

Turquie : accès à des soins médicaux et une éducation spécialisée pour les réfugiés syriens

Recherche rapide de l'analyse-pays de l'OSAR

Berne, 15 juillet 2020

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1 Questions

Le présent document a été rédigé par l'analyse-pays de l'Organisation suisse d'aide aux réfugiés (OSAR) à la suite d'une demande qui lui a été adressée. Il se penche sur les questions suivantes :

1. Les réfugiés syriens d'origine kurde bénéficiant d'un statut de protection temporaire ont-ils pleinement accès aux soins médicaux en Turquie ? Dans la négative, dans quelle mesure cet accès est-il limité (région d'Istanbul) ?
2. Dans quelle mesure un enfant réfugié souffrant de troubles du développement et de problèmes de coordination peut-il avoir accès à des soins de réhabilitation (physiothérapie, logo thérapie, ergothérapie) ?
3. Quelles offres d'intégration, notamment en matière de scolarisation, existe-t-il en Turquie pour les enfants handicapés en général ?
4. Dans quelle mesure ces offres sont-elles éventuellement limitées en Turquie pour les réfugiés syriens d'origine kurde ?

Pour répondre à ces questions, l'analyse-pays de l'OSAR s'est fondée sur des sources accessibles publiquement et disponibles dans les délais impartis (recherche rapide) ainsi que sur des renseignements d'expert-e-s.

2 Le régime de protection temporaire pour les réfugiés syriens

Une protection temporaire de groupe qui s'applique à tous les réfugiés syriens sans évaluation individuelle. La carte de protection temporaire donne à ses détenteurs un accès aux services de base, y compris les soins de santé. Selon le *Global Detention Project* (GDP), un centre de recherche basé à Genève, les réfugié-e-s syrien-ne-s, y compris les réfugié-e-s Palestinien-ne-s de Syrie, accèdent en Turquie à un régime de protection temporaire de groupe. Cette protection temporaire est accordée après vérification des origines syriennes de la personne et ne fait l'objet d'aucune évaluation individuelle. Une fois en possession d'une carte de protection temporaire émise par la Direction générale de la gestion des migrations (DGMM), les réfugié-e-s syrien-ne-s ont accès aux services de base tels que l'éducation et les soins de santé (GDP, octobre 2019). *Human Rights Watch* (HRW) relève également que la carte de protection temporaire donne aux Syrien-ne-s accès à l'éducation, aux services de santé, au marché du travail et à l'assistance sociale (HRW, 16 juillet 2018). Selon le *Département britannique du développement international* (DFID), à travers le statut de protection temporaire, la Turquie donne aux réfugié-e-s syrien-ne-s un accès à des opportunités qui ne sont pas disponibles aux réfugiés non-européens, notamment en ce qui concerne la liberté de mouvement, le permis de travail, l'accès à l'éducation et à la santé et les services sociaux. Cette source relève que les réfugié-e-s syrien-ne-s qui bénéficient de la protection temporaire reçoivent une carte de résidence, appelée « kimlik », qui leur permet d'avoir accès à un certain nombre de services, comme les soins de santé (DFID, 9 août 2018).

2.1 Une protection temporaire de plus en plus difficile à obtenir

Depuis fin 2017, les réfugiés syriens ont de plus en plus de mal à se faire enregistrer et à obtenir la carte de protection temporaire. Sans protection, ils n'ont pas accès aux services de base. En 2016 déjà, les réfugiés syriens signalaient d'importants délais dans l'enregistrement. Selon DFID, la carte de résidence « kimlik » est de plus en plus difficile à obtenir pour les réfugié-e-s syrien-ne-s (DFID, 9 août 2018). Selon le GDP, depuis 2018, plus d'une douzaine de provinces, y compris Istanbul, ont cessé d'enregistrer les réfugié-e-s syrien-ne-s et de leur fournir des documents (GDP, octobre 2019). Selon un rapport de HRW de juillet 2018, les autorités d'Istanbul et de neuf provinces situées à la frontière avec la Syrie ont largement cessé d'enregistrer les demandeur-euse-s d'asile syriens. En conséquence de ces suspensions d'enregistrement, les réfugié-e-s syrien-ne-s fraîchement arrivé-e-s sont privé-e-s d'accès aux services de santé et à l'éducation. Comme les déplacements des réfugié-e-s syrien-ne-s sont fortement limités (même les personnes qui possèdent une carte de protection temporaire ne sont pas autorisées à quitter la province où elles ont été enregistrées), ceux-ci/celles-ci ne peuvent en principe pas aller dans une province où les enregistrements sont toujours ouverts et ils/elles sont forcé-e-s de vivre dans la clandestinité (HRW, 16 juillet 2018). En 2016 déjà, HRW signalait que d'importants retards dans l'enregistrement et une mise en œuvre limitée des politiques de protection temporaire faisaient que de nombreux-euses réfugié-e-s syrien-ne-s étaient laissé-e-s sans protection efficace ou sans accès à des emplois et services dont ils/elles ont désespérément besoin. Des réfugié-e-s interrogé-e-s par HRW à Istanbul et Izmir ont confié qu'ils/elles faisaient face à des délais de plusieurs mois pour se faire enregistrer et recevoir la carte de résidence, indispensable pour envoyer les enfants à l'école, pour avoir accès aux services de soins de santé et pour obtenir un permis de travail. En réponse aux critiques face à ces délais, la DGMM a indiqué que les réfugié-e-s syrien-ne-s pourraient recevoir un « document de pré-enregistrement » valable 30 jours qui leur permettrait de résider légalement en Turquie en attendant que leur demande d'enregistrement soit traitée. Toutefois, comme indiqué par le représentant d'une ONG consulté par HRW, ce document ne permet pas d'accéder aux services de base et ceux qui le possèdent doivent donc dépendre de la charité ou de l'assistance fournie par des organisations d'aide (HRW, 20 juin 2016).

Malgré le régime de protection temporaire, la grande majorité des réfugiés syriens vivent en dessous du seuil de pauvreté. Ils font face à des obstacles qui limitent l'accès à des soins de santé. Selon le GDP, malgré le régime de protection dont ils/elles disposent, les réfugié-e-s syrien-ne-s sont parmi les groupes les plus vulnérables en Turquie (GDP, octobre 2019). Selon DFID, les réfugié-e-s syrien-ne-s en Turquie font face à un certain nombre de défis, y compris un accès limité à l'information, la barrière de la langue, des obstacles à l'enregistrement qui limitent leur accès à l'éducation et aux soins de santé. La pauvreté est très répandue parmi les réfugié-e-s syrien-ne-s, notamment en raison d'un accès limité à une source de revenu régulière et au coût élevé de la vie (DFID, 9 août 2018). Selon *Kids Rights*, près de 67 pourcents de réfugié-e-s syrien-ne-s vivent en dessous-du seuil de pauvreté. Cette pauvreté est fortement liée aux difficultés pour obtenir un permis de travail. Le nombre de permis de travail offerts couvre, selon cette source, moins d'un pourcent des réfugié-e-s syrien-ne-s car les employeurs doivent les parrainer et promettre de payer un salaire minimum (*Kids Rights*, 27 mars 2018). Une enquête du Programme alimentaire mondial (PAM) portant sur plus de 1 500 ménages syriens vivant dans le sud-ouest de la Turquie,

citée par HRW, a montré que 93 pourcents des ménages interrogés vivaient en dessous du seuil de pauvreté. L'insécurité alimentaire à laquelle faisaient face ces ménages était causée en partie par un accès limité à des emplois stables (HRW, 20 juin 2016).

3 Protection et assistance pour les réfugiés ayant des besoins particuliers

Des mesures d'assistance spéciale pour les réfugiés ayant des besoins particuliers, mais qui sont loin d'être suffisantes. Selon DFID, qui cite l'article 3 du Règlement sur la protection temporaire, les personnes ayant des besoins particuliers, telles que les mineurs non-accompagnés, les personnes handicapées, les personnes âgées, les femmes enceintes, les parents sans conjoint et les victimes de torture, d'agressions sexuelles ou d'autres formes de violences psychologiques, physiques ou sexuelles, peuvent bénéficier de mesures d'assistance supplémentaires et d'un accès prioritaire aux droits et aux services. Ces personnes dépendent alors du Ministère de la famille et des politiques sociales. Toutefois, citant la professeure Zeynep Kivilcim, cette source note que la loi n'a pas créée des structures qui permettent d'atténuer ou de prévenir de manière adéquate les abus contre les personnes ayant des besoins particuliers (DFID, 9 août 2018). Selon *Ayhan Kaya*, de la Istanbul Bilgi University, la « Law on Foreigners and International Protection - LFIP » comporte un certain nombre de dispositions spéciales concernant les services d'accueil à étendre aux personnes avec des besoins particuliers. Cependant, selon cette source, qui se base sur des recherches sur le terrain et des discussions avec des fonctionnaires, des ONG et des réfugié-e-s ayant des besoins particuliers, les mesures d'accueil supplémentaires prescrites par le cadre législatif et administratif existant sont loin d'être suffisantes (*Ayhan Kaya*, février 2020).

Les réfugiés syriens handicapés ont accès à une assistance individuelle, mais ils font face à un manque de services spécialisés, de soutien et de conseils. La langue turque est une barrière importante. Selon DFID, les réfugié-e-s syrien-ne-s souffrant d'un handicap peuvent avoir accès à une assistance de protection individuelle à travers le « Special needs fund ». Les bénéficiaires sont identifiés par les centres communautaires du Croissant-Rouge turc. Au total, ce sont 346 personnes qui en ont bénéficié. Selon cette source, l'Organisation internationale pour les migrations (OIM) offre également un soutien aux familles et aux personnes vulnérables par le biais de la Gestion des cas d'urgence qui a permis de fournir aux réfugié-e-s handicapé-e-s des appareils d'assistance. DFID note que cette assistance reste toutefois très limitée. Les personnes souffrant d'un handicap mental et leurs familles font face à de sérieux obstacles pour s'adapter à leur nouvel environnement, notamment en raison de la disponibilité limitée des services spécialisés et à un manque de conseil et de soutien. Le personnel des centres qui accepte les personnes souffrant d'un handicap mental ou intellectuel ne parlent que le turc, ce qui limite sévèrement leur capacité à leur venir en aide (DFID, 9 août 2018). Une recherche conduite par IREX, une ONG internationale spécialisée dans le développement et l'éducation, confirme qu'un des principaux obstacles auxquels font face les réfugié-e-s souffrant de handicaps mentaux ou intellectuels est celui de la barrière linguistique. Ce problème de communication est un obstacle pour recevoir un soutien et des services. Selon cette source, en Turquie, les centres qui acceptent des personnes avec des handicaps mentaux opèrent uniquement dans la langue turque, ce qui limite sévèrement leur capacité à fournir un soutien (IREX, octobre 2016). Selon DFID, les informations disponibles montrent que les réfugié-e-s handicapé-e-s sont confronté-e-s à des défis pour pratiquement

tous les indicateurs des droits humains. Citant une recherche de Bellamy et al., DFID indique que les réfugié-e-s qui rencontrent le plus de problèmes sont ceux et celles souffrant d'un handicap. Ces personnes sont également plus à risque de subir des abus (DFID, 9 août 2018).

3.1 Accès à des soins médicaux pour les enfants réfugiés syriens souffrant de troubles du développement

3.1.1 Accès au système de santé turc

Des soins de santé primaires et secondaires gratuits pour les réfugiés syriens enregistrés. Les soins de santé prodigués dans les hôpitaux et cliniques privées sont à la charge des réfugiés. Dans certaines provinces, des centres de santé pour migrants disposent de personnel arabophone. Selon HRW, la carte de protection temporaire permet aux réfugié-e-s syrien-ne-s d'avoir accès gratuitement aux soins de santé primaires dans les hôpitaux et établissements de santé publics (HRW, 20 juin 2016). Selon le HCR, les réfugié-e-s syrien-ne-s qui sont en possession d'une carte de protection temporaire qui commence avec le chiffre 99 sont éligibles à presque tous les services d'assistance fournis par les autorités turques dans leur province d'enregistrement, y compris les services médicaux et de médicaments. Sont couverts tous les coûts des services de santé à tous les niveaux, y compris dans les centres de santé publics, les centres de soins de santé familiale, les hôpitaux publics et les hôpitaux universitaires publics. Les réfugié-e-s enregistré-e-s ont également accès à des Centres de santé pour migrants (MHC). Ces centres emploient du personnel qui parle l'arabe et sont disponibles dans certaines provinces. Les Syrien-ne-s peuvent approcher ces centres comme des cliniques de santé primaires. Si ces centres ne sont pas présents, les réfugié-e-s peuvent également utiliser des centres de santé publics pour bénéficier de soins de santé primaires gratuits. Les soins fournis par des hôpitaux ou centres de soins privés sont à la charge des réfugié-e-s, à moins qu'il y ait eu une recommandation officielle d'autres institutions de santé publiques. Les réfugié-e-s enregistré-e-s peuvent se rendre dans n'importe quelle pharmacie pour obtenir des médicaments avec ordonnance. Si le médicament en question est couvert par la « Health Implementation Law/Budget Law », il sera fourni gratuitement. Les autres médicaments, notamment les médicaments importés, ne sont pas couverts, ni pour les citoyen-ne-s turcs, ni pour les réfugié-e-s (HCR, pas de date).

Certains soins spécialisés ou certaines opérations chirurgicales ne sont pas disponibles gratuitement. Selon le courriel envoyé à l'OSAR le 5 juillet 2020 par une *personne de contact qui travaille comme avocat en Turquie*, les réfugié-e-s syrien-ne-s enregistré-e-s n'ont pas un accès complet aux soins de santé car de nombreuses opérations chirurgicales ne leur sont pas fournies. Ils/elles doivent alors se tourner vers les hôpitaux privés. Selon le courriel envoyé à l'OSAR le 3 juillet 2020 par une *personne de contact qui a une longue expérience dans l'assistance légale humanitaire*, certains soins de santé spécialisés ne sont pas proposés par des établissements de santé publics et les réfugié-e-s doivent alors essayer dans le secteur privé. Si ces personnes ne peuvent se le permettre financièrement, elles doivent alors demander une aide financière à des ONG nationales ou internationales. Selon le courriel envoyé à l'OSAR le 13 juillet 2020 par une *personne de contact syrienne qui travaille comme journaliste à Istanbul*, le gouvernement turc aurait récemment décidé que les réfugié-e-s syrien-ne-s devront dorénavant s'acquitter d'une participation financière lorsqu'ils

ou elles utilisent un service médical ou se procurent un médicament sur ordonnance dans une pharmacie.

Des soins de santé limités aux urgences pour les réfugiés non-enregistrés. Selon HRW, les réfugié-e-s qui n'ont pas été enregistré-e-s n'ont pas accès à des soins médicaux adéquats, mis à part les soins d'urgence, à moins qu'ils ou elles puissent s'offrir des traitements médicaux privés (HRW, 20 juin 2016). Des réfugiés syriens interrogés par HRW ont indiqué que sans la carte de protection temporaire, les hôpitaux refusaient de les soigner. Certains ont même dû retourner en Syrie pour recevoir des soins médicaux urgents (HRW, 16 juillet 2018). Selon le HCR, les réfugié-e-s qui ne sont pas enregistré-e-s auprès des autorités turques n'ont accès gratuitement qu'à des soins urgents. Ces personnes peuvent également obtenir des soins d'hôpitaux ou de cliniques privées mais dans ce cas, les coûts sont entièrement à leur charge (HRC, pas de date). Selon *Ayhan Kaya*, de la Istanbul Bilgi University, les problèmes d'enregistrement auxquels sont confrontés les réfugié-e-s syrien-ne-s ont comme conséquence un accès limité aux services de santé. Un autre problème fréquemment mentionné est le manque d'établissements de santé avec du personnel et des médecins arabophones (*Ayhan Kaya*, février 2020).

3.1.2 Accès à des soins de santé spécialisés

Une offre de services de réhabilitation très limitée qui ne répond pas à la demande. Problèmes d'accessibilité à ces services en raison de coûts de transport, de problèmes de communication, de longues listes d'attente ou de manque d'information. Selon une étude de *Relief International* (RI) portant sur les besoins médicaux des réfugié-e-s syrien-ne-s handicapé-e-s ou souffrant de troubles mentaux à Istanbul, le système de santé est à la limite, avec notamment des capacités limitées en ce qui concerne les Services de réhabilitation et de santé mentale et soutien psychosocial (MHPSS). Selon cette source, l'offre dans ces deux domaines est limitée et ne parvient pas à répondre à la demande, ce qui crée un déficit de traitement important (RI, mars 2020). Selon DFID, même s'il existe des centres qui fournissent des soins de physiothérapie, un grand nombre de réfugié-e-s handicapé-e-s ne sont pas en mesure d'en bénéficier, notamment en raison du coût de transport élevé et d'un manque d'assistance pour s'y rendre (DFID, 9 août 2018). IREX confirme qu'un grand nombre de personnes ne peuvent bénéficier de services de physiothérapies car elles ne peuvent se permettre les coûts de transport et il n'y a pas assez de volontaires pour les aider à se rendre à ces centres (IREX, octobre 2016). Selon RI, les informations disponibles mettent en évidence que les réfugié-e-s peuvent rencontrer de nombreux obstacles dans leur quête pour recevoir des soins de réhabilitation et d'autres services de santé. Ces obstacles sont la plupart du temps liés à des problèmes de communication et de langue et des informations limitées sur les services disponibles. Les réfugié-e-s souffrant d'un handicap peuvent être confronté-e-s à des obstacles supplémentaires dans l'accès aux soins de santé, notamment des obstacles physiques, des obstacles informationnels, des obstacles liés à l'attitude du personnel soignant et des obstacles financiers. Les personnes interrogées ont indiqué qu'il y avait souvent une longue liste d'attente pour obtenir des soins de réhabilitation physique et elles pensaient qu'il fallait connaître quelqu'un personnellement pour obtenir un rendez-vous (RI, mars 2020).

Absence de soins de réhabilitation continue. Des soins qui ne sont souvent fournis qu'une seule fois. Des soins non-couverts et donc à la charge des patients. Selon IREX, les services de réhabilitation ne sont en général fournis qu'une seule fois. Les soins continus

ne sont pas disponibles, sauf si l'on peut les payer de sa poche. Certaines organisations humanitaires fournissent des services aux personnes handicapées, mais uniquement une fois, car elles ont des ressources limitées ou elles ont des règlements internes qui visent à aider le plus grand nombre de personnes. Même si les fournisseurs de services admettent qu'une assistance financière est nécessaire pour les personnes handicapées, ils sont généralement incapables de la fournir, soit en raison de directives organisationnelles interdisant l'assistance financière en espèces, soit en raison de fonds limités (IREX, octobre 2016). Selon le courriel envoyé à l'OSAR le 5 juillet 2020 par une *personne de contact qui travaille comme avocat en Turquie*, les soins médicaux disponibles pour les réfugié-e-s syrien-ne-s enregistré-e-s n'incluent pas les soins spéciaux pour les personnes ayant des besoins particuliers.

3.2 Accès à une éducation spécialisée pour des enfants réfugiés syriens souffrant de troubles du développement

3.2.1 Accès au système éducatif turc

Un accès à l'école en principe garanti pour tous les enfants réfugiés enregistrés, mais de nombreux obstacles, notamment la pauvreté, les empêchent d'être scolarisés. La langue turque est également un obstacle. Selon HRW, malgré un accès à l'éducation en principe garanti par le régime de protection temporaire, en pratique, il existe de nombreux obstacles qui empêchent les enfants syriens d'être scolarisés. Ces obstacles incluent les difficultés économiques et le travail des enfants, les brimades, les barrières linguistiques, les obstacles bureaucratiques et le non-respect de la réglementation applicable au niveau de l'école locale ou de la province (HRW, 20 juin 2016). Selon *Kids Rights*, une organisation internationale d'aide et de défense des enfants basée à Amsterdam, bon nombre d'enfants syriens qui souhaitent aller à l'école ne peuvent payer les coûts de transport pour s'y rendre. Beaucoup d'enfants doivent également aider leur famille financièrement en travaillant. La langue est un autre obstacle important puisque pour la plupart des enfants syriens le turc est une langue étrangère et nouvelle. L'accès à des cours de langue accélérés reste limité. Pour être admis à l'école, les enfants syriens doivent montrer la carte de protection temporaire. Or, depuis mars 2016 et l'introduction d'un « pré-enregistrement » par les autorités turques, les familles syriennes ont rapporté des retards importants dans le traitement de leurs demandes d'enregistrement et des délais jusqu'à six mois pour obtenir ces cartes d'identité (*Kids Rights*, 27 mars 2018).

Plus de la moitié des enfants réfugiés syriens en âge d'être scolarisés ne le sont pas. Selon *Ayhan Kaya*, qui se base sur des données de la DGMM de septembre 2018, il y a en Turquie plus d'un million d'enfants syriens en âge d'être scolarisés. Sur ce total, moins de la moitié, ou 465 171 enfants sous protection temporaire, étaient scolarisés dans le système éducatif formel. A ces chiffres s'ajoutent 106 845 étudiant-e-s, tous syrien-ne-s, qui bénéficiaient de cours intensif de langue turque dans un des 224 centres éducatifs temporaires situés dans 19 provinces (*Ayhan Kaya*, février 2020). Selon DFID, ce sont près de 40 pourcents des enfants et adolescent-e-s réfugié-e-s syrien-ne-s en âge d'être scolarisé qui ne le sont pas (DFID, 9 août 2018).

3.2.2 Accès à des services éducatifs spécialisés

Des centres éducatifs étatiques spécialisés existent pour les réfugiés syriens, mais l'offre est limitée. La barrière linguistique est un problème majeur. Selon le courriel envoyé à l'OSAR le 5 juillet 2020 par une *personne de contact qui travaille comme avocat en Turquie*, il existe en Turquie des centres éducatifs spécialisés pour des enfants ayant des besoins particuliers, comme des troubles du développement. Ces centres sont en principes ouverts aux Syrien-ne-s et fournissent leurs services gratuitement. Selon le courriel envoyé à l'OSAR le 3 juillet 2020 par une *personne de contact qui a une longue expérience dans l'assistance légale humanitaire*, les services éducatifs étatiques spécialisés pour enfants ayant des besoins particuliers sont très limités. Les réfugié-e-s syrien-ne-s qui ont des enfants souffrant de troubles du développement doivent demander de l'aide d'acteurs humanitaires, tels que le Croissant-Rouge turc qui fournit de tels services. Selon le courriel envoyé à l'OSAR le 13 juillet par une *personne de contact syrienne qui travaille comme journaliste à Istanbul*, les enfants syriens qui souffrent de troubles du développement ont en principe accès à des centres éducatifs étatiques spécialisés. Cependant, le problème dans la plupart de ces établissements est que le personnel ne parle souvent pas arabe, ce qui fait qu'il ne peut pas communiquer avec l'enfant ou ses parents. En conséquence, les Syrien-ne-s qui peuvent se le permettre financièrement préfèrent aller dans des centres éducatifs privés où le personnel est arabophone.

Les problèmes de barrière linguistique, de stigmatisation et de discrimination rencontrés par les enfants syriens sont exacerbés pour les enfants handicapés. Ceux-ci sont moins susceptibles d'aller à l'école et de recevoir un soutien de la part des enseignants. Selon l'étude de RI, les données obtenues suggèrent que de nombreux enfants réfugiés, avec ou sans handicap, rencontrent des problèmes d'intégration dans les écoles, principalement en raison de la barrière linguistique, de stigmatisation et de discrimination. Ces problèmes sont exacerbés pour les enfants avec handicap qui souvent ne peuvent pas exprimer leurs besoins et exigences aux enseignants et camarades. Selon RI, les enfants réfugiés souffrant d'un handicap sont nettement moins susceptibles de fréquenter l'école que les enfants sans handicap. Ils sont également moins susceptibles de bénéficier d'un soutien de la part des enseignant-e-s ou d'avoir des enfants qui jouent avec eux pendant les pauses. Les enfants présentant des limitations significatives du fonctionnement physique et du fonctionnement cognitif et ceux présentant des limitations dans plusieurs domaines étaient les moins susceptibles d'être scolarisés (RI, mars 2020). Selon DFID, les enfants réfugiés syriens souffrant d'un handicap rencontrent de nombreux problèmes dans leur accès à l'éducation. Ceux qui souffrent d'un handicap physique ont plus d'opportunités d'être intégrés dans le système éducatif turc que ceux qui souffrent de troubles intellectuels ou ceux qui sont malvoyants (DFID, 9 août 2018). Selon IREX, les écoles ne fournissent pas de soutien psychologique ou de conseils. Au lieu de s'attaquer aux problèmes sous-jacents, les étudiant-e-s sont souvent simplement expulsé-e-s. Les enfants malvoyants sont les moins chanceux, car les enseignant-e-s ne sont pas formé-e-s pour fournir un soutien approprié en matière de lecture et d'écriture. De plus, les coûts de ces services sont importants et ne sont pas vus comme une priorité (IREX, octobre 2016).

4 Sources

Ayhan Kaya, février 2020:

« [...] However, recently **a radical shift in the political discourse adopted by the AKP government and the state actors can be observed**. Rather than emphasizing guesthood and the Ansar rhetoric, **emphasis is now on the return of the Syrians either to their home cities or to the safe zone, which is in the process of being constructed by the international forces at the Turkish-Syrian border**. [...]

Article 13 of the Municipalities Law (No. 5393) clearly states that everyone living in the municipal territory needs to be granted the same rights and services irrespective of their being Turkish citizen or not. The principle of “fellowship” framed by Article 13 is a very comprehensive principle, which is based on the idea of treating all the residents including foreigners equally. However, the data show that this principle is not very well embraced by most of the municipalities when reaching out to the Syrians under temporary protection.
[...]

Turkey first introduced the Temporary Protection Directive for the refugees in 2014, based on Articles 61 to 95 of the Law on Foreigners and International Protection, which came into force in April 2014. The directive grants almost all of the social and civil rights that refugees enjoy in western countries that are signatories of the Geneva Convention. Accordingly, Turkey has provided Syrians with temporary protection which consists of three elements: an open-door policy for all Syrians; no forced returns to Syria (non-refoulement); and unlimited duration of stay in Turkey. [...]

However, it is still not clear what the Turkish state actors mean by granting citizenship. Anecdotal evidence indicates that those Syrians with economic and cultural capital are more likely to be granted citizenship than those precarious ones, who seem to be instrumentalized by the ongoing neoliberal forms of governance for the establishment of a model of precarious work for non-citizen workers (Canefe, 2016; and Baban et al, 2016). **As of 8 March 2019, the total number of Syrians who have been granted Turkish citizenship was 79,894 persons. This number rose to 92,280 on 2 August 2019. The field research findings indicate that Turkish citizenship is mostly granted to those who are young, educated, skilled, employed, multi-lingual, Turkish-speaking, and with a lower or upper middle-class background. It is also a common practice to be granted Turkish citizenship through marriage with a Turkish citizen. However, those of Kurdish origin, old age, unemployed, working-class background and no qualifications are much less likely to be granted citizenship.** [...]

Our experiences in the field show that there is a group of Syrians with a particular ethnic profile that is expected to return to Syrian, i.e. Kurds. [...]

The discourse of return has become more widespread in 2018 and afterwards as the hostility against the Syrians escalated in Turkey due to the increasing socio-economic and political unrest. This discursive shift also became visible in the speeches of the Minister of Interior, Süleyman Soylu, who started to give detailed account of Syrian returnees in his monthly organized press conferences in 2018 and 2019. The discursive shift of the government became even sharper in the aftermath of the local elections held on 23 June 2019 when the ruling party lost metropolitan cities such as Istanbul, Ankara, Izmir, and Antalya. For instance, following the loss of elections in Istanbul, the governor of Istanbul announced that Syrians under temporary protection residing in Istanbul without proof of document showing Istanbul as their city of registration would be deported to the cities

where they were originally registered, or to Syria. These changes in policy practices show that what is happening to the Syrians is not only a discursive shift, but also an actual transformation of policies from guesthood to return (Şahin-Mencütek, 2019; Gökalp-Aras and Şahin-Mencütek, 2019). [...]

Healthcare: Article 89-3 of the LFIP states that applicants who do not have any health insurance coverage and do not have the financial means to pay for healthcare services, are to be covered by the General Health Insurance scheme under Turkey's public social security scheme. The General Health Insurance premiums of such beneficiaries are paid for by the DGMM. However, the DGMM may require applicants to refund all or part of the premiums at a later time in consideration of the applicant's financial means. Coverage under Turkey's General Health Insurance scheme provides substantial level of free healthcare services and medication, however the LFIP is yet to establish administrative guidelines as to how the financial means of applicants will be determined. Beneficiaries need to be assigned a Foreigners ID Number as a prerequisite for coverage by the General Health Insurance scheme, applicants processed under the accelerated procedure cannot have access to this benefit since they are not issued the International Protection Applicant Identification Document in accordance with Article 76 of the LFPI. Applicants who are not processed under the regular procedure only have resort to urgent and basic healthcare services, as defined by Turkish healthcare legislation. [...]

The Law on Foreigners and International Protection also includes articles addressing the special needs of vulnerable groups. According to Article 3 of LFIP, the "persons with special needs" category includes unaccompanied minors, handicapped persons, elderly, pregnant women, single parents with minor children, victims of torture, rape and other forms of psychological, physical or sexual violence. The LFIP has a number of special provisions regarding the reception services to be extended to such vulnerable groups. However, the additional reception measures prescribed by the existing legislative and administrative framework is far from sufficient. This is also what we have come across in the field research while having conducted interviews with the members of the bureaucracy, NGOs, and refugees with special needs. Article 66 of LFIP stipulates that the principle of "best interests of the child" shall be observed in all decisions concerning unaccompanied minor applicants. While applicants below the age of 16 shall be placed in children's shelters or other premises under the authority of the Ministry for Family and Social Services, applicants who are above 16 years of age may also be accommodated in dedicated quarters within Reception and Accommodation Centres. Furthermore, Article 67 of LFIP requires "priority" to be given to "persons with special needs" in all procedures, rights and benefits extended to international protection applicants. [...]

According to the September 2018 data of the DGMM, there were 1,047,536 Syrian children of school age. A total of 518,105 students (465,171 Syrians and 52,934 Iraqis) under temporary protection were then enrolled in the formal education system in October 2018. In 224 temporary education centres in 19 provinces, 106,845 students, all of whom are Syrians, received intensive Turkish language education. In total, 641,630 (316,045 female, 325,585 male) immigrants were being provided access to education. [...]

Since the beginning of the mass migration, one of the biggest difficulties experienced by the Syrians are the problems they encounter in having their degrees, or formal educational levels, recognized by the Turkish state (Çelik and İçduygu, 2018). [...]

Healthcare services: Syrian refugees are impacted significantly by difficulties in registration, thereby impacting access to healthcare services, among others. Many interlocutors during the field research reported the lack of healthcare facilities providing Arabic speaking staff and doctors. They attributed this as a major concern and barrier for access of Syrians to basic services. Due to the size of big cities such as Istanbul and Izmir, local transportation is also reported to be another major barrier in terms of access services. Since the very beginning of the mass migration, it has not been easy for Syrian refugees to travel in the country from one city to another. Domestic travel was subject to permission to be granted by the local authorities.

All the Syrians under temporary protection in Turkey are eligible to receive the same health care as Turkish citizens, being covered by the national health insurance scheme. According to the Temporary Protection Regulation, their access to health care services is only possible in the province where they are registered. Emergency medical services are also provided to non-registered persons. Syrians have the right to access free of charge health care services provided by public health institutions, for both primary and secondary care. A subsidy of 80 per cent applies to medication costs, which used to be previously covered by AFAD, and now by DGMM since March 2018. Other than primary health care services and public hospitals, Syrians can also approach one of the many Migrant Health Centres, located in the provinces with high refugee population density. These centres are staffed by both Syrian doctors and nurses, as well as bilingual (Turkish-Arabic) Turkish medical staff. As of May 2018, 1.515 medical staff (75 per cent being Syrian refugees, 16 per cent Turkish citizen Syrians) are delivering primary health care services in 169 Migrant health centres supported by the project. Syrians under temporary protection can also benefit from mental health services provided by public health care institutions. In most health care facilities interpreters are not available, rendering communication with health care providers very difficult since the beginning of the mass migration (Batalla and Tolay, 2018). Some NGOs, including the Turkish Red Crescent (KIZILAY) and ASAM are trying to bridge this gap. [...]

Istanbul is a metropolitan city with its own innate problems. This is a complaint that we have heard from other interlocutors, too. These are the kinds of complains that we did not come across during the field research we conducted in Şanlıurfa. A 25-year-old man married with two children from Aleppo living in Avcılar confirmed what the previous interlocutors said with regard to the access to health services:

My son is sick, I went to the Kanuni Sultan Suleyman public hospital [in Halkali nearby], but they keep transferring us without giving us medication, no treatment and they don't even do any proper examination. I went to Bakirkoy public hospital they gave him medication and said that he is cured and that there is nothing wrong with him anymore, so I went to a private hospital since he didn't improve. There is no attention for us. I understand Turkish but they don't help us at hospitals they say we should call 189 and take an appointment after 1 month and a half and it is all useless (Interview, 18 August 2018, Avcılar, Istanbul, 20_Bilgi).

This interlocutor apparently went through the same things that the locals of the city go through. Apparently, he did not appreciate the way he was treated by the public hospitals. This is a common problem that every citizen in the city might come across. This is why, recently many migrants under temporary protection prefer to go to Migrant Health Centres

(Göçmen Sağlığı Merkezleri) where translation facilities are better and there are Syrian doctors and nurses serving. [...]

Health care services have been provided for free to all the migrants under temporary protection since the beginning of their reception. However, the language problem has always been the greatest issue raised by the Syrians under temporary protection. » Source: RESPOND, Reception Policies, Practices and Responses; Turkey Country Report, février 2020, p.11-13, 18, 34, 38-41, 44, 48-49, 53-55, 64-65: <http://uu.diva-portal.org/smash/get/diva2:1392942/FULLTEXT01.pdf>.

DFID, 9 août 2018:

« [...] Syrian refugees have ‘temporary protection’ which gives Syrian refugees in Turkey access to opportunities not awarded to other (non-European) refugees (freedom of movement, work permits, refugee protection, access to education and healthcare and social services). A residency card or kimlik provides Syrian refugees with access to a set of services such as health care and temporary protection, although they have become harder to obtain. According to Article 3 of the Temporary Protection Regulation, “unaccompanied minors, persons with disability, elderly, pregnant women, single parents with accompanying children, victims of torture, sexual assault or other forms of psychological, physical or sexual violence” are to be categorised as “persons with special needs”. ‘Being identified and registered as a “person with special needs” entitles beneficiaries to additional safeguards and prioritised access to rights and services’ and the responsibility for them lies with the Ministry of Family and Social Policies. However, Kivilcim notes that the ‘law fails to create structures that will adequately mitigate or prevent abuses’ against such groups.

Refugees in Turkey face a number of challenges including, ‘lack of access to information; language barriers; obstacles to registration, which in turn hinder their access to health and education; a dearth of livelihoods opportunities; and occasional social tension between refugees and host communities’. Poverty is prevalent among Syrian refugees living in Turkey, due to a lack of access to a regular income, and the high cost of living. Assessments in 2017 found that nearly 67% of Syrian refugees live below the poverty line and many are in shelters with insufficient water, sanitation and hygiene facilities and inadequate protection against poor weather. 18.4% of them were living below the extreme poverty line and couldn’t afford to meet their most basic food needs. Many families have resorted to negative coping mechanisms, such as reducing the quality and quantity of food consumption, living in substandard housing, and reducing expenditure on health and education, which have an especially detrimental impact on the well-being of children, people with disabilities, the elderly and women. Other negative coping mechanisms by Syrian refugees include child labour, early marriage and informal employment. [...]

Syrian refugees in Turkey are entitled to the same health services as Turkish citizens, although this is not uniformly applied. [...]

There are more than 1.1 million registered Syrian refugees of school-age (5 to 17 years old) in Turkey. Figures from March 2018 find that there are 299,326 girls and 304,603 boys enrolled in formal education. In primary schools, the rate of schooling was similar for Syrian boys and girls, but in secondary school, less girls are attending. Research by Coşkun

et al suggests that the reluctance of parents to send their daughters to secondary school is due to cultural reasons as they do not find the environmental conditions safe enough to allow their daughters outside. Coşkun et al observed that Turkish speaking levels of male students were higher than those of female students, which may be related to the fact that compared to female students, male students have more interactions outside the school

In June 2017, with the support of international donors, the national Conditional Cash Transfer for Education (CCTE) was extended to refugees, with the aim of promoting attendance, reducing drop-out, and encouraging enrolment, although there are reports that the payments have been difficult to access and not enough to encourage parents to re-integrate their children into schools. In March 2018, 165,975 refugee girls and 164,650 refugee boys were benefiting from the conditional cash transfer for education. The benefits paid are slightly higher for girls than for boys to encourage their school attendance [...]

About 40% of Syrian school-aged children and adolescents are out of school. One of the main barriers to education identified by education experts is poverty, with nearly 67% of Syrian refugees living below the poverty line. Syrian refugee children are often unable to afford transportation to schools and they often drop out of school to supplement their family's income by working, with boys over 12 at particular risk of engaging in child labour, although girls are engaged in it too. For example, a study by WFP Turkey looking at the ESSN found that in crises one household coping strategy was withdrawing children from school, while in more serious emergencies household coping strategies included sending children to work. The ESSN has seen a reduction in the use of these coping strategies, although they still occur.[...]

'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'. There is no reliable data on refugees with disabilities in Turkey and there is no standard way to record to disabilities, although global estimates suggest that 15% of the population are people with disabilities and a 2014 survey of Syrian refugees living in camps in Jordan and Lebanon found that 22% had an impairment. The recent survey by the WASH and Shelter sector found that 12.4% of refugee households had a household member with a disability, while 31% had a household member living with chronic illness. 13% of households involved in DRC's e-voucher programme reported a member with chronic illness or disability. Between 2013 and 2016, International Medical Corps registered more than 4000 people with disabilities, including persons with injuries caused by war that led to disabilities. In 2014, Nizip 2 camp had 123 registered refugees with disabilities, which would equate to a disability prevalence of 1.29%, although conditions like schizophrenia and epilepsy were being counted separately. Many disabilities were due to conflict related injuries.

Not much detailed evidence is available about the experiences of Syrian refugees with disabilities in Turkey. Some research looking at the experiences of refugees with disabilities in Turkey found that they faced challenges against virtually every human rights indicator. Bellamy et al's research also found that refugees who were struggling the most included refugees with disabilities. Refugees with disabilities have also been found to be more likely to become victims of abuse.

Education

The education of Syrian children with disabilities is a major issue and many children with disabilities are out of school. Children with physical disabilities have more opportunities to be integrated into the Turkish special education system, but there are less opportunities for children with intellectual disabilities and visual impairments. Some education for Syrian children with disabilities exists in certain camps, where children with various different disabilities are taught together, although Coşkun observed that not all needs were being met and teachers lacked the relevant skills. [...]

Life outside camps was more challenging for refugees with disabilities. People with disabilities were found to be more invisible in urban communities, and leaders sometimes denied their existence despite the research team visiting people with disabilities. Cheaper housing is often located on higher levels of buildings or other less accessible locations, making it harder for people with physical disabilities to remain mobile.

Transport is often inaccessible and refugees with disabilities face discrimination when trying to take it. Despite some medical centres providing physiotherapy, many refugees with disabilities are unable to benefit from their services because transportation costs are prohibitive or there is no one who can help them travel to the centres. One organisation which was offering transportation to treatment centres did not conduct outreach in Arabic, which meant Syrians with disabilities were unaware of it [...]

Refugees with disabilities can access individual-based protection assistance through the Special Needs Fund, with cases identified through the Turkish Red Crescent Community Centers providing protection and case management services. A total of 346 people have benefitted. IOM's support for vulnerable households and individuals through Emergency Case Management has provided refugees with disabilities with assistive devices. The target group is individuals or families with specific, emergency, and complex needs that are not met by other organisations. [...]

People with intellectual disabilities and their families face a lot of challenges in coping in their new environment due to the limited availability of specialised services and lack of advice and support. Research also found that as the centres which accept people with mental and intellectual disabilities only operated in Turkish, their ability to support Syrians' with mental and intellectual disabilities was severely limited. Syrian refugees who are deaf or hard of hearing have limited communication options as they are confronted with a completely different written language and Sign language. This creates a strong reliance on family members to communicate on their behalf which can undermine their participation and can also create protection risks. While the government provides some support with the cost of hearing aids, the remaining cost is still prohibitively expensive. » Source: Department for International Development (DFID), Syrian refugee women, girls, and people with disabilities in Turkey, 9 août 2018, p.4, 6, 10, 14-15, 17-19: https://assets.publishing.service.gov.uk/media/5b6c45ae40f0b640bdbf8f94/Syrian_refugee_women_girls_and_people_with_disabilities_in_Turkey.pdf.

GDP, octobre 2019 :

« In October 2016, the government issued an emergency decree that enumerated conditions in which officials could ignore non-refoulement obligations, many of which were later made into law. Since the decree, Turkey has increased deportations of refugees and

asylum seekers to unsafe countries, including Afghanistan, Syria, and Iraq. Most recently, in July 2019, authorities in Istanbul announced raids, stop-checks, and arrests of Syrian refugees registered in other cities. The raids were followed by summary deportations into northern Syria.

Turkey has sought to counter criticism of its treatment of Syrians by arguing that more than 315,000 people have returned to Syria at their own free will in recent years. However, observers argue that many of these departures are far from voluntary. For instance, in a widely noted 2019 report, Amnesty International related the accounts of Syrian deportees who were beaten and threatened with violence in order to coerce them into signing “voluntary return” documents.

Such expulsions have taken place against the backdrop of Turkey’s desire to establish a “safe zone” along its border with Syria, a plan that the Erdogan administration rapidly sought to achieve following U.S. President Donald Trump’s military pullback in Syria and Turkey’s ensuing military offensive against Kurdish forces in late 2019. They have also been fueled by surging anti-foreigner rhetoric, particularly aimed at Syrians, which has featured heavily in political campaigns and been accompanied by attacks on Syrian refugees and Syrian-owned properties.

Turkey has historically served as a crucial transit area for refugees and migrants, dating back long before the current turmoil in the region. Since the outbreak of the Syrian conflict, the country has hosted some 3.5 million Syrian refugees. With Turkey also hosting refugee populations from Afghanistan, Iraq, and other countries, the total number of refugees and asylum seekers in Turkey is close to four million. Given the country’s importance to regional migration, the EU has repeatedly sought to partner with it on control initiatives, including a 2013 EU-Turkey readmission agreement that obliged Turkey to readmit its own citizens as well as “third-country nationals” who enter the EU directly from Turkey. [...]

Refugees from Syria, including Palestinian refugees from Syria (PRS) and stateless persons, access a group-based temporary protection scheme that precludes them from lodging applications for international protection and, once their origins in Syria have been verified, temporary protection is granted without further individual assessment. Temporary protection affords Syrians various rights: “express protection from refoulement and access to basic services, including education and healthcare, on the basis of a temporary protection identification card issued by the DGMM.” Temporary protection applicants are also eligible for resettlement. In 2018 however, more than a dozen provinces (including Istanbul and various others in the south of the country) stopped registering and granting documents to newly arrived Syrians. (For more on Syrians under the temporary protection regime, see: 2.6 Other vulnerable groups).

Article 91 of the LFIP stipulates that “temporary protection may be provided to foreigners who, having been forced to leave their country and cannot return to the country they left have arrived at or crossed the borders of Turkey in masses seeking emergency and temporary protection.” [...]

Despite protections that are intended for Syrian refugees, they are nevertheless among the most vulnerable groups in Turkey today. Since the refugee “crisis” in 2015, they have been the targets of both physical attacks as well as of increasingly restrictive policies,

both at Turkey's borders and inside the country. Turkey's borders with Syria have been closed to all but emergency humanitarian cases since the "crisis," and today remain "effectively closed to new asylum seekers" fleeing Syria, prompting many to rely on smugglers. Those attempting to cross the border can face lethal force by Turkish military and gendarmerie border guards, detention in military facilities, and violent pushbacks. **In 2018, Human Rights Watch (HRW) documented instances in which Turkish authorities "routinely intercepted hundreds, and at times thousands, of asylum seekers at the Turkish-Syrian border ... and summarily deported them."** The human rights group has documented similar practices consistently since 2015. More recently, in June 2019, the Global Detention Project (GDP) received images from a Palestinian-Syrian human rights defender inside Syria appearing to show the results of violent beatings by Turkish border guards, who had apprehended the group of young men and forcibly deported them back across the border.

Inside Turkey, Syrians (like other asylum-seeking populations) have been forced to sign "voluntary return documents" under coercion or explicit force by authorities, before being deported back across the border. According to a January 2019 circular issued by the DGMM, Syrians who re-entered Turkey despite having previously signed one of these documents, would be allowed to re-access services.

As recently as July 2019, authorities in Istanbul announced planned raids, stop-checks, and arrests of Syrian refugees residing in Istanbul who were registered in other cities around the country, as well as Syrians working informally. In the days that followed, detained Syrians were summarily deported into northern Syria—including those with the necessary documentation to live legally in Istanbul—with many forced to sign voluntary return documents that were in Turkish. According to an October 2019 Amnesty International report, although Turkey does not maintain statistics on such deportations, it is likely that "over the past few months the figure is likely to be in the hundreds." These raids and deportations were arguably an advance upon Turkey's long-standing plans to create a "safe zone" inside Syria along the Turkish border, in which it hopes to resettle two million Syrian refugees. Claims of such forcible deportations raise concerns over how Turkey will persuade Syrians to relocate to this yet-to-be-established "safe zone." » Source: Global Detention Project (GDP), Country report - Immigration Detention in Turkey: A Serial Human Rights Abuser and Europe's Refugee Gatekeeper, octobre 2019, p.8-9, 13-15: www.globaldetentionproject.org/wp-content/uploads/2019/10/ONLINE-191024-Immigration-Detention-in-Turkey.pdf.

HRW, 16 juillet 2018 :

« Les autorités turques d'Istanbul et de neuf provinces situées à la frontière syrienne ou à proximité ont cessé d'enregistrer les demandeurs d'asile syriens récemment arrivés, sauf dans de rares cas, a déclaré Human Rights Watch aujourd'hui. Cette suspension entraîne des expulsions illégales, des retours forcés en Syrie et le déni du droit à la santé et à l'éducation.

La Commission européenne a récemment fait l'éloge du système d'asile de la Turquie et compte débloquer bientôt le second volet du financement de 3 milliards USD prévu par leur accord sur les migrations de mars 2016, qui inclut le soutien aux personnes réfugiées en Turquie. Les institutions et les gouvernements de l'Union européenne ont gardé publiquement le

silence sur cette suspension et sur les autres abus commis à l'encontre des réfugiés en Turquie, ce qui suggère que leur préoccupation première est de faire cesser le mouvement de demandeurs d'asile et de migrants de la Turquie vers l'Europe. [...]

La suspension des enregistrements représente la dernière tentative en date de la Turquie pour refuser la protection aux nouveaux demandeurs d'asile. Lors des trois dernières années, la Turquie a bouclé ses frontières avec la Syrie et les gardes-frontière turcs continuent à repousser massivement, voire tuer ou blesser des Syriens, lorsqu'ils essaient de les franchir.

Entre début 2011 et fin mai 2018, la Turquie a enregistré presque 3,6 millions de Syriens, ce qui en fait le premier pays d'accueil de réfugiés dans le monde. Cette générosité n'exonère pas la Turquie, ni ses partenaires internationaux, du devoir d'aider les demandeurs d'asile nouvellement arrivés, a déclaré Human Rights Watch.

*Mi-mai 2018, Human Rights Watch a mené 32 entretiens avec des Syriens dans la province turque du Hatay pour évoquer leurs tentatives d'obtenir une **carte de protection temporaire** dans les provinces du Hatay, de Gaziantep et d'Istanbul. **Ce document protège les Syriens de l'arrestation et du risque d'expulsion. Il leur permet également d'avoir accès aux soins médicaux et à l'éducation, de travailler et de demander une assistance sociale – y compris, pour les personnes syriennes les plus vulnérables, celle du filet de sécurité sociale d'urgence financé par l'Union européenne.***

*Ces Syriens ont déclaré que les policiers turcs les avaient expulsés en groupes de jusqu'à vingt personnes parce qu'ils n'avaient pas la carte de protection, et que **sans ce document, les hôpitaux et établissements scolaires refusaient de les accepter. Certains ont déclaré qu'ils avaient dû retourner en Syrie pour recevoir des soins médicaux urgents, pour eux-mêmes ou leurs proches.** D'autres ont témoigné qu'ils avaient décidé de retourner en Syrie parce que seuls certains membres de leur famille avaient pu être inscrits. En un mot, **ils vivaient dans la crainte permanente d'être arrêtés et expulsés et limitaient leurs déplacements au strict minimum afin d'éviter la police.***

La Turquie est liée par la règle de non-refoulement du droit international coutumier, qui interdit de renvoyer toute personne, de quelque manière que ce soit, vers un endroit où elle serait exposée à un risque avéré de persécution, de torture ou d'autres mauvais traitements, voire au risque de perdre la vie. Cette règle s'applique aux demandeurs d'asile, qui ont le droit de voir leur requête étudiée de façon juste et de ne pas être expulsés sommairement là où ils craignent d'être maltraités. La Turquie n'a pas non plus le droit de forcer les gens à retourner dans les régions où ils sont exposés à des préjudices en leur refusant un statut légal ou un accès aux services fondamentaux.

Le 30 octobre 2017, les services du gouverneur du Hatay ont déclaré qu'afin de décourager les passeurs d'aider les Syriens à pénétrer en Turquie par le Hatay, la province n'enregistrerait plus les Syriens nouvellement arrivés en vue de la délivrance de cartes temporaires de protection. De même, début février 2018, le ministère de l'Intérieur turc a déclaré que la province d'Istanbul n'enregistrerait plus de Syriens.

Huit autres provinces situées à la frontière syrienne ou à proximité ont également suspendu l'enregistrement des Syriens qui venaient d'arriver, depuis fin 2017 ou début 2018,

d'après les informations fournies par des organisations travaillant sur le terrain avec les réfugiés syriens, mais aussi par un responsable de la Commission européenne et un fonctionnaire turc ayant travaillé sur les questions de migration. Il s'agit des provinces d'Adana, Gaziantep, Kahramanmaraş, Kilis, Mardin, Mersin, Osmaniye et Şanlıurfa.

Depuis fin août 2015, seuls les Syriens enregistrés qui obtiennent un permis de voyage spécial ont le droit de se déplacer à l'intérieur de la Turquie. En pratique, **l'immense majorité des demandeurs d'asile syriens entrent en Turquie de façon illégale, à travers les quelques ouvertures qui existent encore dans la barrière marquant la frontière dans la province du Hatay. Comme l'enregistrement y est bloqué, ils sont incapables de quitter le Hatay de façon légale et de se rendre dans d'autres provinces où on peut encore être enregistré. Ils sont donc forcés de vivre en clandestinité dans la province du Hatay ou d'utiliser les services de passeurs pour se rendre dans d'autres zones de Turquie, avec le risque d'être arrêtés et expulsés.**

D'après trois sources confidentielles, la Turquie a rejeté des propositions portant sur un nouveau système qui permettrait aux Syriens arrivant au Hatay, et dans une moindre mesure dans les autres provinces frontalières, de s'enregistrer dans d'autres parties de Turquie, où vivent moins de réfugiés.

Les réfugiés ont déclaré à Human Rights Watch que le contrôle strict que maintient la Turquie sur les organisations internationales et locales d'aide aux réfugiés les empêchent de trouver et d'aider les Syriens non enregistrés. Du fait de ce manque de suivi par les organisations, **il n'existe pas de statistiques ou d'estimations du nombre de Syriens qui ont été expulsés ou à qui on a refusé l'enregistrement ou l'accès aux services d'urgence.**

En réponse à une lettre du 13 juin présentant les conclusions de Human Rights Watch, les autorités migratoires d'Ankara ont affirmé qu'aucune des 81 provinces du pays, y compris le Hatay et Istanbul, n'avait suspendu l'enregistrement des Syriens. Le Haut-Commissariat des Nations unies pour les réfugiés (HCR) a déclaré à Human Rights Watch que mi-mai, les autorités lui avaient encore assuré que l'enregistrement des Syriens se poursuivait, y compris au Hatay et à Istanbul. Mais **d'autres institutions humanitaires qui assistent les réfugiés affirment que les autorités des dix provinces ont seulement continué à enregistrer les Syriens qui étaient pré-enregistrés au moment de la suspension, ainsi que les cas médicaux urgents signalés depuis la Syrie et les bébés nés en Turquie de parents syriens déjà enregistrés.** Deux organisations d'aide aux réfugiés ont également précisé que dans certains cas elles avaient réussi à convaincre les autorités des provinces du Hatay et d'Osmaniye d'inscrire des Syriens non enregistrés particulièrement vulnérables.

Début 2018, les autorités du Hatay ont ouvert un nouveau centre d'enregistrement à Antioche. Les représentants de trois organisations humanitaires, ainsi que deux agents de sécurité travaillant à Antioche, ont déclaré que ce centre était dédié exclusivement aux Syriens non enregistrés qui demandaient de l'aide pour repartir en Syrie, tandis que les Syriens enregistrés pouvaient postuler à cette même assistance au retour auprès des autres centres officiels pour les migrants.

La Turquie n'autorise à effectuer aucun suivi indépendant pour déterminer si les Syriens non enregistrés s'inscrivant pour un retour ont réellement l'intention de repartir ou bien si en réalité on les force à le faire. Par contre, la Turquie autorise un suivi indépendant de la décision de

certaines Syriens enregistrés de retourner en Syrie. » Source: Human Rights watch (HRW), La Turquie n'enregistre plus les demandeurs d'asile syriens, 16 juillet 2018: <https://www.hrw.org/fr/news/2018/07/16/la-turquie-nenregistre-plus-les-demandeurs-dasile-syriens>.

HRW, 20 juin 2016:

« Delays in registration and limited implementation of temporary protection policies in Turkey mean that many Syrian refugees are left without effective protection or access to jobs and services that they desperately need, Human Rights Watch said today. As long as Turkey remains burdened by overwhelming numbers of refugees and unable to provide sufficient protection and security for all, the European Union should not be sending Syrian refugees back to Turkey.

[...]

*In March and April, Human Rights Watch interviewed 67 Syrian refugee adults and children living in Turkey. **These interviews, along with information from nongovernmental groups and public reports, revealed that many refugees face months-long delays in registering for temporary protection, leaving them unable to enroll their children in school or get health care.** [...]*

In April, a UN World Food Programme assessment of 1,562 Syrian households in south-eastern Turkey found that 93 percent of those interviewed were living below the national poverty line. The report found that limited access to stable employment was strongly linked to food insecurity.

The majority of Syrian children in Turkey remain unable to attend school. In November 2015, Human Rights Watch published a report documenting the reasons Syrian refugees have not been able to go to school in Turkey. The government has taken admirable steps to address these gaps and has pledged to enroll 450,000 Syrian children by the end of this year. However, the Education Minister recently acknowledged that “only 325,000 Syrians in Turkey are attending school out of more than 756,000 school-age refugees in Turkey.” The number of school-age children may be even higher, as there are now nearly 940,000 Syrian children aged 5 to 17 registered in Turkey, though some may have left.

International donors should support the Turkish government in efforts to improve the realization of basic rights for Syrian refugees who have fled to Turkey. In the meantime, the European Asylum Support Office (EASO) and Greece should consider all asylum applications of Syrians who have come through Turkey on their merits, as **they should not be considered inadmissible on the grounds that Turkey is a “safe third country” or “first country of asylum” for all Syrians.**

“Turkey already hosts over two million refugees, many of whom are struggling to survive and do not see their rights fulfilled as refugees,” Gee said. “Instead of trying to pass the buck and violating their own standards, EU governments should play their part in global responsibility-sharing and give Syrian asylum seekers a chance to make their claims.” [...]

Long Delays in Registration

Human Rights Watch found that in both Istanbul and Izmir, Syrian refugees faced months-long delays in registering for temporary protection and in receiving official identification cards, known as a kimlik (“identification” in Turkish). The card is required to enroll children in public schools and get primary health care and work permits.

Nongovernmental groups working with Syrian refugees say that these delays are in part the result of a new “pre-registration and screening” phase that the Directorate General of Migration Management (DGMM) added to the temporary protection procedure in March. Capacity constraints may also be causing delays. One employee of an international aid group in the south-east told Human Rights Watch that registration has operated in fits and starts; in Gaziantep, the process was effectively stalled until recently, with at least a two-month delay in appointments now. In Istanbul, another group representative said appointments were delayed three to six months in districts with many Syrians.

*DGMM told Human Rights Watch that Syrians may be issued a 30-day valid “pre-registration form” that allows them to stay lawfully in the country while they wait for their applications to be processed. However, the representative of a nongovernmental group operating across Turkey said that **this form cannot be used to get services, so those with the “pre-registration paper” must rely on limited charitable and aid group assistance.** [...]*

These registration delays have a direct impact on Syrian refugees’ stability and safety. Several refugees said they believed that being unregistered might lead to a forced move into a refugee camp or deportation. **In April, Amnesty International reported large-scale deportations of Syrians in Hatay province, where those returned were primarily unregistered refugees or refugees apprehended without their IDs.**

Delays are also preventing many Syrian refugees from accessing education and health care, adding to gaps in services and protections that exist even for individuals who have valid registration. [...]

Access to Education

*In November, Human Rights Watch released a report documenting the **barriers preventing the majority of Syrian refugee children living outside of refugee camps from attending school, despite regulatory changes allowing them to do so in principle. Those barriers included economic hardship and child labor, bullying, language barriers, bureaucratic hurdles, and non-compliance with the relevant regulation at the local school or provincial level.** [...]*

Access to Health Care

The temporary protection regulation also gives registered Syrian refugees access to free primary health care through public hospitals and providers. However, as this regulation implies, those who have not registered cannot get adequate care beyond the emergency level unless they can afford private treatment. . » Source: Human Rights Watch (HRW); EU: Don't Send Syrians Back to Turkey, 20 juin 2016: <https://www.hrw.org/news/2016/06/20/eu-dont-send-syrians-back-turkey>.

IREX, octobre 2016:

*« Under circumstances of war and displacement, unaccompanied children with disabilities are particularly vulnerable, and women with disabilities often face additional gender-based discrimination barriers. In Turkey for example, the research team met several underage girls with disabilities who were denied participation in services and activities for refugees on the basis of gender or because they lacked a male companion's permission. **For refugees with mental or intellectual disabilities, particularly those facing language barriers in foreign countries, communication can be the biggest obstacle to receiving needed support and services.***

In Turkey, centers accepting persons with mental disabilities are only operating in Turkish, which severely limits their ability to provide support. The research team met 29 children with autism not receiving assistance. [...]

*Where general health care services are available, the facilities are not always accessible to persons with mobility disabilities. **People with communication disabilities, including people who are deaf or have mental or intellectual disabilities, have difficulty accessing services due to communication barriers. Medical services are usually concentrated in urban areas, with varying levels of accessibility. In Turkey, some centers provide physiotherapy but many PWDs are unable to benefit from their services because transportation costs are prohibitive and there are not enough available volunteers to help PWDs travel to these centers.***

*The lack of holistic rehabilitation services impedes access to other services and overall inclusion within communities. **If a PWD is able to access rehabilitation services, many organizations have a policy of providing the same service to the same person for one time only. Ongoing or continuous care is not available unless one can pay for it. [...]***

Some humanitarian aid organizations in Turkey were found to be providing services for PWD beneficiaries only once due to a lack of funding and to internal policies for focusing on helping the largest number of beneficiaries. [...]

*Cash support is very limited for refugees in general. **In Turkey, service providers agreed that financial support is necessary for PWDs, but they are unable to provide this support either due to organizational policies against direct cash support or because of limited funding. [...]***

*Transportation is typically not accessible and is expensive, creating a financial barrier to any available humanitarian assistance services and ultimately contributing to the isolation and social exclusion of refugees with disabilities. Transportation challenges are compounded by the fact that service providers and medical centers are often concentrated in capitals and urban centers that are remote from where refugees are located. **Even when accessible transportation is available, language barriers and communication disabilities can still prevent access to information about the available transportation options.** For example, an organization in Turkey was offering transportation to treatment centers, but the majority of people who might benefit from the service were unaware of it because the organization operated exclusively in Turkish and did not conduct Arabic outreach. [...]*

*In Turkey, children interviewed dream of studying and going to school. Out of 24 interviews, only one person had ever attended school since leaving Syria, but they were later expelled for violence. **Schools do not provide psychological support or counseling, so instead of addressing underlying issues, students are expelled. People with visual impairments are the least fortunate because teachers are not trained in providing appropriate reading and writing support. Additionally, the cost of these services is particularly high and not a priority for service providers.*** » Source: International Research & Exchanges Board (IREX), Disability Inclusion Among Refugees in the Middle East and North Africa, A Needs Assessment of Libya, Egypt, Yemen, Jordan, and Turkey, octobre 2016, p.6, 11-14: www.irex.org/sites/default/files/pdf/disability-inclusion-refugees-middle-east-north-africa.pdf.

Kids Rights, 27 mars 2018:

« According to recent assessments, **nearly 67% of Syrian refugees live below the poverty line. Poverty and the challenging socio-economic situation in which Syrian refugee families live is, according to education experts working for INGO's, the number one reason why children are out-of-school. It is hard for Syrians to get access to work permits and jobs in Turkey.**

Turkey is in theory a leader among host countries for creating a pathway for Syrians to obtain work permits. In practice, however, **the number of work permits made available would accommodate fewer than 1 percent of Syrian refugees, since employers must sponsor them and promise to pay a minimum wage.** In addition, Turkey has a very high unemployment rate (above 11% in 2017, youth unemployment stood even at 19.3% in Oct. 2017). Furthermore, now that the Turkish government is closing the TEC's, many Syrian teachers are at risk of losing their jobs which will again negatively affect their ability to send their own children to school, as well as the ability of children to access education. Of the adult Syrians without a job, many are coming from rural areas where they were mainly working in agriculture, which makes it challenging to enter the regular labour market in Turkey. **Children who want to attend school are often unable to afford transportation to schools,** although recently Syrian refugee children would get access to free transportation in rural areas. **Syrian children often drop out of school to work, to supplement their family's income,** while they are paid even less than Syrian adults. Boys above 12 years old are at particular risk of dropping out and engaging in child labour to support their family. This may also be due to the fact that Syrian refugee parents perceive (secondary) education as not very important compared to working and gaining an income. In June 2017, with the support of international donors, the national Conditional Cash Transfer for Education (CCTE) was extended to refugees, with the aim of promoting attendance, reducing drop-out, and encouraging enrolment for some 230,000 children by end 2017. Nevertheless, from our understanding, it has been difficult to access the helplines and it takes a long time before the initial payments come through, and the amount of the payments wouldn't be sufficient to convince parents to reintegrate their children in schools.

Language

The language of instruction in schools, Turkish, remains a challenge for many Syrian refugee children. For most Syrian children who enroll in Turkish public schools, the language of instruction is foreign and new, and access to accelerated language learning programs is limited. There are limited opportunities for children to enroll in preschool education where they could get exposed to the language from a young age. While younger children

have less difficulties to learn a new language and adapt, older children, mainly in higher grades, are often unable to understand lessons in Turkish, and drop out.
[...]

Restrictive government procedures

Turkey's generous enrollment policy does not require Syrian refugee children to prove their residency, but does require them to produce Turkish-issued identification (ID) cards. In 2015, nearly all Syrian refugee families Human Rights Watch interviewed had obtained these cards without undue difficulty or delay. **However, after Turkish authorities introduced a new "pre-registration and screening" step in March 2016, Syrian families described a backlog with waiting times of up to six months for these cards.** In some areas, **Turkish public school administrators refused to allow Syrian children to enroll even if they had the identification cards, or the school officials demanded other documents.** According to one education expert working for an INGO, the GoT had difficulties dealing with such a high influx of refugees, and government institutions and departments dealing with refugee and migration issues lacked the capacity to process the many requests and respond to the many needs. » Source: Kids Rights, The Widening Educational Gap for Syrian Refugee Children, 27 mars 2018, p.7-8: https://reliefweb.int/sites/reliefweb.int/files/resources/Background%20Report%202018%20-%20The%20Widening%20Educational%20Gap%20for%20Syrian%20Refugee%20Children_0.pdf.

RI, 2 mars 2020:

« [...] **Unmet service need** (i.e. the proportion of people who felt they need services/support and have not received, compared to those who have a need and have accessed them) **was highest for mental health (73%) and cognitive functioning (63%)** followed by hearing (28%), vision (25%), and mobility (15%).

1.4.5. **Musculoskeletal impairment** (all ages)

The overall prevalence of any MSI (according to standardised assessment by a physiotherapist) was 12.24%; prevalence increased by age and was slightly higher among females. The prevalence of moderate or severe impairment was 8.6%. The war in Syria was identified as the direct cause for 8% of people with MSI. **Unmet need for services related to MSI (as assessed by a physiotherapist) was relatively high; 83% of people with MSI who could benefit from physiotherapy had not received this, 38% for information/exercises, 37% for medication, 20% for surgery, and 14% for other rehabilitation. The most common reasons for not seeking services were 'need not felt', lack of awareness of services, lack of service availability, and financial barriers.** [...]

The qualitative data suggests many children, both with and without disabilities, faced challenges with integration into schools, largely as a result of language barriers, stigma, and discrimination. These challenges were exacerbated for children with disabilities, who often couldn't express their needs and requirements to teachers and classmates. [...]

In addition, qualitative interview respondents reported experiences of mistreatment from medical professionals and support staff (translators etc.). For people with disabilities,

being turned away from services, and asked to come another day, resulted in additional costs and difficulties that are difficult to overcome. [...]

*In order to meet the needs of the growing refugee population in Turkey, the government instigated the 'Temporary Protection Regulation' for all registered refugees from Syria, residing in camps or among the host population. **Under this legislation, Syrian refugees have the right to access primary and secondary health services, as well as Turkey's general health insurance scheme (meaning services are free at the point of service use). In addition, and in order to meet the needs of this population, the Government established 'Migrant Health Centres' (MHC) in 13 provinces across Turkey, with teams of translators and social workers, working alongside general healthcare personnel. Approximately 99 of the 180 planned MHCs have been opened, 42 of which provide specialized services normally unavailable at primary health care.***

Disability and disability inclusion for Syrian refugees is scarcely mentioned by the Turkish Government in these legislations and policies, although mental health is often listed as a priority. This may partially explain the lack of available data on disability, compared to a higher number of studies on mental health specifically. In support of new legislations, 42 national and 14 international NGOs now work to support Syrian refugees in Turkey. Other initiatives include the provision of training to over 1000 Syrian doctors and nurses in the Turkish health system and MHCs.

*However, despite these health system initiatives and provision of additional refugee centres, **capacity within the healthcare system is stretched. Evidence suggests that the number of rehabilitation and MHPSS services and personnel is limited and cannot meet demand, resulting in a significant treatment gap. [...]***

Overall, there is insufficient data on the provision and capacity of physical rehabilitation and MHPSS services in Turkey and Istanbul with which to inform policy and service provision.

Evidence consistently highlights that refugee populations can face a number of challenges to accessing MHPSS, rehabilitation, and other healthcare services, often stemming from communication and language barriers, limited information on available services, and in some cases, complex legal entitlement. These issues are particularly important for people with disabilities, who can face additional barriers to healthcare access, including physical barriers, informational barriers, attitudinal barriers, and financial barriers. In a recent survey of female Syrian refugees in Istanbul, half of women interviewed did not know about their right to free healthcare access, and 58% relied on a friend or family member to relay this information. Interestingly, 28.2% used social media to learn more about their right to healthcare access. Despite the increased provision of translators in healthcare services, the most common barrier reported by those interviewed were language and communication difficulties, which can make it difficult to complete necessary paperwork and understand health results. Many reported friction with Turkish professionals as a result of these challenges in communication. As a result, many of the women interviewed have sought healthcare at illegal Syrian clinics. Similar qualitative research cited a lack of psychosocial support services and few female psychiatrists, especially Syrian female psychiatrists, important for many female patients. Others reported that to seek mental health treatment

was culturally inappropriate and there was, in general, a lack of understanding surrounding the types of treatment on offer and where to access these. [...]

The majority of children with (88%) and without disabilities (89%) have at one point attended school. However, **children with disabilities were significantly less likely to be attending school currently**. There were no significant differences in the number of school days missed in the past month between children with and without disabilities. For those attending school, additional questions were asked about their experiences of participation in school. As seen in Appendix 9, **children with disabilities were less likely to report always receiving support from teachers; friends to play with at breaktimes; or that friends look to them as a leader compared to children without disabilities**.

Experiences of violence from teachers were reported by less than 3% and figures did not differ between children with and without disabilities. There were no significant differences across other items. Among children with disabilities, younger children (aged 6-8) were less likely to be attending school than children aged 13-17 years, although there were no differences in attendance by sex (Appendix 10). **Children with significant limitations in physical functioning cognitive functioning and those with limitations in multiple domains were the least likely to be enrolled in school**.

Children and school qualitative findings

The qualitative interviews allowed exploration of reasons contributing to school dropouts. Children with disabilities reported difficulties in school following the closure of a Syrian school, after which they were assigned to Turkish schools. Many struggled with language barriers, as well as experiencing bullying in the new school, which led them to drop out.

Since interviews were not conducted with children without disabilities, it is unclear whether they too faced the same issues. However, **for children with disabilities, the language barriers had direct effects; for example not being able to express discomfort or pain: It was also notable that children with disabilities described more overt mistreatment than many adults with disabilities. This may have contributed to decisions to drop out of schools, particularly those with mental health distress**. [...]

People with disabilities were 4.5 times more likely than people without disabilities to report having a serious health problem in the past year. Of those reporting a serious health problem in the past year, the majority (>93%), both with and without disabilities, reported seeking treatment. **The type of health facilities sought were similar across people with and without disabilities; the most common facility visited was that of a government hospital (76% of people with disabilities and 72% of people without disabilities), followed by government primary health care centre (9% and 11%, respectively) and migrant health centres (13% and 8%, respectively)** (Appendix 11). The majority of people who had health care in the past year reported feeling respected and there was no significant difference between people with (87%) and without (94%) disabilities. However, of note, 6% of people with disabilities reported an experience in which they felt disrespected, while not one person without a disability reported this.

There were no significant differences by disability status in the proportion of people reporting difficulties being understood by a health provider understanding the information given. The

majority of people, with and without disabilities, who faced difficulties in understanding or being understood attributed this to language. [...]

It was common for interview respondents to describe negative experiences in accessing health services. These experiences range from being disrespected by medical professionals and translators, to longer waiting times than others seeking the same service. Focus groups discussions with non-disabled community members concentrated on the low quality of services, and it is unclear whether people without disabilities also encounter similar experiences. However, the effect of these negative experiences could potentially have a different impact on people with disabilities. For example, some respondents report being turned away for reasons they perceive to be minor (e.g. being late by 5-10 minutes).

The repercussions of this would be to return another day, which might incur additional transport costs and difficulties for people with disabilities. In addition, these experiences act as a deterrent to seeking further help, which could contribute to an impairment worsening. [...]

When reporting on service utilisation related to their functional limitation, just 50% of people with mental health issues and 60% of people with difficulties with cognitive functioning felt need for support, in contrast to those with difficulties seeing (92%), hearing (96%), and mobility (83%). In total, 69% of people with disabilities felt they needed health and other support related to their functional limitations. **Unmet service need (i.e. the proportion of those people who reported needing services/support compared to those who have accessed them) was highest for mental health (73%) and cognitive functioning (63%).** It was lower for vision (25%), hearing (28%) and mobility (15%). Interestingly, people reported seeking services in Turkey more commonly than having sought them in Syria (42% vs 25%). [...]

Service and AP utilisation: people with MSI

In addition to the self-reported data on service utilisation among participants in the casecontrol study, physiotherapists also assessed service use for people who were identified as having any MSI. As seen in Appendix 13, the most commonly received services, among people with MSI, were medication (49%), physiotherapy (20%), and surgery (17%). Specifically in Turkey, 44% of people with MSI had received medication, 16% physiotherapy, and 8% surgery. Government hospitals were the most commonly accessed service for medication (33% of those who had accessed services for medication) and surgery (100%). Migrant support services were most commonly used service for physiotherapy (79%), information/exercise (80%), and environmental modification (50%). **Based on the Physiotherapist's assessment, the majority (83%) of people with MSI could benefit from but were not receiving physiotherapy, followed by 38% for information/exercises, 37% for medication, and 19% for surgery.** Total unmet need (calculated as; need but not receiving service / need but not receiving service + currently receiving service) was 53% for medication and >90% for all other services. **Findings suggest that, overall, 10% of Syrian refugees living in Sultanbeyli need, but are not receiving physiotherapy, for information/exercises 4.7%, and for surgery 2.4%. The reasons for not seeking services, varied between service type, however, the most common reasons given were 'need not felt', lack of awareness of services, lack of service availability, and financial barriers.** Current assistive product use was relatively rare for people identified as having MSI: 11 participants (3.8%) used a stick/cane, six (1.6%) used a wheelchair, and four used a toilet/shower chair (1%). For other APs either one or no participants were currently using. Unmet AP need was high: 31% of people who needed a stick/cane were

not using one, 57% for wheelchairs, 66% for lower limb prosthesis, 56% for walking frame, 77% toilet/shower chair, 89% for rollator, and 100% for crutches, quad/tri stick upper prosthesis, protective footwear, and grab bars. [...]

As the quote above shows, **physical rehabilitation is considered more beneficial, and most respondents expressed readiness to seek these services. There were frequent reports of long waiting periods for appointments, and a perception that one had to know people within these facilities to be successful in getting an appointment.** Among those who had received such services, there were few who expressed concern that their impairment was underestimated, and that this had made them ineligible to certain social assistance. Some were aware of others they perceive to be less severely impaired but assessed higher, and thus went on to experience great improvements in their functioning and Quality of Life. Even if these are not accurate, perceptions such as these create mistrust in the system and service providers, as well as between other persons with disabilities.

Other common barriers to accessing MHPSS and rehabilitation services were transportation being difficult and costly, not having enough money, not having enough time after other commitments (e.g. work, childcare), and inability to take time off work. [...]

Just one organisation, AAR Japan, reported on rehabilitation service provision for refugees. AAR Japan provide 100% of their services within a beneficiary's home, and focus activities for all patients with disabilities who have physical rehabilitation needs, including those with physical impairments, visual impairments, hearing loss, developmental disabilities, intellectual disabilities, and mental health issues. Services are provided for all age groups, with specific activities targeted at older people and refugees. Beneficiaries are not charged for the services provided. As well as physical rehabilitation, services include community outreach programmes. A number of assistive products are made available through the organisation, including manual/electric wheelchairs, rollators, walking frames, crutches, prostheses and orthoses, pressure relieving mattresses and cushions, spectacles, magnifiers, braille writing equipment, white canes, and hearing aids. On staff, the organisation has two physiotherapists, but no other rehabilitation personnel. » Source: Relief International (RI), Disability and mental health among Syrian refugees in Sultanbeyli, Istanbul, 2019 Survey Report, 2 mars 2020, p.8-10, 54-55, 62-71, 76: www.ri.org//content/uploads/2020/02/LSHTM_DisabilityMHSultanbeyli_Report_2020-1.pdf.

UNHCR, pas de date:

« After registering with the Provincial Directorate of Migration Management in the province where you reside, you will obtain your identification document (Kimlik) from the Turkish authorities. **Syrians with Temporary Protection ID numbers starting with 99 are eligible for almost all the assistance provided by the Turkish authorities, including medical and medication assistance within the province of their registration.**

As a registered individual under TP, the costs of health services at all levels including at public health centres (toplum sağlığı merkezleri in Turkish), family health care centres, public hospitals and public university hospitals, would be covered for you on an equal footing with Turkish citizens. This is in accordance with the Health Care Implementation/Budget Law (Sağlık Uygulama Tebliği).

There are also Migrant Health Centres (MHC) established for Syrian beneficiaries of temporary protection; these employ Arabic-speaking staff and are available in some provinces. Syrians can approach these centres as primary health clinics. Up-to-date information on these centres can be obtained from the Ministry of Health website or from the Provincial Directorate of Health in the province of your residence.

In the absence of Migrant Health Centres, you can approach public health centres in your province to benefit from primary health services free of charge.

Unless there is an official referral from other state health institutions, you would need to pay the expenses at private hospitals and clinics.

If you're not registered with the Turkish authorities, only emergency services at the hospitals would be available and accessible to you free of charge. In this case you may also approach private hospitals or clinics; however, you would need to pay the expenses.

UNHCR and its partners also provide counselling and assistance to persons with serious medical conditions. Find the contact details here.

Medicines

As a Syrian beneficiary of temporary protection holding a Temporary Protection Identification Document (TPID) (with a foreigner's ID number starting with 99), you can approach any pharmacy to obtain medication with a prescription.

If the medicine is covered under the Health Implementation Law/Budget Law (Sağlık Uygulama Tebliği), the total cost of the medication will be covered by the Turkish government and you will not be asked to pay any contribution fees.

However, not all medicines are free. This is the case for imported medicines, which are not covered by the Social Security Institution – neither for Turkish citizens nor other individuals.

Psychological assistance

You can approach primary health clinics or public hospitals which provide psychological and psychiatric support in the province of your residence. You can apply at state hospitals to get an appointment for psychiatric assistance. If the hospital does not have a psychiatry department or doctor available, you will be referred to another hospital or city accordingly. This support and treatment will be covered under your health insurance as a beneficiary of temporary protection.

You can also approach the Social Service Centres (SSC) under the coordination of the Provincial Directorate of Family and Social Policies (PDoFSP) for psychological assistance. It is important to note, however, that not all PDoFSP have interpreters available at their centres.

UNHCR's partner organizations may also have psychologists who provide psychological support in the province where you are residing. They may also provide you with interpreter assistance to help you in accessing governmental services. Please consult UNHCR and/or its partners to find out about whether they are present in your city of residence and to learn about the services they provide. [...]

Please be aware that if you sign a voluntary repatriation request form and agree to return to Syria, your temporary protection status in Turkey will end. You may accordingly face challenges if you later wish to return to Turkey. Reinstatement of temporary protection status in this case may only be possible if a positive assessment is delivered by the national authorities following an individual interview conducted with you. » Source: UNHCR, Help Turkey, pas de date: <https://help.unhcr.org/turkey/information-for-syrians/medical-and-psychological-assistance/>.

L'Organisation suisse d'aide aux réfugiés (OSAR) est l'association faitière nationale des organisations suisses d'aide aux réfugiés. Neutre sur le plan politique et confessionnel, elle s'engage pour que la Suisse respecte ses engagements en matière de protection contre les persécutions conformément à la Convention de Genève relative au statut des réfugiés. Les activités de l'OSAR sont financées par des mandats de la Confédération et par des dons de particuliers, de fondations, de communes et de cantons.

Vous trouverez les publications de l'OSAR sur la Turquie ainsi que sur d'autres pays d'origine de requérant-e-s d'asile sous <https://www.osar.ch/publications/rapports-sur-les-pays-dorigine>.

La newsletter de l'OSAR vous informe des nouvelles publications. Inscription sous www.osar.ch/newsletter.