went there (Huseyin, male, Afghan, undocumented, 11 January 2021).

Ali, undocumented Afghan man, tried the same strategy but failed. As he notes:

I went to hospital two other times. In the first one, I went there with my employer. My employer wanted to register me under his name, but they didn't agree because I was the patient. We receive the necessary drugs from the pharmacy and use them when we are sick (Ali, male, undocumented Afghan, 13 January 2021).

In sum, for the undocumented population in Istanbul, access to healthcare is shaped by their **economic and, at times, social capital**. Whether at public or private hospitals, even if they are accepted, they need to cover their expenses. Those who can afford it have better access to healthcare, as opposed to those who cannot. 'We cannot go to the hospital because we do not have documents in Istanbul. When we go to private hospitals [...] if we get a simple flu and get an injection it costs around 500 TL [around 55 Euros]', says Yasir, an undocumented Afghan man, who adds that they usually prefer to go to a pharmacy which has Farsi-speaking staff (Yasir, male, undocumented Afghan, 30 December 2020). When they are charged high rates under the Health Tourism scheme and cannot afford to pay, hospitals might confiscate their passports or report them to the police, as seen in the story of Idris. Therefore, the risk of deportation stands at the heart of obstacles preventing undocumented persons from seeking healthcare. They usually seek to solve their healthcare problems through their networks. As discussed above in the case of Huseyin, they might use someone else's ID or have an accompanying employer, especially in the case of work accidents. In most cases, they consult pharmacies and just use medicine. In the absence of access to affordable formal healthcare, **pharmacies play a key role**, operating as a primary care. Our informants often voiced how they consult pharmacies located in migrant-populated districts to access not only medicine but also medical advice. As observed from interviews with Afghans, several pharmacies employ Afghan migrants to overcome language barriers.

To summarise, the ongoing centralisation process in the provision of healthcare to displaced people has crystallised since the July 2019 decisions of the governor of Istanbul (as discussed in Chapter 4). These securitised policies clinch the pre-existing performance-based system in healthcare. Providing treatment for an undocumented person is perceived as a burden for many hospitals, where both public and private hospitals are under pressure to maximise revenue. Consequently, the access of the undocumented population living in Istanbul has deteriorated considerably since July 2019, which will be elaborated in detail in various aspects below.

In the following sections, existing protection gaps observed at the practice level will be explained and contextualised concerning both Syrian and non-Syrian communities in their various legal statuses.

5.2.4. Further Protection Gaps in Practice

Registration System Giving Rise to Protection Gaps

To access state hospitals, **registration is the main criteria** shaping the whole process. Syrians who have an ID issued in Istanbul can easily access public hospitals. However, due to the registration obstacles in Istanbul explained in the previous chapter, it is notably difficult to obtain an ID issued by the Istanbul PDMM.

The obstacles in accessing registration have repercussions for healthcare access. The **multi-layered and differentiated legal scheme** concomitantly signals **variation in access** to healthcare. Hence, registration and residence in the assigned satellite city are two interlinked determinants for healthcare provision. As long as Syrians under TPS 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.

Among our interviewees, while **most Syrians know of or have used MHCs**, there were several testimonies stating that MHCs were **inaccessible in the absence of registration in the province where they reside**. Fatih is a married Syrian man who entered Turkey three years ago with his wife. Both have tried very hard to get registered but did not succeed. When his wife was pregnant, they were told to provide evidence of pregnancy to get an ID and were referred to the city of Kocaeli [another province neighbouring Istanbul] for registration. In Kocaeli, the PDMM provided registration only for his wife, not for Fatih. They returned, and his wife gave birth in Istanbul. 'I tried to register her [daughter] in Istanbul; they told me that she should be registered in Kocaeli, where her mother is registered. But when we went to Kocaeli [he adds that all personnel were changed], they said she should be registered in Istanbul... because she was born in Istanbul', says Fatih, further commenting 'we are stuck between them now'. When his wife was pregnant with their second child, they went to a state hospital in Kocaeli in order to ensure the child would be registered but unfortunately failed again because officers asked for their

house rental contract. Getting stuck within legal limbo, his two children are undocumented and cannot even access vaccinations at MHCs:

We do not go to governmental hospitals. Once we went to a clinic for the vaccines of my daughter, then we had to stop the vaccines because she does not have an ID card or any legal document. This started another problem. They told us that this will be solved, and we will go to the nearby healthcare centre to have the vaccines, and they will register our daughter by the name of her mother. The doctor refused again to give my child the vaccine there because we don't have legal documentation. My second child, my son also didn't get his vaccines. We just want our children to be healthy, that's all. (Fatih, male, unregistered Syrian, 7 January 2021).

The July 2019 decisions of the Istanbul governorate substantially impacted migrant communities in Istanbul, not only unregistered non-Syrians but also Syrians under TPS who are not in their city of registration.²⁷ 'They have become unregistered at the practice level after the decision of July 2019' remarks one interlocutor. Our interlocutor indicated that in the aftermath of July 2019, migrant fear of being detained was exacerbated and the number MHC beneficiaries dropped by 30–40% (Murat, IO member, 5 May 2020). As our informant Polat clearly expresses, since 2019, Syrian physicians in Istanbul have become even more **afraid of losing their work permits** if they accept unregistered Syrians or non-Syrians at their practice.

Access to Secondary Healthcare

The decision of July 2019 not only affected access to MHCs but also deteriorated migrants' ability to access secondary healthcare. For the last two years, once Syrians arrive in Istanbul, they are forced to pursue the life of an undocumented person due to the closed registration system.

Ahmad is a married Syrian man who arrived in Turkey in 2016, together with his wife, three children, his mother and his divorced sister. As a family, they stayed in the city of Adana for five months and registered at Adana PDMM. 'I used to work for 150 TL per week; it was very hard to provide for our needs', he says. Then they had to move to Istanbul. For three years, they lived in Istanbul with ID cards issued in Adana. When his oldest son reached primary school age, school personnel helped them provide a paper to transfer their registration to Istanbul. During the interview, he often underlined the huge difference of being registered in Istanbul. At the time when their registration had not been yet transferred to Istanbul, his wife gave birth:

My wife gave a birth, and we did not have ID. We went to a public hospital, but they did not accept us and said they do not have room. Then we went to another public hospital; my wife's situation was very bad, she was about to give birth. They wanted to take money and she was inside, and I could not afford it. So, they forced me to sign some papers, I had a debt for the

²⁷ The press release from the governorate of Istanbul dated 22 July 2019 is available at <http://www.istanbul.gov.tr/duzensiz-gocle-mucadele-ile-ilgili-basin-aciklamasi>

public hospital [...] The papers were in Turkish; I did not know Turkish. I was shocked when I saw it [the debt] (Ahmad, male, registered Syrian in Istanbul, 8 January 2021).

While Ahmad and his family managed to obtain ID from Istanbul due to the reason of education, Mustafa and his family were unable to do so. Cases of reunited families with some unregistered members occur often in our sample. Mustafa, a 40-year-old Syrian man who arrived in Turkey in 2014, brought his wife and four children in 2020. While he is registered in Istanbul, his family could not access registration although all of his children are school aged.

I have four children; they all should be in school, but none were accepted in any school because they don't have ID cards. Once, my little daughter, she is seven years old, had an accident, and she was injured in her head. She was bleeding badly, the bone was showing, she was in a very bad situation. I took her to the public hospital, but they refused to accept her. There was one nurse [emergency unit], he was nice. He helped us and stitched the cut in her head. He said that she needs an X-ray. When we went to the X-ray section, they refused because she doesn't have an ID [...] We didn't go back to that hospital. I removed the stitches with my hands (Mustafa, male, registered Syrian in Istanbul, 5 January 2021).

Fatima, a Syrian woman with four children, arrived in Istanbul six months ago. While her husband, who arrived six years before, has an ID from Istanbul, she and her children could not obtain one. After telling of her dangerous journey and the border crossing during which she got injured, she explained their obstacles in accessing state hospitals:

My daughter got sick. We went to the hospital, they refused to take her in. We went to a private hospital [...] She had an infection in her throat and ears. We went to public [hospital], they didn't accept her. My sister has been here for three years; she told me to go to that private hospital (Fatima, female, undocumented Syrian, 6 January 2021).

Overall, as observed in the field, access to secondary healthcare is determined by registration in Istanbul. Syrians who are not registered or who are registered in other provinces face obstacles in getting treatment at public hospitals or, in a better scenario, they are subjected to **the principles of Health Tourism** similar to non-Syrians. It is important to note that the **initiatives of doctors and healthcare personnel of hospitals are notably significant**. While some hospitals do not accept non-Syrians or undocumented persons and others apply charges at the highest limit of Health Tourism, some hospitals act in a more pro-migrant manner by accepting unregistered persons or charging them at the lowest rate. Hence, under the circumstances of the multi-layered and differentiated system in healthcare, the **role of medical staff appears determinant**, despite the increasing pressure and control of securitising macro-level policies. However, even in cases where medical staff take the initiative to help, the language barrier in hospitals remains a significant obstacle, which will be further discussed below.

Language Barriers in Hospitals

In general, the Turkish healthcare system does **not provide multilingual healthcare service** for migrant communities seeking healthcare outside of MHCs. Hence, **language and communication barriers** appear to be the most significant challenge, especially beyond primary healthcare. Since there is no personnel specifically assigned for translation or referral procedures, the whole bureaucratic system, which is even complicated for Turkish citizens to navigate, becomes almost inaccessible for non-Turkish speaking migrants. In the **absence of an established patient guidance and referral system**, friends, neighbours or employers often accompany migrants to hospitals (Sevinin, 2020). Anecdotally, there are migrants making a living by providing translation services to other migrants and charging a daily fee for their service.

After Ahmad described his family's lack of healthcare access before they were able to register, he noted further obstacles in case of access to public hospitals. He explained the outcomes of language barriers as:

This year, I had my leg broken, and I had my hand broken [because of an accident at work]. I went to the hospital. My ID is from Istanbul, but in hospitals, they don't wait for us to translate or ask anything. They don't give us this chance; they give us something and tell us to go [...] My mother is suffering from an allergy in her stomach and her skin. She's been suffering for more than one year. We have been going to the state hospitals to figure out this problem. They told us many different things. She was very bad off because one diagnosis was wrong, and she took the wrong medicine. She was psychologically affected, and the medicine was also wrong [...] It has been a year. We go every two weeks to the hospital. We wait in line for our turn to come. When we get into see the doctor, they just send us to take an X-ray. We have it done and go to the laboratory. It's all insane. We still don't know the problem with my mother's stomach. She is in pain; it's been more than one year, and she is not getting better (Ahmad, male, registered Syrian in Istanbul, 8 January 2021).

So far, we have elaborated on various aspects of healthcare protection gaps encountered in the daily life of displaced people. In circumstances where registration is the main criteria, protection gaps concerning all unregistered and undocumented persons need to be filled by civil society. Yet, the current centralised healthcare system hardly allows civil society to play that role. The next section will focus on the limited space for civil society, as well as specific attempts to fill the gaps in the overburdened healthcare system.

Bottom-Up Initiatives

As underlined throughout this section, increased centralisation under the authority of the MoH has contributed to a **limited space for civil society organisations to manoeuvre**. Since 2016, the facilitation of partnership with NGOs, which was the policy pursued in 2014 and 2015, has been gradually abandoned, and NGO clinics have been transformed into MHCs under the centralised healthcare system. Currently, NGOs primarily provide psychosocial support, consultation and training in accessing the healthcare system, translators to accompany migrants to hospitals, and advocacy work emphasising barriers in the field.

The experts we interviewed emphasised that restrictions on civil society enforced by the government **shrank their space for service provision and for monitoring and reporting** human rights violations in the healthcare system. But concomitantly, some expressed that the healthcare, in general, is a public service, not a project-based program, and therefore should be provided by the public from a rights-based perspective in a permanent and consistent manner (Melek, NGO member, 1 December 2020). Melek's self-reflexive perspective also touches upon a central question: what could cooperation between the state and civil society look like? Recent centralisation efforts indicate the government may no longer be willing to cooperate with civil society, and the operation and financial structure of NGOs **does not provide infrastructure for such a permanent solution**. Polat, a doctor and NGO member, states:

What NGOs do is the provision of training or awareness under certain projects; they do not provide a financial budget for medicine, physical examinations or treatment. Well, it is nice to give trainings or a consultancy, but here is a woman who is going to give birth, or a person with broken leg, who is going to deal with that? (Polat, doctor and NGO member, 13 December 2020).

Since many NGOs have certain limitations in reaching the undocumented community, as well as in funding medical procedures, **grassroots initiatives** working in **close cooperation with migrant networks, doctors, hospitals, and private clinics** have tried to create alternatives within the existing framework. Health-focused foundations may intervene and act as intermediaries, especially in providing healthcare support for undocumented migrants. 'We cannot provide healthcare directly, but we buy it', asserts one informant who works with an organisation that creates agreements with private clinics and hospitals (Polat, doctor and NGO member, 13 December 2020). The foundation sends undocumented persons to these healthcare institutions, especially in cases of emergency, childbirth or infection. Negotiated expenses are paid directly by the foundation on behalf of those treated. Our informant also emphasised that he also uses his own network of healthcare professionals to support the healthcare access of undocumented persons.

A member of another very active grassroots initiative in Istanbul, Kemal, explains how their large network operates:

We establish a rapid response network via phone. In cases of healthcare problems, we direct volunteers who are willing to cover expenses to the particular hospitals or migrants in need. At the same time, we have organic ties with doctors, professors, practitioners, dentists and nurses in the field. In cases of urgent necessity, we reach out to those healthcare volunteers. In the past ten years, we managed to establish a huge network composed of approximately 10,000 people in Istanbul (Kemal, member of grassroots initiative, 6 July 2020).

There are several instances of NGOs which work as a socio-medical centre, providing guidance, in addition to certain treatments for free or at a low cost, and helping to cover expenses at particular hospitals, especially for undocumented persons.

Migrant communities also try to create **bottom-up initiatives within their own community**. As one of our informants explained, the Senegalese community is currently trying to establish a collective fund for minimum-level insurance, with each person paying 100 TL annually. In this way, they will manage to access basic healthcare services, such as physical examinations, medicine, or blood analysis, for free at contracted hospitals. Our doctor informant Polat asserts that, if they succeed, it will be the first successful creation of a bottom-up organisation in healthcare. **Community associations**, as observed in the cases of Afghan and African associations during our fieldwork, also seek to fill protection gaps. While monetarised and corrupt relations are observed in those associations in some cases, there are also well-working instances in which collected funds are spent for healthcare provision in cooperation with private clinics or hospitals.

Until this point, we have sought to comprehensively examine the healthcare system for displaced populations in Turkey, who are experiencing immensely diverse circumstances. The above sections covered the period until the COVID-19 pandemic outbreak. The next section deals with healthcare access for displaced populations during the pandemic.

5.3. The COVID-19 Pandemic Period

5.3.1. The First Month at the Greek-Turkish Border

As explained in Chapter 4, the first weeks of the COVID-19 pandemic coincided with border events in the city of Edirne. People stayed at the Greek-Turkish borderland until 26 March. The situation gave rise to serious healthcare-related concerns for those camping at the border. Throughout March 2020, the most urgent necessity was the provision of basic food, clean water and shelter in the border region. The Turkish Red Crescent, DGMM and AFAD distributed **soup and ready to eat meals** along the border region, in addition to the **food packages** distributed by ASAM in cooperation with the UNHCR (Support to Life, 2020). Despite the support provided, people in the region reported that they had to wait for food for hours in very **long lines**, and some indicated they were not able to get anything to eat the whole day (Support to Life, 2020; Association of Bridging Peoples, 2020).

Due to constant clashes between the Greek border forces and refugees, the **use of pepper spray, tear gas and high-pressure water** had severe impacts on people and contributed to a notable number of injuries every day (BBC, 7 March 2020). These events were also televised by the mainstream media on a daily basis. According to a report published by the Turkish Chamber of Medical Doctors (TTB), individuals with a wide range of injuries were taken to nearby public hospitals in Edirne every day (TTB, 2020). Individuals suffered severe injuries from being beaten, shot at by live bullets, and nearly drowning, as well as damaged skin as result of the violence used to force migrants back (Ghoneim, 8 March 2020).

Among our interlocuters, we interviewed two Afghans who went to the Greek-Turkish border and later returned to the province where they are registered under IPS. Hasan, an Afghan registered and living in the city of Sinop, decided to go to Edirne when he heard the news. 'We were seven people [wife and five children], and there were my five nephews. We were 12 in total', says Hasan and further explains:

Unfortunately, when there was violence, the Greek police had to use tear gas. This gas flooded over us in Pazarkule and the Turkish police had to do something to confront Greek police and they also used tear gas. Here, the only affected people were those migrants. Migrants had to move their shelter two or three times a day to protect themselves from this gas [...] Each side tries to consider the perspective of their own country. I mean, sometimes the issues that the news discussed were not true, and there were some problems and situations there that they did not discuss. In a conflict with the Greek government, 13 people were unfortunately injured. One of the Afghans died from that incident, and the body was transferred to Afghanistan after seven days. We saw these things there, but unfortunately, these things were not reflected in the media as they should have been [...] They were injured because of the tear gas or due to the rush of a large number of people toward the gate. I am a military person, and I think that they used fake bullets to make noise and make people get away from the gates. Sometimes they used real bullets to disperse people away from the gates or barbed wire [...] When migrants were getting close to the gate, the police used high-pressure water to push them back. This water was very cold. Also, they had a machine that was blowing the wind toward the migrants. They were using tear gas, and then they used this device to send the gas toward us or the Turkish officials. When this happened, migrants used to retreat into their shelters (Hasan, male, Afghan, registered in Sinop, 16 January 2021).

For those who were injured in the Pazarkule border region, the Mobile Field Hospital Tent (Sahra) was operating as a major medical unit directed by the UMKE (National Medical Rescue Team). A limited number of ambulances were also directed by the Edirne Provincial Health Directorate. ASAM had its own ambulance, with three medical staff conducting emergency response. As many NGO representatives shared their observations and experiences in the border region during the interviews, they agreed that, considering that thousands of refugees lived in the region for approximately a month, **the supply of medical care and ambulances were grossly inadequate**. UMKE's Field (Sahra) Hospital was unable to provide medical assistance and drugs for **chronic diseases** (such as asthma, eczema etc.); accordingly, those with chronic diseases frequently experienced severe symptoms or relapses (Reliefweb, 2020).

In the midst of the Edirne events, on 11 March, the first official case of COVID-19 was confirmed by the state. However, as Hasan stated, the Pazarkule region was not aware of the outbreak. There were **no COVID-19 tests done** in the region; accordingly, no positive cases were identified. Thus, there is no information about the emergence of cases in the border region. In the days following confirmation of the first official case, Turkish state officials started to make announcements in Edirne indicating that people who wanted to return to the cities where they lived would be transferred by the state free of charge. However, the first group of refugees **voluntarily transferred** to Istanbul was abandoned at the bus terminal while the number of COVID-19 cases was on the rise in Turkey (Derya, grassroot organisation member, 27 May 2020).

By **26 March**, Turkish authorities had forced evacuation of the border area and the remaining migrant population was then taken away in buses (Gerçek Gündem, 27 March 2020). Migrants were then transferred to removal centres and dormitories in various random cities to undergo a **14-day quarantine** (Idil, NGO representative, 5 June 2020).

Hasan was among those who waited until the last day. He explains the quarantine process as follows:

Migrants in Pazarkule were divided into three groups. One part was taken to the camps in Pazarkule, and they took us to the Osmaniye camps. I can't remember the name of the camp they took the other people to. We were in quarantine in the camp for 18 days. After 18 days, some people were infected by Coronavirus. There were Somali migrants, Iraqis, Syrians, Iranians, and Afghans. They first transferred Somalis and Syrians to another centre near the Çanakkale border [...] The situation was good [...] It was a shared place [...] and there were heaters for warming. The situation was like the camps, and I had no complaints (Hasan, male, Afghan, registered in Sinop, 16 January 2021).

5.3.2. First Phase of the Pandemic: April – June 2020

On 10 April, one month after the first confirmed case of COVID-19, the government announced that COVID-19 treatment would be considered '**emergency care**' and non-Turkish people would be accepted at public hospitals regardless of their legal status (but there was no indication what they would be charged). On 13 April, with a presidential decree published in the official newspaper, it was announced that everyone would receive COVID-19 treatment **regardless of their insurance status**. However, our interlocutors indicated that, despite legislation officially guaranteeing the right to access healthcare, migrants and refugees faced numerous obstacles, such as **language barriers, mistrust toward officials and refusal of treatment for various reasons**.

Lack of access to information and misinformation were major obstacles to obtaining healthcare services during the pandemic. The Ministry of Health and DGMM provided guidelines and brochures in three languages (Turkish, English and Arabic) in order to provide necessary information about the pandemic. Videos describing the necessary steps to ensure safe hygiene practices were circulated on social media (HASUDER, 2020). In addition to state efforts, the SGDD-ASAM created a COVID-19 webpage to share information about the pandemic in Arabic. A report published by the Association of Public Health Specialists (HASUDER, 2020) indicates that, due to language barriers, individual measures specific to the outbreak and necessary to slow the spread of the virus were not implemented in refugee and migrant communities. The report also mentions that while basic information about individual precautionary measures for COVID-19 prevention were made available in Arabic at Migrant Healthcare Centres and online, there were no public announcements in other languages. Furthermore, while NGOs had online translation services, they could not accompany refugees or perform **translation** in hospitals during the

COVID-19 outbreak. As a result, they could not gather adequate information about practices in the hospitals.

According to our respondents, delays in official decisions and sudden changes in regulations concerning refugee communities contributed to **misinformation** and the **lack of reliable information** about healthcare services during the pandemic. Due to the lack of explicit official procedures and clear standardisation in practices regarding updated processes of registration, treatment, medication and charges, people were unable to access to reliable information resources.

With respect to the measures of contact tracing, mistrust in public institutions and officials played a key role in jeopardising the efforts of medical staff. In particular, undocumented migrants do not want to give specific information about their relatives or housemates, with the aim of protecting them. **Lack of trust in public institutions and fear of deportation** decrease migrants' use of healthcare services. Undocumented people, in particular, may not provide their real name, address, communication details or information about relatives, which made it impossible to follow-up on suspected COVID-19 infections. Even documented migrants might refrain from giving their addresses out of fear that their housemates might kick them out or they might lose their jobs. Note that among displaced people in Istanbul, single men or families sharing rooms and flats to afford the high rent costs is very common. As our fieldwork indicated in this regard:

- **Fear of job loss, deportation or eviction** in the case of a potential COVID-19 diagnosis is causing a decreased level of healthcare services utilisation.
- Displaced people prefer not to use healthcare **services unless their condition is serious**. Refraining from going to a hospital increases the potential for disease transmission and risk of death.
- Rather than using public healthcare services, displaced people **prefer clandestine clinics** opened by refugees with medical training medical refugees if they have a medical condition. In this way, they also seek to overcome the obstacles of the language and cultural barriers.

5.3.3. Second Phase of the Pandemic: June 2020 – January 2021

As we furthered our investigation during the pandemic, observations related to the obstacles of **isolation and contact tracing** persisted. The **aforementioned barriers in the healthcare system are still present**. Due to **fear of deportation and job loss**, displaced populations in Istanbul prefer to avoid hospitals unless their condition becomes severe. The number of migrants diagnosed in hospitals remains low in Istanbul, due to both obstacles in accessing care and their fear of public institutions. As our interlocutors conveyed, despite all the advice and guidance urging people to go to hospitals, they are not convinced to do so.

Our interviews with displaced persons also indicate that, since they do not usually socialise, the only places where they could get infected are their **workplace and households**, indoor spaces shared by other people. Their testimonies portray variety in workplaces regarding access to hygiene or required distance between people. Interestingly, **there were just a few cases** of infection among our interlocutors, and few reported knowing someone who was infected. Despite enormously crowded homes and workplaces, there were only a few positive cases. Additionally, migrant respondents told us that the pandemic is **not widespread** among their friends or relatives. We also observed that, among other devastating problems in their lives, they were not as emotionally affected by the pandemic, especially as their workplaces returned to normal working hours as of June 2020. Considering their devastating life conditions such as severe poverty and hunger, the issue of pandemic seems as less concerned.

Abdul was amongst the few whose son got infected. A married Syrian man with five children, Abdul is registered in Istanbul since they arrived in 2014 at a time when registration was easier. He told us that his son got COVID-19 and was put in quarantine for 22 days, together with family members:

He got it from his workplace. He lost the senses of taste and smell, then they told him to go home and they would examine him (Abdul, male, Syrian registered in Istanbul, 28 December 2020)

As Abdul stated, his son received the process of contact tracing at home and free of charge. However, Ali, an undocumented Afghan man was not as lucky in accessing healthcare, despite several suspicious symptoms:

Three days ago, I had a fever and headache, so I suspected Coronavirus. People around me don't pay attention to hygiene. We eat our meals collectively. I went to Silivri State Hospital to get a COVID-19 test. They asked for an ID, but I didn't have one. They kicked me out. Then I went to Beylikdüzü Hospital, they didn't admit me either. Finally, there is this Iranian pharmacy in Zeytinburnu with a doctor present there. He charged 250 TL for the diagnosis. He told me that I might have the virus and gave me drugs. I also paid for the drugs (Ali, male, undocumented Afghan, 13 January 2021).

As our interlocutor Ayşe, a nurse in the contact tracing team in Istanbul, mentioned, **reaching people in their houses** is still a major obstacle. Undocumented people provide **fake addresses and phone numbers** which makes the **tracing processes impossible** (Ayşe, nurse, 25 November 2020).

We have to inform the police when we cannot reach diagnosed persons at home. I do not want to report these people, but I have to. We follow the situation of diagnosed people via their passports. If they do not have any passport, then I cannot pursue contact tracing. I can threaten them into staying in their house in isolation. 'Otherwise, you might go to a removal centre', I say (Ayşe, nurse, 25 November 2020).

Isolation measures are highly inefficient within displaced communities. The impossibility of self-isolation stems from devastating living conditions. Displaced individuals often live in overcrowded homes with three or four families. Being isolated in a room and ensuring physical distance from family members is not possible in most refugee households. A medical staff member from Istanbul emphasises the need for field hospital tents in big cities such as Istanbul, not only as a precaution in case a high number need hospitalisation but also in cases where isolation at home is not possible.

As our analysis indicates, **the situation since June has not improved** for displaced persons. Ayşe states that, ‘the relatively optimistic opinion that we had based on the April decision has totally gone’. Further issues appeared after June, including **undocumented persons refused by public hospitals** despite having symptoms, as in the case of Ali. With respect to accessing COVID-19 tests, while tests are free of charge in public hospitals, people **must exhibit all the symptoms**, including cough, high fever, loss of taste/smell, stomach upset, and muscle aches to get tested, which is a general problem in the national testing strategy (Ayşe, nurse, 25 November 2020). Additionally, our informants in the healthcare sector remarked that while the test is free of charge, some hospitals stipulate additional **necessary tests** or treatment to do the test, and they charge the persons accordingly if they are unregistered.

In addition to these obstacles and barriers in the field, as well as the lack of adequate information about displaced communities, Ayşe shared an unfortunate story about an undocumented man who recently lost his life because of the pandemic:

We received the death certificate for a young Nigerian boy [...] I later learned that he used his friend’s ID [...] He went to the hospital with his friend’s ID since he is undocumented, stayed for 28 days in intensive care, and died [...] But since the death was issued with the ID, his friend was listed as dead instead of him [...] We neither reached the owner of the ID nor discovered the real name of the dead boy (Ayşe, nurse, 25 November 2020).

The COVID-19 **vaccination** process has officially started in January 2021 in Turkey. Persons who are over the age of 65 have been given the priority. Besides Turkish citizens, registered Syrians can also be vaccinated in MHCs in principle. However, according to statements of our interlocutors in healthcare, only those who have ID number and electronic e-government account can take appointment for the vaccination. The anecdotes of our interlocutors indicate that the percentage of the vaccinated Syrians who are over 65 years old is very low.

5.4. Chapter Conclusions

Regarding the provision of healthcare to displaced communities in need of protection, the healthcare system has been increasingly centralised under the authority of the MoH since 2016. There is free public healthcare for the 3.6 million Syrians under TPS and for non-Syrians under IPS (in their first year of registration) as long as they reside in the provinces where they are

registered. Healthcare gaps, especially those caused by language barriers outside of the MHCs, are dealt officially but more through social contacts, NGOs and other bottom-up initiatives of migrants themselves.

With the introduction of the SIHHAT project (renewed with SIHHAT 2 as of January 2021), primary care for Syrians under TPS has been significantly improved. In the field, it is clear that the most problematic area is secondary healthcare, which is actually a major demand for displaced populations due to their wide-ranging and severe health issues. Despite this fact, migrant access to hospitals is stymied by language barriers and a lack of guidance for registered persons. In the case of unregistered persons, the whole system depends on a highly capitalised form of healthcare that is unaffordable for displaced populations.

The multi-layered and differentiated access to healthcare is the main factor forcing undocumented persons into extremely marginalised and precarious conditions. In the absence of structural cooperation between the state and civil society, and the lack of NGO capacity in reaching undocumented persons, healthcare gaps are filled by a patchwork of individual incentives from healthcare personnel and grassroots initiatives involving large networks of healthcare professionals, volunteers, human rights activists, private clinics and migrants. However, despite several affirmative actions, the general healthcare system has been increasingly securitised and restricted in terms of the scope of coverage, especially since 2018. As a result of these securitising measures, the number of unregistered persons in Istanbul having no access to free healthcare has skyrocketed. Moreover, the time limit on health insurance for non-Syrians in satellite cities is, and increasingly will be, a significant push factor for persons to move to Istanbul.

The COVID-19 outbreak emerged under circumstances of increasing restrictions in healthcare service in Istanbul, especially for Syrians registered in other provinces, non-Syrians under IPS and undocumented migrants. Since the first phase of the pandemic, the fear of stigmatisation, deportation or job loss are the reasons behind migrants' unwillingness to go to a hospital, unless or until their condition becomes serious. In instances of COVID-19 infection, isolation measures and contact tracing are almost impossible due to overcrowded homes and fake information provided, particularly in the case of undocumented people. Despite these obstacles, field research during the pandemic indicated that COVID-19 is not perceived as a major issue among displaced populations; instead, they highlight other severe health issues or their lack of access to accommodation and basic needs, which will be explored in the next chapter.

6. Access to Accommodation

6.1. The Pre-Pandemic Period

Accommodation is one of the **most prominent shortcomings** of the Turkish protection system, in which there is no state-funded housing provided to displaced populations. Article 95(1) LFIP

declares that, in principle, international protection applicants and status holders shall **guarantee their own accommodation**, except for those in camps run by the DGMM. The legal framework does not specify any provision, plan or obligation to provide financial assistance for the housing expenses of displaced populations. Given the fact that the overwhelming majority of displaced populations have become urban refugees, they are left to secure accommodations on their own. The situation leaves Syrians under TP in Istanbul, non-Syrians under IPS in satellite cities, and undocumented migrants in Istanbul in the hands of an underregulated and informal housing market, characterised by below-standard housing conditions, high rent, poverty, abuse and discrimination.

Since the city of Istanbul hosts the largest proportion of undocumented populations in Turkey, the actual percentage of the displaced community is **not available**. Based on approximate presuppositions, it could be argued that more than one million displaced persons reside in Istanbul (Erdoğan, 2017). They are spread throughout the city districts, but those that have the lowest quality are simultaneously hosting the highest ratio of displaced persons, such as Sultanbeyli, Sultangazi, Bağcılar, Esenler, Esenyurt and Sancaktepe (Erdoğan, 2017).

The urban space of Istanbul gradually changed after the 1950s. The city witnessed massive internal migration from rural areas, causing rapid urbanisation and a drastic increase in the housing market. Simultaneous with the population growth in the city since the 1950s, unplanned urban development brought about a new type of housing: squatter housing areas for the lower classes who migrated from rural areas. Yet the memory of neighbourhood culture and segregated neighbourhoods where different ethnic, religious and sectarian communities (such as Jewish, Roman, Armenian or Alevi neighbourhoods) live, survived until the 1980s. The transformation in these peripheral and semi-peripheral districts are widely correlated with increasing internal migration, poverty, weak infrastructure, low-income class segregation, and discrimination (Erder, 2013; TEPAV, 2019). Concomitantly, the middle and upper class have started to build their own 'gated communities', at times within these peripheral districts. Especially in the last decade, the urban fabric of the city has been transformed with massive gentrification policies, proliferating multi-storey buildings which have changed the silhouette of the city. Shopping, sports and entertainment centres started to be included in these multi-storey dwelling blocks, and previous squatter housing areas have systematically become multi-storey dwelling complexes. With increased private enterprise and a tight housing market, the urban fabric has been significantly transformed in Istanbul, where not only shared public spaces have been eliminated but segregation between socio-economic groups has become more crystallised.

Increasingly after the 2010s, with the large volume of Syrians, displaced populations in Istanbul have contributed to **a new phase of urban transformation**. Macro-scale analyses indicate displaced populations primarily reside in districts where the quality of life is the lowest (Erdoğan, 2017; TEPAV 2019). In districts with widespread poverty, weak infrastructure and strong conservatism, displaced communities practice their cultures, speak their languages and perform their daily habits in a homogenous and isolated manner (TEPAV, 2019; Üstübici, 2020).



Figure 8: View of a neighbourhood in Sultanbeyli, the district at the Eastern edge of the city of Istanbul highly populated by Syrians under TPS. Photo Credit: Ayşen Üstübici

Our interviews with displaced persons reflect how different nationalities establish **housing relations within particular neighbourhoods** in abovementioned districts. While they reside heterogeneously in these districts, certain nationalities have formed avenues, quarters or 'bazaars', reflecting established networks and segregated living conditions. In Istanbul, a large portion of displaced persons can only afford accommodation in **basements, warehouses, storage rooms or shanty houses** that are physically in poor condition. Due to the high rental costs, persons generally have to live together, **sharing homes between more than one family**. Another phenomenon is '**bachelor houses**' (*bekar evleri*) shared by many single men. Among our interlocutors, there were Syrian men who mentioned that they had previously lived in bachelor houses until they got married or managed to bring their family to Turkey. Such residences were much common for Afghans, since they are mostly single and undocumented in Istanbul.



Figure 9: Zeytinburnu, a district of Istanbul where displaced communities, especially Afghans and Syrians reside in large numbers. Photo Credit: Ayşen Üstübici

Established networks within particular nationalities represent a major hub for newcomers. Syrians, Afghans and Africans have their own **networks** in particular neighbourhoods, creating the main channels for housing. While the network among their own community was the main determinant in their social life, in several districts the social aid of civil society seemed more organised and established. For instance, one interlocuter who is a humanitarian actor in Sultanbeyli indicated widespread ties between the humanitarian sector and displaced community, this was not frequently mentioned by displaced persons living in other districts (Mehmet, NGO member in Sultanbeyli, 8 June 2020). Hence, considering the multi-national and diverse composition of displaced communities in Istanbul, access to housing is shaped by various factors, including migrant nationality, legal status and socio-economic capital. In the upcoming sections, the differentiated composition of displaced populations will be discussed separately regarding their access to accommodation.

6.1.1. Syrians Under Temporary Protection Status

There is a total of 3.6 million **Syrians under temporary protection** registered with Turkish authorities (UNHCR, 2020), of which 64,044 are accommodated in Temporary Accommodation Centres (camps) (ECRE, 2020). Hence, **the vast majority of registered Syrians reside outside the camps. Temporary Accommodation Centres** are large-scale camps built in the south of Turkey. In the beginning of the Syrian migratory movement, Syrians were hosted in 22 temporary

accommodation centres, constituting more than two hundred thousand persons (RESPOND, 2020). However, since 2018, the number of temporary accommodation centres and residents have been **gradually reduced**. As of 2020, there are seven camps, spread across five cities, in South-Eastern Turkey. With the excuses of high operating costs and integration obstacles to Syrians, Turkey compelled thousands of Syrians to leave the camps and adapt to city life without providing any support. For instance, in 2019, nearly 80,000 persons were transferred to cities from the closed camps of Ceylanpınar and Suruç (ECRE, 2020).

While the size of populations sheltered in the camps is low, **almost all Syrians and non-Syrians reside in urban spaces** in rented accommodations. While the cost of living and budget allocations vary among provinces, the city of Istanbul receives the attention of the majority due to its job opportunities, despite the highest cost of living and rental expenses. The districts hosting the largest numbers of Syrians are mainly Küçükçekmece, Bağcılar, Sultangazi, Fatih, Esenyurt, Başakşehir, Zeytinburnu, Esenler and Sultanbeyli. While 86% of Syrians reside on the European side of the city, 14% live on the Anatolian side (Erdoğan, 2017).

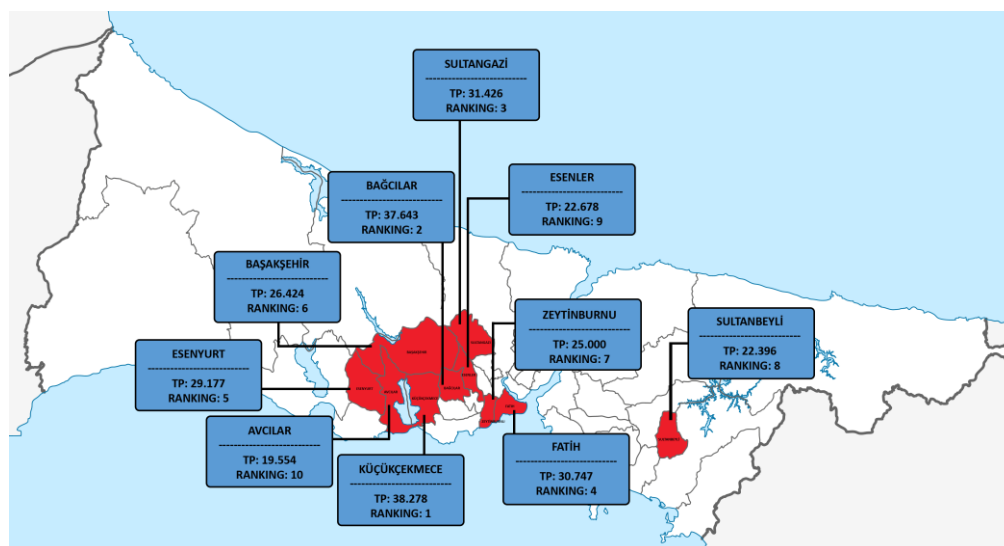


Figure 10: Map highly-populated districts inhabiting Syrians in Istanbul (Compiled based on the numbers published by TEPAV (2019) report)

Macro-level studies indicate that 40% of Syrian houses are **shared by more than one family**, and almost half of the households consist of more than seven people (SGDD-ASAM and UN Women, 2018). In accordance with these numbers, in our field research, difficulties posed by crowded living conditions in small houses were repeatedly expressed by our Syrian and non-Syrian interlocutors. As Abdul, a Syrian man who entered Turkey in 2014 who is living under temporary protection explained:

It is a three-room house... I have two sons and three daughters. One of my sons is married and also living with us are his daughter and wife. We all live together in the same house with my married son...We are suffering from the humidity. There are three rooms, but we are eight

people, so it is small for us... When we settled in the house, after one month he [landlord] asked as to leave and said he wanted the house back. Then, when the man at the office told him that we are good people and we will be good neighbours, he agreed [to let us stay] (Abdul, male, Syrian, registered in Istanbul, 28 December 2020).

When Fatima arrived in Turkey from Syria in July 2020 with her four children in the midst of the pandemic, her husband who had come six years earlier was living in a house shared with single men. While Fatima and her children are still undocumented, her husband holds an ID issued in Istanbul. However, registration in Istanbul did not enable them to be free from the unequal conditions of the housing market, where refugees end up in houses that may not meet basic safety conditions. Fatima's experience indicates they are only able to access houses in the worst condition in the informal housing market:

When we first came to Turkey, I stayed 10 days with my husband in a house he used to live in with young people until we were able to find a house. The house is bad; the walls are wet. It is hard to find a house. The rent is 800 TL.... We saw two houses; they refused to rent us their houses because we are Syrians, and we have children. This house is very old. I told my husband that if it was not old or in bad condition, the house owner would not rent it to us. When we first came, our Turkish neighbours complained. They said 'you are making noise when you go upstairs and downstairs'. They complain about the children (Fatima, female, unregistered Syrian, 6 January 2021).



Figure 11: A Syrian restaurant in Zeytinburnu, a district in Istanbul.

Photo Credit: Ayşen Üstübcü, June 2017.



Figure 12: Local women cleaning their wool quilt in streets of Sultanbeyli, a district of Istanbul where Syrians under TP reside in high numbers.

Photo Credit: Ayşen Üstübici, June 2017.

The anecdotes provided are characteristic of most displaced persons, who face significant obstacles in finding decent housing, trying to survive in **old and humid houses**, affording housing costs and experiencing constant **discrimination and racism** in their neighbourhood. Under these circumstances, they become much more vulnerable to **abuse from landlords** who generally ask for higher rent from migrants.

It might be suggested that the exclusionary discourse has accelerated after the July 2019 statement by the Istanbul governorate, intensifying restrictive measures against Syrians residing in Istanbul. The legal and healthcare aspects of this decision have been discussed in previous chapters, but it should also be noted that the statement forced many Syrians to move to a new city.

Implications of the 2019 Statement

The story of Resul and his family from Syria, presents one of the most vulnerable cases of relocation. As a family of seven, they arrived in the city of Elazığ three years ago and became registered there. After eight months, ‘there were not any job opportunities and also an earthquake occurred, so we decided to leave Elazığ... we saw buildings falling down, and we came to Istanbul’, Resul says. However, life did not go well in Istanbul. Though they tried five

times to change their ID cards and get registered in Istanbul, they did not succeed. His children have not been able to continue their schooling because of being unregistered in Istanbul. In 2019, right after the July 2019 announcement from the Istanbul governorate concerning unregistered Syrians in Istanbul, they became afraid and decided to return to Elazığ:

It was a decision from the government...we will be punished...All the furniture and things we had in that house were left there. We were afraid because of the statement, so we left everything and went back to Elazığ...Many people were leaving at that time, and we were not able to sell them [furniture]...We stayed six months in Elazığ. There was a kind man. He gave us a house for free, and we stayed there four months. Then an earthquake occurred again, so we left the house and stayed in the camp for two months...Then we came to Istanbul again (Resul, male, Syrian, registered in Elazığ, 12 January 2021).

For each relocation, Abdul noted that they had to borrow money from relatives and friends and re-start building their lives. 'It was hard to find a house, every time they told us that we are foreigners, and they do not rent their house to foreigners; things went good finally, and we found this house', he notes. Abdul describes their home on the basement floor: 'The house has very bad smells. The old furniture was given to us by some neighbours. The walls are damp; it is always wet, and the ceiling is musty'. The testimony of Resul and his family reveals the devastating circumstances of displaced populations in Turkey, where numerous shortcomings in protection overlap in one story, and these 'forced internal displacements' require to construct a new life each time.

Briefly, Syrians under TP in Istanbul are generally concerned about the old and humid houses they have to live in, together with their overcrowded households. All of these factors related to housing conditions increase the risk of chronic disease among displaced communities. Poor housing conditions are virtually ensured because of the discriminatory attitudes of neighbours and landlords. There are also testimonies, however, of migrants expressing their gratitude to neighbours who have provided second-hand furniture or other household items. It should be noted that existing obstacles in access housing produced further precarity after July 2019, as seen in the story of Resul and his family.

6.1.2. Non-Syrians Under International Protection in Satellite Cities

Those who are assigned to **satellite cities** and get registered there encounter different accommodation obstacles. Since they are assigned by state authorities, they usually do **not have any relatives or networks** in these cities. In a situation where **no aid or reception assistance** is provided by the state or non-state actors, persons face severe obstacles in finding a house, a job and, ultimately, in building a sustainable life in the satellite cities. There were cases in our field research in which our informants touched upon the numerous barriers in satellite cities, describing the situation as '**being in the [middle of] nowhere without anyone**'. The lack of infrastructure, reception and aid in these small cities push people to **migrate to Istanbul, despite the opportunity of legal status and access to services in satellite cities**.

When non-Syrians under IPS are assigned to satellite cities, they are not provided any guidance, aid or support by the state. Persons are abandoned in their struggle to build a new life in that area. Feride, our Afghan interlocuter living in Denizli, articulates the difficulties awaiting after arrival:

We were in Ankara for around one week because there were holidays. We stayed at Ankara's terminal. After one week they sent us to this city. When we arrived here, we did not know anybody. The first two weeks were so hard, then we found a house without furniture for 700 Turkish Lira. We lived without furniture for the first few days. We were sleeping on the floor, and the weather was so cold. It was rainy. After a few weeks, we asked our neighbours where we should buy furniture. They guided us, and they gave us some furniture, and we bought the remaining items. After 3 months, we finally found a job (Feride, female, Afghan registered in Denizli, 30 December 2020).

Those who reside in designated satellite cities repeatedly complain about **job shortages and a lack of personal connections**. Despite the opportunity to access public services, mainly healthcare—now only available for free for the first year after arrival—and education, they have to move to the bigger cities where there is the hope of employment in the informal sector. The structure of satellite cities essentially forces migrants to choose between access to public healthcare on the one hand and access to employment—and moving to Istanbul—on the other. The story of Firouzeh exemplifies such a situation. Firouzeh is a 29-year-old Afghan woman who lives together with her mother and her brother's family in the city of Karabük. 'There are no jobs here. This is a very small city; no one can find a job in Karabük', she says while explaining the severe poverty they witness (Firouzeh, female, Afghan, registered in Karabük, 14 January 2021). As a result, they decided to move to Istanbul. However, after 6 months of unregistered life in Istanbul, her nephew's health had worsened; he has a diabetes. Due to the lack of access to healthcare in Istanbul, they had to return to Karabük. 'I feel hopeless', says Firouzeh, noting that her psychological problems emerged from the endless despair in their lives.

The lack of relatives and networks in satellite cities sometimes leads to onward migration to another satellite city where relatives reside. Rahman, a 35-year-old Iranian-born Afghan, came to Turkey in 2015. With his family, they were assigned to the city of Isparta by the UNHCR at that time:

Approximately one year we lived in Isparta. But it was too small a city, I was jobless all the time and did not know anyone. I had my brother-in-law living in the city of Kayseri. He told me that job opportunities were better in Kayseri. Then we asked to transfer our registration to Kayseri, and now we live here (Rahman, male, Afghan, currently transferred to Kayseri, 25 July 2020).



Figure 13: A neighbourhood largely populated by Syrians and other displaced communities, in the satellite city of Adana. Photo Credit: Ayşen Üstübcü, March 2020.

The life for widowed women becomes much harder when they do not have relatives in the satellite cities. Sherifa, a 46-year-old Afghan woman, lives in the city of Denizli with her three daughters. She lost her husband and tries to survive under conditions of extreme poverty with many health issues:

One of my biggest problems is that two of my daughters are ill. One of them is now laying here, one of them will be hospitalised on Monday of next week, and I myself have had seven operations. I have had operations for cancer twice. I beg the authorities to help women who don't have a male guardian. I have no one in this world except my three daughters. I only have God. Here in Turkey, I must pay for life expenses and for rent. We only receive 120 TL per person per month [ESSN], which in total becomes 480 TL per month. But I pay 600 TL rent per month. I have three children, two of them are sick, and one of them goes to school... I go to work whenever there is work... Today there was no work, so I stayed at home. I work in a tailor shop that produces towels. I receive 70 TL per day, and my daughter receives 50 TL ... We [Afghans in the city] try to help each other like, for example, finding jobs... But I do not have any relatives here (Sherifa, female, Afghan registered in Denizli, 8 January 2021).

The testimonies of our informants reflect the fact that while they have access to healthcare and education services in satellite cities due to their registration, given the inadequacy of aid or reception capacity, people are left to their facilities to afford their living expenses. Without relatives or networks in the satellite cities, accessing housing and jobs both become difficult. The recent change in December 2019 in health insurance access for those with IPS might generate serious outcomes in the near future, though we have not witnessed its disruptive results yet due to the immediate lockdown measures that occurred immediately afterwards. When people's health insurance will expire on such a large scale, there might be no motivation for them to live in those provinces.

6.1.3. Undocumented Migrants in Istanbul

Access to housing for undocumented persons in Istanbul creates various precarious conditions. Since these persons cannot sign a contract under their own names, they have to rely on their community connections. While community networks enable easy access to accommodation, it simultaneously produces and exacerbates conditions of abuse and monetarised relations when it comes to undocumented persons. Registration requirements for renting a house lead to the emergence of highly monetarised, exploitative relations in the housing sector, in which holding a **legal status** signals a specific capital that can be converted into an economic revenue (Karadağ, 2021). In other words, among the migrant communities, those who have an ID sign the contract and sublet the house to undocumented persons at a higher rate. 'We pay 2000 TL for the house, while the real price is 1000 TL', notes Yasir, a 38-year-old, undocumented Afghan living with his wife and three children (Yasir, male, undocumented Afghan, 30 December 2020).

Some landlords rent spaces such as their **shops, stores or garages** that are not meant for housing, leading to deterioration of living conditions. In some cases, construction storehouses are rented to construction workers. Huseyin, an undocumented Afghan man, lives in such a storehouse, sharing it with five people; his landlord is also his employer. 'We share the housework and expenses among ourselves', states Huseyin, explaining the conditions of housing are tied to market condition (Huseyin, male, undocumented Afghan, 11 January 2021).

The practice of **crowded houses** reaches its apogee in the case of single men. Abed, a 28-year-old Afghan man arrived in Turkey in 2017, and stays in a house with 23 people:

My major problem is accommodation. The house has three rooms, and there is one bathroom. Our lives are incredibly hard here, but we have to stay because it is cheaper this way...The apartment belongs to a Turkish friend. We pay 350 TL each, bills included. He comes by every month and picks up the rent...We do the cleaning on weekends. 3-4 people together do the cooking...We do not have a TV because there is no room for it. I want to describe a room for you: there are three 2-bed bunkbeds, and 6 of us stay there. There is only one washing machine, used by 23 people. If it works for 2 days, it does not work for the next 4 days. It breaks down so easily (Abed, male, Afghan, 11 January 2021).

Abed's experience exemplifies the **common phenomenon of bachelor houses** in Istanbul. Approximately 10-25 people share these houses to be able to afford the rent. Since most of them are undocumented and cannot rent the house officially, a Turkish citizen or a person from the migrant community who is registered or has a residence permit rents the house for the others. At times, employers may provide housing for their undocumented workers and may or may not charge them rent. Single Afghan men that we interviewed touched upon the various mechanisms of exploitation in the accommodation sector. Firstly, those who rent the houses receive a high commission from the undocumented men. In that sense, having a legal status not only ensures access to public services but also provides economic capital to registered persons.

‘This is the job of the person who signs the contract’, says Mehmet, explaining **monetarisat**ion in the accommodation sector. This indicates the extent of the marginalisation and precarity of undocumented persons in the urban space, characterising both their working and living conditions.

Many people were living together. There were 14 or 15 men in each house. It was 5 rooms. In each room, there were three men [...] It [rent] was 320 TL for each man. There is also a man who takes commissions. They live from our rent (Abed, male, Afghan, 11 January 2021).

With respect to families, the situation does differ. As in the case of Ayse, a married Afghan woman with three children, those who have a residence permit share their house with undocumented families. As Ayse mentioned, they share the house with another undocumented Afghan family since they cannot rent a house. As a result, they take an **affordable rent payment and share all the bills**.

As discussed in Section 5, most of the health-related needs of migrant communities stem from unsuitable living conditions, lack of access to proper housing and nutrition. Unsanitary housing conditions were exacerbated during the first phase of the COVID-19 pandemic, as they were coupled with extreme poverty and unemployment due to the closure of major production sites in Istanbul. One of our respondents framed the first months of the pandemic as in which **‘they are not poor anymore; they are literally hungry now’** (Kemal, grassroots organisation member, 6 June 2020).

6.2. The COVID-19 Pandemic Period

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 programmes, integration efforts, entrepreneurship, and long-term vocational training (HasNa, 2020). According to a survey conducted by the Association for Solidarity with Asylum Seekers and Migrants (SGDD-ASAM), **18%** of participants were **unemployed** before the COVID-19 outbreak, which increased to **88%** after March 2020 (ASAM, 2020, p.14). In the same report, it is noted that **63%** of refugees are having difficulties accessing food and basic needs amid pandemic conditions, and **6.71%** of refugees declared that they no longer have any access to these things amid the outbreak (ASAM 2020, p. 13). The measures taken during this period had direct implications for the lives of displaced populations in Turkey regardless of their legal status, as the overwhelming majority work in the informal labour market. As observed in the field, due to the increasingly devastating pandemic conditions, all legal status groups working in the informal sector were notably impacted.

In May 2020, the government introduced a short-term employment allowance for employees who take unpaid leave and banned employers from sacking employees. As this short-term

employment allowance only applies to those in the formal labour market, the overwhelming majority of the migrant population either lost their jobs and, hence, their income or had to continue working amid the danger of being infected.

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

They cannot pay their rent. 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 and collectively pay their rents (Derya, grassroots organisation member, 27 May 2020).

Interview statements indicated that persons were threatened with **eviction by landlords** since they could not pay the rent. Especially in the first phase of pandemic, when unemployment rates were high, many of our interlocutors temporarily lost their jobs. The following statement from Feride, a married Afghan woman, clearly signals the perils of the COVID-19 period:

We borrowed money from our neighbour. Her husband was working during the lockdown. Then we delayed the payment for rent and paid little by little. We paid 50 or 100 TL each time to compensate for the delayed rent... We had to sell some stuff from the house, like the TV to pay for bills, rent and groceries... What we have in our house consists of what we bought ourselves and the things my husband collected from garbage, honestly. We bought a refrigerator, for example, but the carpet, sofa and even the clothes that we are wearing are from the garbage that he collected...About the heating, we just warm the bedroom and only at night. We are wearing more clothes to keep warm (Feride, female, Afghan, registered in Denizli, 30 December 2020).

Especially during the first phase of pandemic, due to the high unemployment levels, displaced populations were the most marginalised and had to **move in with other households, sell their furniture in order to pay rent and bills, borrow money from relatives or friends, or negotiate with their landlords to not get evicted**. In these kinds of situations, NGOs and solidarity networks have the role of negotiators (Mehmet, NGO representative, 8 June 2020). However, it was difficult to perform this negotiation role during a pandemic situation where the majority of humanitarian actors are working remotely.

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

Since NGOs do not have a separate budget to finance shelter, **they were unable to respond to this urgent need**. In order to meet the unexpected and urgent needs of refugees during the pandemic, civil society organisations had to **reallocate their limited budgets and activities** toward distributing food and hygiene materials to beneficiaries, prioritising individuals based on UNHCR vulnerability criteria:

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 rent and bills. [...] As opposed to our regular protection cases, the requests we received from beneficiaries have become very different than before. 85-90% of those who called stated that they had become unemployed and were unable to pay their rent and bills or even to access food...They frequently asked for cash assistance. We finished our annual budget in mid-April. Nevertheless, we could only help those [who qualified] under vulnerability criteria. We could not support the ones who could not pay their rent...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 a protection plan. Here, the criterion is whether that person is appropriate under the vulnerability criteria. It refers to single parents, 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).

This quote from our respondent indicates that, considering the limited budget allocated for the provision of basic needs, NGOs adopted criteria of vulnerability and 'unmet basic needs', referring to exceptional cases where persons were experiencing severe living conditions. However, the COVID-19 pandemic illustrates a breaking point, at which the majority of the refugee population meets this criterion, and the available budget of NGOs has been inadequate to meet these urgent basic needs. Respectively, under the circumstances of hunger during the pandemic, **package distribution**, including food and hygiene materials, became **the major activity of civil society**. Many of our interlocutors working in different NGOs, as well as representatives from municipalities, mentioned the distribution of food and hygiene packages during the pandemic. The IOM also pursued distribution of hygiene kits and basic needs items, in addition to the capacity building of the Sultangazi district municipality with whom they worked in collaboration. However, throughout these processes, due to limited budgets, the persons qualifying under vulnerability criteria were prioritised. It was observed that the **conventional vulnerability criteria** adopted by both non-state and state-led organisations fell short of capturing the current and urgent needs of displaced people. Previously adopted criteria prioritising certain categories of people, such as single parents, single women, elderly people or LGBTI persons, become considerably more limited under the pandemic circumstances and vulnerability criteria, considered exceptional, became commonly experienced by all migrants. Such a conundrum enables us to question the existing vulnerability criteria and their limitations.

As priorities were changing, the issue of access was a major problem in meeting protection needs (HasNa, 2020). As was identified during 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 organisations had to close their offices, and mobile teams had to suspend their home visits and activities. The limitations of institutionalised NGOs in

outreach activities have become more crystalised under these conditions, which have been filled in by **the efforts of grassroots organisations**.

Kemal, a representative from a grassroots mobilisation in a disadvantaged neighbourhood of Istanbul, explains how they worked to fill the gap for people in need but out of the reach of NGOs:

We came up with the suggestion of offering the establishment of a telephone hotline via SMS in order to mail market cards, packages of hygiene materials and masks based on urgent needs and requests. But no organisation paid attention to it... When we mentioned the undocumented migrants to whom access is quite difficult, they said that they would not be interested in helping these people, but only 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 packages 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 markets, like *A101* and *BİM* [widespread low-budget supermarkets], as being the most suitable and cheapest option. With our own network of volunteers, we distributed cheaply produced masks (Kemal, grassroots organisation member, 6 June 2020).

In the second phase of the pandemic, beginning in June 2020, although we observed slightly better employment conditions, persons are still experiencing devastating circumstances where an urgent response is needed in affording basic needs and accommodation. As our fieldwork indicates, an immediate response is especially necessary in the areas of greatest need identified, including **cash aid, hygiene services, psychological help and education support**. Many of our interlocutors mentioned that their children **cannot follow the online education system**. Besides the ones who are not registered or accepted at schools, enrolled students also do not have access to the online curriculum due to various obstacles, including the **lack of a TV to access the remote education channel, lack of information or lack of internet**. As a result, interviewees often remarked that children had to work rather pursuing their education. Additionally, while it is the case for everyone during the pandemic, **psychological support** seems to be urgently needed for displaced persons. Studies indicate that long-standing confinement and deepening poverty is escalating **gender-based and intimate partner violence**, in which movement restrictions make it difficult for victims to report abuse or seek for help (UNHCR, 2020).

6.3. Chapter Conclusions

Overall, our field research demonstrated that under migrant circumstances characterised by the lack of public housing and accommodation support, access to housing has been left to **the networks of relatives or friends** and the **exploitative relations of the housing market**. The lack of ability to afford rent and bills was frequently expressed by our interlocutors as the main concern in their life in Istanbul. Accessing and affording decent housing is the main challenge for displaced people in Istanbul trying to maintain a livelihood.

In the case of Syrians under TP, in addition to the very poor conditions of the houses they can afford, the July 2019 statement has impacted their lives and caused many unregistered persons to leave the city out of fear of deportation. These people had to then re-construct their lives from nothing. While extremely expensive living conditions produce deeply precarious conditions for Syrians living in Istanbul, life in satellite cities for non-Syrians involve different concerns, such as a lack of reception opportunities and lack of relatives in designated cities. Under these circumstances, they can barely survive without job opportunities and eventually want to move to bigger cities, despite the risk of losing legal status. The listed obstacles are exacerbated when it comes to undocumented persons in Istanbul. While they are forced into a vulnerable position with no access to healthcare or education, they are concomitantly subjected to monetarised relations in the housing sector due to their lack of documents. In a nutshell, access to accommodation represents one of the biggest shortcomings in the protection regime that impacts all groups of displaced communities.

In terms of access, while instances of charity and solidarity have been the case, practices of abuse and monetarised relations are also visible. While several interlocutors expressed their appreciation for neighbours who provided them with second-hand furniture, there were anecdotes touching upon discriminatory and exclusionary attitudes. Within conditions of abject poverty, displaced populations try to navigate and survive both in satellite cities and metropolises like Istanbul.

The gap in public housing and support cannot be filled by civil society, since **NGOs do not have budget allocated for housing expenses**, they can occasionally help to the most vulnerable. The only cash aid is given under the ESSN (Emergency Social Safety Net) scheme (Cuevas et al., 2019), which covers 1.7 million refugees in Turkey. While the cash aid is modest (120 TL per month, less than 15 euro), it nonetheless helps households cover their basic needs. Note that 90% of households receiving cash aid are Syrians under temporary protection; the rest are non-Syrians under international protection (Murat, IO representative, 5 May 2020). As the field research indicated, even if they receive ESSN, they can barely survive with that payment amount. Needless to say, undocumented migrants have no access to regular cash aid.

Migrants' already precarious access to accommodation deteriorated even further during the pandemic period. As refugees are deprived from income generating activities due to lockdowns, followed by economic recession, it is likely that the **need to shelter** could be more at stake in the coming period. Declining housing conditions and an increase in overcrowded households will have health implications. In addition, displaced communities, unable to generate income or pay rent, will be pushed down further under the fierce economic competition that is likely to negatively impact already-fragile inter-community relations and social cohesion in the urban space.

Overall, the lack of access to proper housing appears to be a major protection gap in Turkey, both from the perspective of the legal framework and from the point of view of practice. This gap in protection only partially stems from a lack of legal status in Turkey. It also has clear implications for the healthcare of displaced populations.

7. Conclusion

The country report prepared for the WP4 of the ADMIGOV project has covered the major contours in the spheres of legal protection, healthcare and shelter during the pre-pandemic and pandemic periods in Turkey. While the report has gone beyond the legal definition of protection by incorporating a variety of practices from the perspective of humanitarian actors and displaced communities, the findings revealed the nuances and common trends in the provision of protection for those under the major legal categories in Turkey. These are Syrians under temporary protection, non-Syrians under international protection, and undocumented migrants, a category that includes asylum seekers whose applications were rejected, individuals who are not residing in the cities where they are registered, and those who were never registered with authorities.

The findings are based on a review of secondary literature and grey literature on protection in Turkey, triangulated with qualitative interviews with humanitarian actors and displaced persons between February 2020 and January 2021. As the outbreak of the pandemic coincided with our planned fieldwork, COVID-19 greatly impacted the data collection process, the focus on qualitative interviews and the content of the report.

Due to the impossibility of conducting on-site fieldwork in different border and urban locations, the research team based at Koç University moved the fieldwork to online platforms. The **26 humanitarian actors** we interviewed using online tools represent a wide range of institutions, from intergovernmental bodies, such as the IOM, to national NGOs—some working closely with the central government—local governments, lawyers, medical personnel on the ground, as well as grassroots initiatives. The **24 displaced persons interviewed** were reached by phone using an existing dataset and through snowballing (see Chapter 2 for the details of the recruitment strategy).

As elaborated in Chapter 3, the analysis is built on an overview of history and evolution of the legal framework of international protection. The findings in Chapter 4-6 revealed the existing and newly arising protection needs of refugee and migrant communities in Turkey in the period before March 2020 and during the COVID-19 pandemic, from March 2020 to January 2021. Along with the focus on different communities, the report had **temporal** and **spatial** focuses.

Temporally speaking, the report covers both the pre-pandemic and pandemic periods, taking into account major turning points in the provision of protection. These turning points include the closing of new registrations for Syrians under TPS in Istanbul starting in 2018, the Istanbul governorate statement in 2019 inviting unregistered Syrians to leave the city, December 2019 changes in the LFIP regarding access to healthcare for non-Syrians under IPS, the induced mobility of displaced communities toward the border area between Turkey and Greece in February 2020, the official announcement of the first COVID-19 case in March 11, the evacuation of the border area in Edirne, and the pandemic period, which was characterised by lockdowns and increasing urban poverty. Note that most of these changes are quite recent, and the pandemic period, coupled with ad hoc measures, did not allow the research team to make direct observations to assess their impacts on the lived experiences of displaced people. Similarly, during this period, the humanitarian actors we interviewed also had impaired access to the field.

Rather than direct observations by the research team, the bottom-up approach to protection in the report is primarily based on the narratives of humanitarian actors and displaced persons we interviewed, as well as on media coverage and institutional reports. Some actors, including the DGMM, Ministry of Health and UNHCR, did not respond to our interview requests, creating another limitation in data collection.

Constrained by the pandemic situation, one of the initial aims of the project regarding protection issues on the actual borders of Europe, the **frontstage**, have been re-considered. Following the Turkey interim country report published in November 2020 (see Üstübici and Karadağ, 2020), the frontstage of protection, referring to the border areas, was captured through what we call the 'Edirne events'. These events refer to the period of February and March 2020, when thousands of displaced people gathered at the Turkey-Greece border with the unfilled hope of passing through. Hence, we used the Edirne events as a particular case of the frontstage and covered issues related to legal protection, healthcare and shelter during the Edirne events, as well as its repercussions during the pandemic period.

Along with a spatial focus on the border at the beginning of the pandemic, the main spatial focus of the report has been the city of Istanbul, host to the largest number of displaced people of different statuses. As Istanbul is not a province designated for the settlement of non-Syrians under international protection, each main section of the report paid attention to the situation in 'satellite cities', mainly drawing on displaced persons' own narratives of their experiences as residents of those satellite cities.

The report reveals that the legal categories, as differentiated on paper, also affect individuals' level of access to protection. For instance, thanks to the SIHHAT project, primary healthcare provision is far more developed and institutionalised for Syrians under TPS than for non-Syrians under IPS. However, the report also highlights instances where differences stemming from the legal framework are blurred. On the one hand, this blurring effect has to do with restrictions on access to registration, especially in Istanbul since 2018, and to a certain extent in smaller satellite cities. Lack of access to registration precludes access to legal protection and, hence, to rights tied to the legal status, such as healthcare and public education for children. On the other hand, what Aras and Mencütek (2020: 81) call precarities in protection are also related to structural factors within which displaced people are incorporated, such as the informal economy, general pressure on the healthcare system, and the housing market almost entirely left to market dynamics.

Regarding ruptures between the pre-pandemic and pandemic periods, what we called the **Edirne-COVID nexus in the first phase of the pandemic** essentially constitutes an exceptional period, "a legal Gordian knot" where most of the protection measures had to become ad hoc, as the political border crisis and the health crisis intersected. Furthermore, the pandemic rendered the situation more difficult and, at times, blurred the distinction between citizens and displaced. For instance, the decreasing frequency of doctor's visits during the pandemic period created a public health issue and concerned displaced people of all legal status along with citizens. Similarly, the sudden loss of day labour jobs in the first phase of the pandemic led to an increasing level of urban poverty, where protection needs could no longer be tied to a strict definition of vulnerability (usually referring to family structure and possibilities to access to livelihood). In this situation, a significant proportion of displaced persons, along with the entire

day labourer urban poor in general, were vulnerable in the absence of access to work, hence lacking access to basic nutrition and hygiene. During this period, most humanitarian actors had to re-structure their activities and re-direct them towards the provision of emerging urgent needs, such as distribution of aid packages and hygiene kits. The need for urgent provisions of basic needs did not stop, even after most urban poor were able to return to work as of Summer 2020. Work was less available after lockdown measures were lifted due to a slowing of the economy. Yet, displaced communities had to keep working to survive, despite the increased possibility of contracting COVID-19, as the number of cases in Istanbul and throughout Turkey were on the rise again after Fall 2020.

In addition to these observations, a number of common conclusions can be drawn in terms of continuities between the pandemic and pre-pandemic periods, also crosscutting legal categories. Our findings indicate three major patterns of continuities intensifying protection gaps on the ground.

Internal Mobility from Satellite / Smaller Cities to Istanbul

The existing international protection framework in Turkey is based on restrictions on internal mobility and on keeping displaced communities in the provinces where they first registered with the authorities. Recently, newly arrived asylum seekers indicated that they were not able to register in some satellite cities based on reasons of capacity. Plus, Istanbul, which was already closed to non-Syrians under IPS, stopped registering Syrians under TPS. Consequently, both newly arrived Syrians under TPS and non-Syrians under IPS are pushed to register in smaller provinces where the reception mechanisms are weaker, work opportunities are scarce, and the humanitarian and community networks are less developed. Especially for non-Syrians under IPS who are dispersed in different cities, **the satellite city system**, coupled with years-long waits for refugee status and resettlement, becomes the major factor dissuading them from pursuing a legal status in Turkey. The situation pushes displaced communities to make a choice between legal protection in smaller, less economically developed provinces and economic opportunities in big cities, especially Istanbul, where the informal labour market is attractive and community networks are more developed. The 2019 changes in the LFIP that restrict access to free public healthcare to the first year of after arrival may constitute another push factor to big cities for non-Syrians under IPS. The impact of this change with regard to mobility towards big cities was difficult to observe under conditions of the pandemic and constitute an interesting question for further research.

For Syrians, mobility towards big cities such as Istanbul mean losing one's access to health and education. For non-Syrians, it means losing international protection status all together and falling into irregularity. Research has revealed that the tension imposed by mobility rules has affected non-Syrians under IPS since the initiation of the satellite city system in 2006 (see Üstübici, 2018). Since 2018, with further restrictions on registration in Istanbul, Syrians under TPS also joined this large group of displaced persons in need of protection but lacking registration in the city.

As discussed throughout the report, these restrictions have led to an increased number of Syrians and non-Syrians living and working in Istanbul without registration, also depriving them of access to healthcare. Especially under conditions of increasing securitisation in Istanbul, the

precarities in protection regime (Aras and Mencütek, 2020: 81) contributed to the legal production of migrant illegality (De Genova, 2002; Calavita, 2005) and, at times, to increasing practices of detention and deportation.

Centralisation Coupled with Securitisation

A major challenge of protection in the urban backstage of Istanbul has been the increasing number of displaced people without access to registration, giving rise to security concerns, especially in neighbourhoods more densely populated by Syrians and members of other displaced communities. As a partial response to this trend, Chapters 4 and 5 of the report have underscored the introduction of more centralised and securitised policies, especially in relation to access to registration and healthcare. These tendencies towards centralisation and securitisation also reveal the tension between care and control as a major tenet of humanitarian interventions in forced migration contexts. In other words, humanitarian interventions may have intended and unintended consequences of increasing control and filtering mechanisms affecting populations in need of protection.

Regarding healthcare, major changes were the centralisation of the provision of healthcare for Syrians under TPS under the EU-funded and MoH run SIHHAT project. The re-institutionalisation of MHCs under SIHHAT enabled professionalisation and standardisation of primary healthcare provided to Syrians under TPS through the recruitment and training of Syrian healthcare workers. However, coupled with the securitisation tendencies in Istanbul, the centralisation of the provision of migrant healthcare led to a shrinking space of protection where a variety of formal and informal actors were able to intervene and meet the protection needs of all displaced people, regardless of registration status. One implication of this, especially with regard to healthcare, is that displaced communities without registration are further pushed to seek healthcare either from private institutions, if they can afford it, or from informal providers such as underground clinics or pharmacies to avoid the risk of apprehension by security forces.

Protection under the Structural Constraints of the Market

Along with centralisation and securitisation dynamics, a major challenge for the protection of displaced people in Turkey is related to structural factors where market dynamics prevail. As displaced people, regardless of legal status, are working in the informal labour market, they are largely unprotected from the violent and abusive conditions of the labour market. Regardless of legal status, the overwhelming majority of displaced people serve as a cheap, disposable labour force without job security, often exposed to work related accidents, along with the risk of contracting the COVID-19 virus in packed workplaces. In other words, the structural conditions of the labour market constitute a major challenge to protection and affect everyone working informally, regardless of legal status or citizenship. In addition, market conditions also prevail regarding access to shelter, a sphere of protection where official provision is limited to camps for a minority of Syrians under TPS. Regarding access to shelter, we also observed widespread abuse from employers and landlords but also by ethnic community members, along with instances of solidarity. For instance, employers may rent places to their migrant employees that are not intended or suitable for housing and overcharge them for rent. Associations and ethnic community members may deceive displaced people with unfounded promises of legal status. In

those instances, humanitarian actors may play a mediating role, but their sphere of intervention has remained limited, especially during the pandemic.

All in all, protection gaps emerge both from political decisions that may not correspond to the lived reality of displaced communities and, relatedly so, from structural reasons that are not difficult to solve through isolated policy interventions.

Ways Forward

The conclusion chapter of the Turkey country report identified ongoing challenges to the sphere of protection in Turkey, within a particular temporal, spatial and legal focus. Turkey has received an unprecedented number of displaced people in the last decade, the largest community of which consists of 3.6 million Syrians under TPS. In this specific context, we have observed increasing centralisation of the governance of forced migration, resulting in a shrinking space for humanitarian actors to intervene to meet emerging protection gaps resulting from centralization and securitization. The report has provided an overview of recent changes in the fields of legal protection, healthcare and shelter. It is a snapshot of recent changes as well as ongoing challenges. Further research may more closely investigate the impact of recent changes in the legal framework and practices on the lived experiences of protection, as highlighted in this report.

The developments in Turkey in the field of protection should not be studied isolated from the EU externalization measures including the developments in Greece. Hence, the report needs to be evaluated together with other country reports of Greece and Lebanon of WP4 of ADMIGOV project.

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Appendix 1: List of interviews

List of interviewed Humanitarian Actors

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/	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	Marmara region (Istanbul/Edirne)	16/06/20
10	Hasan	NGO	Protection/social cohesion/training/	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
16	Ece	Scholar	Protection	Istanbul	24/11/20
17	Ayşe	State Institution	Health	Istanbul	25/11/20
18	Melek	NGO	Protection	Istanbul	01/12/20
19	Efe	Health professional/field coordinator	Health	Istanbul	03/12/20
20	Ezgi	NGO	Health	Izmir	04/12/20
21	Gizem	Public Health Specialist	Health	Istanbul	05/12/20
22	Polat	Health professional/NGO	Health	Istanbul	13/12/20
23	Deniz	Lawyer	Legal status	Istanbul	17/12/20
24	Duran	IO	Protection	Istanbul	17/12/20
25	Kaya	Lawyer	Legal status	Istanbul	30/12/20
26	Firat	Lawyer	Legal Status	Istanbul	17/02/21

List of interviewed displaced persons

Interviewee No.	Pseudonyms	Nationality	City of registration/City of residence	Legal Status	Gender	Date of Interview
01	Abdul	Syrian	Istanbul/Istanbul	Temporary Protection (TP)	Male	28/12/20
02	Hatice	Syrian	Niğde/Istanbul	Incomplete procedure-Undocumented	Female	28/12/20
03	Kerim	Syrian	Istanbul/Istanbul	TP	Male	29/12/20
04	Salih	Syrian	Istanbul/Istanbul	TP/work permit	Male	29/12/20
05	Yasir	Afghan	None/Istanbul	Undocumented	Male	30/12/20
06	Feride	Afghan	Denizli/Denizli	International Protection (IP)	Female	30/12/20
07	Idris	Afghan	Giresun/Istanbul	Annulled Status of IP	Male	05/01/21
08	Mustafa	Syrian	Istanbul/Istanbul	TP	Male	05/01/21
09	Fatima	Syrian	None/Istanbul	Undocumented	Female	06/01/21
10	Ayşe	Afghan	Istanbul/Istanbul	Residence Permit (<i>insani ikamet</i>)	Female	07/01/21
11	Fatih	Syrian	None/Istanbul	Undocumented	Male	07/01/21
12	Ahmad	Syrian	Adana then Istanbul/Istanbul	TP	Male	08/01/21
13	Huseyin	Afghan	None/Istanbul	Undocumented	Male	11/01/21
14	Abed	Afghan	Istanbul/Istanbul	Student Visa	Male	11/01/21
15	Resul	Syrian	Elazığ/Istanbul	Registered TP in Elazığ/Unregistered in Istanbul	Male	12/01/21
16	Maryam	Iranian	Izmir/Izmir	Residence Permit	Female	13/01/21
17	Ali	Afghan	None/Istanbul	Undocumented	Male	13/01/21
18	Firouzeh	Afghan	Karabük/Karabük	IP	Female	14/01/21
19	Hasan	Afghan	Sinop/Sinop	IP	Male	16/01/21
20	Seyfullah	Afghan	Istanbul/Istanbul	Residence Permit (<i>insani ikamet</i>)	Male	17/01/21
21	John	Nigerian	Istanbul/Istanbul	Residence permit (<i>insani ikamet</i>)	Male	02/02/21
22	Sherifa	Afghan	Denizli/Denizli	IP	Female	08/01/21
23	Rahman	Syrian	Kayseri/Kayseri	TP	Male	25/07/20
24	Amira	Syrian	Adana/Adana	TP	Female	04/03/20

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 Foreigners and International Protection (LFIP) First comprehensive legal framework regulating international protection
2013	Foundation of DGMM (LFIP, Article 103)
22 October 2014	Temporary Protection Regulation determining migrants' legal status (RSD)
18 March 2016	The EU-Turkey Statement
2016	<p>The EU Facility for Refugees in Turkey (FRIT)</p> <ul style="list-style-type: none"> ✓ Managing a total of €6 billion 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. ✓ The Emergency Social Safety Net (ESSN) 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 Syrians under temporary protection) ✓ The Project "Improving the Health Status of the Syrian Population under Temporary Protection and Related Services Provided by Turkish Authorities (SIHHAT)" 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 Syrian refugees in Migrant Health Centers.
10 September 2018	The registration process (Refugee Status Determination procedure) has been entirely moved from UNHCR (jointly conducted with DGMM) to DGMM.
22 July 2019	<p>Press statement of provincial governor of Istanbul</p> <ul style="list-style-type: none"> ✓ restricting mobility of unregistered Syrians and other undocumented migrants in Istanbul.
6 December 2019	<p>Law no.7196 Amending Several Acts in the LFIP</p> <ul style="list-style-type: none"> ✓ limiting rights to free health care for those under international protection to one year after the registration.