Eğitim Yoluyla Kalkınma

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Rehberlik Eğitim Toplumsal
Yardımlaşma ve Kalkınma Derneği

A Case Study on The Impacts of The Cancellation of General Health Insurance for Persons Under International Protection

November 2020

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Abbreviations

CCTE Conditional Cash Transfer for Education | Şartlı Eğitim Yardımı

COVID 19 Coronavirus Disease 2019 | Yeni Koronavirüs Hastalığı

ESSN Emergency Social Safety Net | Sosyal Uyum Yardımı

GSS General Health Insurance | Genel Sağlık Sigortası

LFIP Law No 6458 on Foreigners and International Protection | 6458 sayılı Yabancılar ve Uluslararası Koruma Kanunu

MHC Migrant Health Center | Göçmen Sağlık Merkezi

PDMM Provincial Diractorate of Migration Management | İl Göç İdaresi

SASF Social Assistance and Solidarity Foundation | Sosyal Yardımlaşma ve Dayanışma Vakfı (SYDV)

Executive Summary

This case study found that the cancellation of the GSS of persons under international protection aged between 18 and 65 affects their physical and mental wellbeing as well as their socio-economic situation. The study revealed that the more time passes without access to medical treatment, persons' existing medical condition worsened and/or they experienced related side effects. Additionally, due to the pain they suffer and the feeling of despair and being left behind had negative repercussions on person's psychological wellbeing, which in some cases caused sleep deprivation, chronic pain and over and uncontrolled use of painkillers.

The situation also affected socio-economic conditions of persons' and their families. Medication and treatment which were free or at a tolerable cost before, now appeared as a considerably high expense on budget; which reshaped the allocation of budget in household economics. The study revealed that the social assistance received for household, such as ESSN, or for a specific person in the family, such as disability allowance, now appeared as the primary resource of accessing treatment and/or medication. It was also learnt that in order to afford the basic needs and treatment/medication, persons rendered dependent to financial support of their family members, neighbors or social network.

The study also revealed that respondents' families were also affected by the situation physically, economically and psychologically. In some cases, families allocated a considerable amount of their income for medication and treatment. In some cases, family members reduced or cut their medication. Family members also experience stress and sorrow related to seeing their beloved ones in pain and dealing with a problem that cannot be easily addressed.

The study suggests that the problems people are facing due to cancellation of GSS cannot be solved if 40% disability rate was set as a pre-condition for the activation of the insurance. The criteria could be revised to include the persons with chronic illnesses. It was also suggested that the GSS could be provided for 1 month for the persons to apply the hospital to obtain a report proving their medical condition. In the meantime, persons and their families are in requirement of psychosocial support.

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Background

Article 89(3) LFIP used to provide that "international protection applicants and status holders who are not covered by any medical insurance scheme and do not have the financial means to afford medical services" shall be considered to be covered under Turkey's General Health Insurance Scheme and as such have the right to access free of charge health care services provided by public health care service providers. However, according to the changes introduced with Law no. 30988 on Amending Statutory Decree no. 375 and Several Laws issued on December 24th, 2020, the General Health Insurance Scheme is no longer applicable for international protection applicants between 18 and 65 years old, one year after their registration, apart from those with special needs. For vulnerable cases the DGMM requires evidence such as health and medical reports issued by state hospitals showing the vulnerable person's health condition.

Following the introduction of the new Law, RETYKD My Life Center in Çorum received applications from persons with chronic diseases, or persons who need medication or treatment to activate their health insurance. Their situation had been tried to be proven by medical reports issued before the law, medical reports provided from MHC, single practitioner report from state hospital or prescriptions. The applicants were supported to apply to PDMM requesting the activation of their health insurance. While some of the referrals were successful, some were not successful due to various reasons.
This report examines the cases applied to RETYKD in Çorum for activation of GSS, the process they have been through, the results of their application and the effects of the new regulation on them.

Aim

This report aims to examine the effects of the changes brought up by the new Law on international protection applicants whose GSS coverage was cancelled and who need medical intervention and/or medication.

Methodology

The target group of this study is international protection applicants whose GSS were cancelled following the Law no. 30988 issued on December 24th, 2020.

The sample was identified among persons who applied to RETYKD My Life Center requesting support to activate their health insurance. All of the cases who applied with a similar request was examined. Then, a sample group was identified.

During the case analysis, it was identified that the cancellation of the GSS was not the only reason behind the requests for support in accessing health services. Another prominent reason of having no access to health services is identified as lack of legal documentation. However, as the aim of this report is to examine the effects of the changes brought up by the new Law on international protection applicants whose GSS coverage were cancelled, the sample size is limited with the international protection applicants affected by the new regulation.

The study was planned as two phases with the first step being the desk-based analysis of cases and the second step being the telephone interviews with the identified persons. The case management database of RETYKD in Çorum was scanned and 15 cases were identified with the GSS activation request. Between July 1st and 10th, 2020, a case analysis containing the basic information and overview of the case management process for each case was conducted to reveal the profile of the target group.

Between August 25th and September 2nd, 2020, phone interviews were conducted with 11 individuals. Contact numbers were retrieved through RETYKD case management database. Phone interviews conducted in a semi-structured form allowing the participants to express themselves and the effects of GSS cancellation on them and on persons around them.

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Case analysis:

Case analyses are conducted by case workers responsible for the identified cases. A set of questions (see Annex 1) that can be answered based on case management documents were provided beforehand to the case workers. The data collection was supervised by the technical manager in the field. The consent to collect and record data was taken from each client in line with Law no. 6698 on Protection of Personal Information. 15 cases were analyzed. 14 of these cases were related to physical treatment while one of the cases needed psychiatric intervention. 2 of the cases closed successfully with the activation of GSS; while the case management process was continued with 13 cases.

Phone interviews:

An interviewer, a note taker and a translator conducted the interviews. Case workers did not attend to the interviews to avoid pressure on participants related to the questions on the GSS activation process. The interview panel consisted of female members due to staff shortage. Phone calls were made via WhatsApp video call, and notes were taken during the call by note-taker.

Each participant was informed on the purpose of the study and the confidentiality principle followed during the interview. Following the participants' acceptance for voluntary participation, interviews commenced. Interviews lasted approximately 40 minutes. Participants were asked open ended questions (see Annex 2).

All of the 15 cases identified were contacted with request to participate in the study. 11 individuals responded positively and participated in the interview.

Table 1. Demographic Information of Participants

Nationality	Gender	Age
Iraq	Male	54
Iraq	Female	52
Iraq	Female	22
Iraq	Female	57
Iraq	Female	64
Iraq	Male	59
Iraq	Male	51
Afghan	Female	36
Afghan	Male	41
Iraq	Male	18
Iraq	Female	41
TOTAL PARTICIPANT		11
MEAN AGE		45

Key Findings

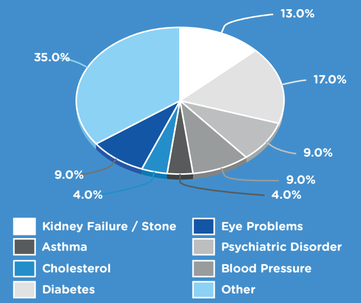
The following analysis was drawn from the interviews conducted with persons under international protection whose GSS was cancelled in the beginning of 2020. The analysis was made under 4 main components. At first, an analysis of health problems was made to identify the types of diseases and their duration. Then, respondents' current situation was intended to be drawn. Third, the process to activate GSS was discussed. Finally, the impact of the process was analyzed. The arguments were supported with the anecdotes of respondents.

Health Concerns and Their Duration

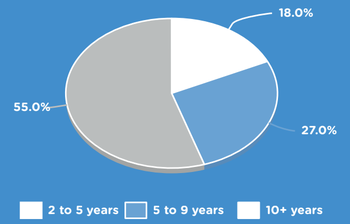
In this section, respondents were asked about their health problems and the duration of the problems to learn whether they have a chronic disease that requires regular medication or treatment or they needed one-off health services. One of the problems faced when learning about health problems was that respondents did not know their disease either since the diseases was not diagnosed by a medical practitioner or the respondents were not aware of or informed well about their medical condition. Therefore, diseases that had been diagnosed by a practitioner or diseases that persons use medication or receive medical treatment were considered in this report, apart from difficulties in walking and stomach problems.

Apart from 2 respondents, all respondents reported multiple health problems. Some of these problems were related to a main disease. For instance, respondents developed sight problems due to diabetes, or one respondent had difficulties in walking related to pain caused by the untreated cyst in her uterus. On the other hand, some respondents have multiple unrelated diseases. While 7 of the respondents have commonly known chronic diseases, such as diabetes, kidney failure and asthma, 3 of the respondents have long term multiple medical issues that require advance medical examination for identification, and 1 of the respondents have a health problem that requires medical operation, but needs further examination to be identified as a chronic disease or not.

Health Problems



Duration of Health Problems



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The category "other" includes lesions related to leucocyte disorder, difficulties in walking, thyroid, stomach problems, reverse organs, herniated disc and undiagnosed multiple health issues.

All respondents reported that at least one of their medical problems appeared years arriving Turkey. 9 of the respondents reported that they have been suffering with the health problems for over 5 years. Only 2 of the respondents reported that they had diabetes and one of the respondents reported that she had kidney failure after arriving Turkey.

Access to Treatment

In this section, respondents were asked about their prescribed treatment and how they had been accessing the treatment before arriving Turkey and during their time in Turkey. The hardship faced when talking about medication was that respondents were not aware of or informed about the purpose of medication they had been using apart from the most well-known ones, such as medication for diabetics. All of the respondents were prescribed with at least one medication that they were supposed to use regularly. Only for one respondent it was not clear whether it was a regular medication or she was supposed to use it until she had surgery.

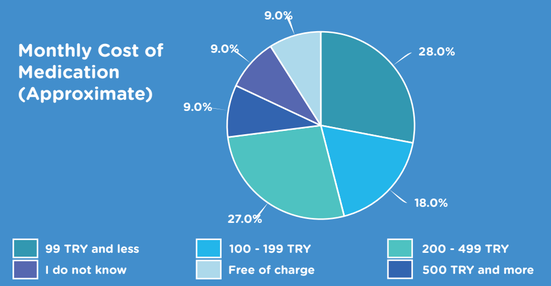
Table 2: Prescribed Medication

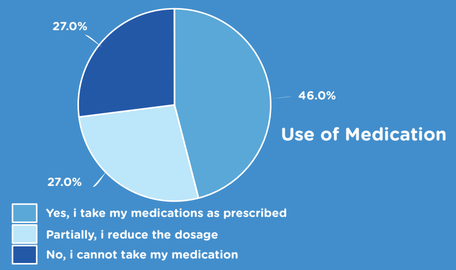
Medication	# of users	
Blood Pressure	4	
Diabetes	5	
Psychiatric Medication	2	
Multiple Medication	2	
Kidney Failure / Stone	1	
Injections for Eye	1	
Asthma	1	
Herniated Disc	1	
Cholesterol	1	
Stomach	1	n=11

Apart from 3 respondents, all other respondents use more than one prescribed medication. One of these respondents was prescribed only with psychiatric medication that, in her words, calms her down. The other two respondents have multiple undiagnosed disease, therefore prescribed with several medications on and off. The most commonly used medications were for diabetes and blood pressure.

9 respondents shared that they were able to access treatment in their country of origin without any difficulty. 2 of those 9 respondents reported that they accessed medication for free. Both of them were Iraqis. All respondents agreed that although they were facing difficulties in accessing medication in their country of origin, the medication was still cheaper there and access to medication was not as difficult as it was in Turkey. The answers did not present variation related to the country of origin. The responses might be affected by the relativity of their socio-economic situation in their country of origin before crisis and their situation in Turkey as a refugee. In other words, if the respondents were socio-economically well off in their country of origin, they might perceive the prices affordable, although the prices might be at equal level or more expensive there.

All respondents emphasized that they used to access medical treatment and prescribed medication easily before the new regulation. Respondents reported that, although sometimes they had to pay for medication or examination, it was a small amount that did not place a great demand on their budget.





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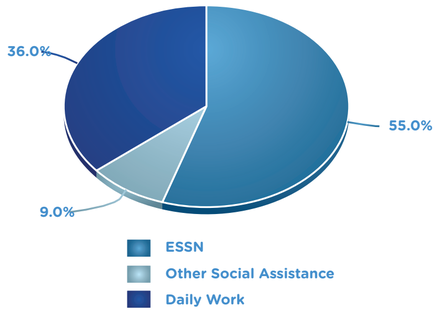
One of the respondents who shared that she could access medication was able to activate her GSS upon renewing her medical report. Therefore, it was normal for her to access medication.

One of the respondents who shared that she could access medication suffers from severe psychiatric disorder which made using medication compulsory for the safety of herself and people around her. Moreover, her medication costs around 85 TRY on a monthly basis which was a relatively lower cost to cover. The same person also required to see a psychiatrist as her symptoms continued despite taking medication; however, could not go to doctor; since her health coverage was deactivated.

Actually, for all the respondents who shared that they were able to take their medication as prescribed, the monthly cost of their medication was 200 TRY or below. On the other hand, we could not come to the same conclusion for persons who reduce the dosage or did not take their medication at all, as the purchasing power varies related to the income of households. Among the 6 respondents who reduce the dosage or did not take their medication at all, the cost of medication is less than 200 TRY for two respondents; whereas, for 3 respondents it was above 200 TRY. Actually, one of the respondents who indicated that she did not use any medication did not know the cost of the prescribed medication as she was convinced that she would not be able to afford it anyway.

Livelihoods



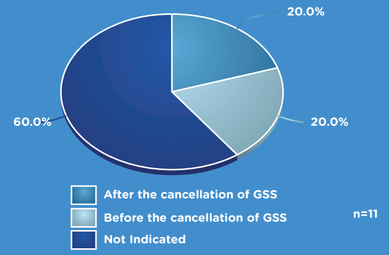
Three of the respondents who mentioned that they either reduce the dosage or did not take their medication at all, used alternative medicine –herbal tea and formulas- as treatment. One of them also shared that, she used her neighbor's nebulizer when she needed, as she did not have one for herself. One of the respondents who used the prescribed medication, but could not afford to see a doctor for her sleeping problem also reported that she used alternative medicine to treat her sleeping problem, as she would not be able to pay for medical check and further medication.

It was observed that, persons who use their prescribed medication, use the same prescription they received before the cancellation of the GSS. They were not aware if the medication or the dosage needed to be changed.

The cancellation of GSS inevitably reshaped the allocation of budget within the family. Most significantly, it reshaped the use of social assistance. One of the respondents shared that she used the disability assistance she received for her daughter, for both of them, as this was the only way to cover the newly appeared cost. The same respondent also answered the question about the use of prescribed medication as "Partially, I reduced the dosage". The respondent mentioned that she used the disability assistance one month for her daughter and the other month to pay for her own medication.

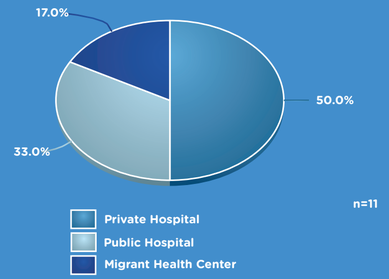
Another respondent whose main means of livelihood was ESSN reported that they had to spend all of the monthly ESSN allowance to cover the cost of medication for herself and her husband; therefore, accept financial support from their relatives to pay for rent and basic needs. As it was observed, ESSN assistance which in general was used to cover basic needs such as food and shelter, gained another economic significance for persons who had to buy their own medication, which, consequently rendered households more dependent to social assistance.

Last Time Seeing a Medical Practitioner



Medical Institution Applied

Among the respondents who saw a medical practitional after the cancellation of the GSS



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One respondent reported that the only assistance they receive was CCTE of her daughter, which was not enough for them. Participants whose GSS was cancelled were asked about the last time they visited a medical practitioner. Among 10 respondents, while 6 of them indicated that they saw a medical practitioner after the cancellation of GSS, 2 respondents shared that they did not go to any medical facility. 2 of the respondents could not provide a clear answer. Then, a second question was asked to respondents who saw a medical practitioner after the cancellation of GSS, asking the type of medical institution they applied. Among 6 respondents, 3 applied to a private hospital, 2 applied to public hospital and 1 applied to migrant health center.

Participants who applied to private hospital reported that they were scared to go to public hospital due to the COVID 19 pandemic. Two of the respondents mentioned that they received financial support from their social network to collect the money to apply to the private hospital.

My medication costs for 160-170 TRY monthly. I cannot afford it any more. My daughter receives CCTE. I collect paper from trash to support my family. I drink mint & lemon tea and hope for feeling better.
Sometimes I feel really unwell; then I take medicine. I do not take medicine, unless I feel too bad.
I do not go to doctor anymore. I pay the money I would pay for examination, for medication. If I feel really unwell, I go to my neighbor and use his nebulizer.
Male, 52 y.o.

I applied to PDMM for the activation of GSS. They require at least 40% disability report. I have 15% disability and it is not going to change. My condition is congenial. It has always been 15%.
Female, 36 y.o.

One of the respondents who One of the respondents who applied to public hospital was referred to Ankara City Hospital by a single practitioner report; however, could not go to Ankara, as her GSS coverage was cancelled, and she could not afford the treatment. The same respondent was suffering from lesions related to leucocyte disorder, which required advance medical intervention that could not be provided by any medical facility in Çorum.

The cost of the medical examination was checked from the state hospital in Çorum and learnt that it was around 50 TRY. The participants were asked if they knew that they can benefit from Migrant Health Center and their family practitioner free of charge. 3 of the respondents reported that they did not know about either of the institutions; while 5 mentioned that they knew the institutions and apply to them when needed. One of the respondents added that free examination does not make such a big difference; since, they paid for the medication anyway which cost higher than the examination fee. The same respondent mentioned that she preferred to directly apply to a pharmacy and ask for a suitable medication for their symptoms. 3 respondents could not provide an answer.

Doctors in Çorum could not diagnose my illnes. They referred me to Ankara; but, I could not go there because I do not have insurance. I suffer a lot of pain. I use sedatives to ease my pain and calm me down. I feel terrible at nights. My hands get numb. I take multiple sedatives.
We suffer a lot. For what should I pay? For food, for medicine? We cannot go back to Iraq. The situation of Iraq is obvious. Why is this hapening only for some refugees?
Female, 22 y.o.

I have terrible headache, if I do not take my medication for blood pressure. I feel unwell. I cannot survive without using this medication. So, we deal with the problem one way or another.
I reduced the dosage.
I use my daugters disability allowance for both of us. One month I spend the money for her, the other month I buy my medicine.
Female, 57 y.o.

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Activation of Health Insurance

Participants were asked about the application process for the activation of their GSS. In this section, the institutions applied, the documents required and the results of applications would be provided, as well as, the knowledge and attitude of participants related to the activation of GSS.

Participants were asked if they were aware of the new regulation cancelling the GSS coverage for themselves beforehand, to understand whether they had the chance to prepare themselves for the situation. 4 participants reported positively about being informed about the new regulation; while four participants mentioned that they were not aware that their GSS would be cancelled. The respondents who were unaware of the new regulation reported that they were not expecting the situation and it was sudden for them. 3 respondents could not provide an answer.

One of the respondents who were aware of the new regulation was able to activate her GSS smoothly in short time. She reported that, she applied to PDMM in January, as soon as the GSS had been cancelled with his outdated medical report indicating over 40% disability. The PDMM activated her GSS for one month to renew her medical report. The respondent renewed her medical report with no-cost in a short time and activated her insurance. The PDMM informed the person that her GSS was activated for one year and needed to be renewed upon the due date. As the participant was aware of the new regulation, she used her stock medication in the mean time until her GSS had been activated.

Only one of the respondents was able to activate her GSS. The distinguishing aspect of her situation was that she already had a medical report proving above 40% disability. Although outdated, the report was regarded by PDMM as a valid proof document and her application was accepted for further examination. Therefore, PDMM activated the respondent's health coverage for a month to renew the medical report; in order to make sure that the respondent still meet the criteria for the activation of GSS.

Table 2: Which proving documents you have?

Over 40% medical report	1
Below 40% medical report	2
Other supporting documents (Single practitioner report, prescriptions, tests, simple reports, etc.)	8
	n=11

Although, lack of over 40% medical report, 7 of the respondents had simple reports and/or prescriptions for chronic diseases that require lifelong medical treatment, such as diabetes, cholesterol and high blood pressure. Among those 7, two of the respondents have medical reports indicating 36% and 15% disability. One of the respondents had up-to date single practitioner's report indicating urgent advance medical treatment and referral paper from the same practitioner to Ankara City Hospital. None of these proof documents were considered as valid to reactivate the health insurance at least for one month to receive a medical report indicating the disability situation. Relatedly, persons were not able to obtain the proof document from a public hospital, unless they pay for the process through their own means.

The cost of the medical report was checked from the state hospital in Çorum and learnt that it was around 250 TRY. Apart from one respondent out of 10 whose GSS have not been activated yet, all respondents shared that they could not receive the medical report due to financial reasons. The respondent who mentioned another reason shared that her organs were reversed since birth and the situation reflects 15% disability; and the rate of disability would not change. Therefore, did not consider applying for medical report.

Two of the respondents said that since it is not certain that the report they obtained would qualify them for activating their GSS, they preferred spending their money to medications rather than the medical report. One of these respondents mentioned that she was convinced that their GSS would not be activated anyway.
The respondent with 36% medical report applied to SASF for financial support. The respondent mentioned that, she was not eligible for the SASF assistance, since her report did not indicate "full dependency". Consequently, she again needed a new medical report indicating the level of dependency.

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Impact of The Process on Persons

One of the purposes of this study was to learn about the effects of long lasting process of living without insurance on persons with health problems and their family. The answers revealed that having limited or no access to treatment had negative impact on persons' medical conditions, as well as their psychological wellbeing. Additionally, family members were affected from the situation due to the sacrifices they made or the emotional hardship of seeing their beloved ones suffering.
It was observed that in the first couple of months persons used their stocked medication; therefore, more tolerant to the situation. This also helps to explain why persons applied to re-activate their insurance after three or four months after its cancellation.
All of the respondents used the same expression when describing the process, "It is too tiring for us.". When they further explained, they mentioned that they had to visit PDMM and hospital several times, by their own means when they were sick. Therefore, it was tiring for them both physically and mentally. Some respondents gave up trying and accepted that their GSS would not be activated again.

"Before, I was able to go to hospital and receive my medication. I have multiple health problems. I have been taken to emergency often, and receive inpatient treatment. My health insurance was cancelled when I turned 18. I had prescriptions and an outdated medical report. Both documents were deemed invalid. Then we did not apply again to any institution or to the hospital; because, we lost our hopes about the activation of the GSS."

Male, 18 y.o.

"My child is sick. He has stomach problem. He cannot eat anything. His medication costs too much. He is always dizzy. He cannot stand up. We registered him to school, so he could catch up with his friends. But he could not attend the school. We do not know what his health problem is. Each doctor came with a different diagnosis. He needs treatment. I try to cure him with herbs and formulas I prepared. This is the best I can do."

Respondent's mother

It was observed that respondents feel hopeless about the reactivation of their GSS and in general their situation in Turkey. One of the respondents expressed that there was no hope for them as they could not meet their basic needs currently nor could they go back to Iraq. The same respondent felt intimated about the content of the new regulation as it only targeted refugees under international protection. She felt as if being pushed to background compared to refugees under temporary protection. Two other respondents mentioned that they had nothing to do against laws other than accepting it.

Lack of information multiplied by hopelessness, caused persons to accept the worst forms and gave up looking for alternatives. One of the respondents whose 4-year-old daughter had an accident and broke her arm, took her child to a bonesetter; rather than a doctor, as she believed that her child would also be left outside the GSS coverage.

One of the respondents needed a gynecological operation. She could not have the operation, as her GSS was cancelled. The respondent reported that her medical condition caused pain in her legs and she had difficulty in walking. The same respondent also mentioned that she accepted the fact that her insurance would not be activated; therefore, tried to live with the pain. During the interviews, when the discussion came to the access to medication and treatment, all respondents used "we" language and talked about the support they received from their family and the sacrifices the family members made. All respondents whose GSS had not been activated reported that they received financial support from their family and relatives. Two of the respondents –a couple- reported that they spend all the ESSN they receive -240 TRY- for their medication and receive support from their relatives to cover the rent and basic needs. One of the respondents mentioned that she cut her medication to afford the medication of her partner. Another respondent shared that she used her daughter's disability allowance for both of them. Therefore, the physical, mental and financial effects of the new regulation extended to the family members.

6 of the respondents reported that sometimes they "feel unwell" due to the pain. 4 of the respondents reported psychological distress following the period they could not access treatment. One of the respondents shared that she started to use a kind of painkiller which was not prescribed by a doctor. She mentioned that she could not sleep or calm her nerves without this medication. Another respondent expressed that she suffered from sleep deprivation and since she could not see a doctor, she tried to cure her sleep problem with herbal tea.

As access to medication got more challenging, persons applied to alternative medicine. 3 of the persons reported that they use herbal tea and home-made formulas to cure their problems and decrease the need for medication. Respondents shared that they took medicine only if their situation had not been improved with herbal treatment.

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Conclusion & Moving Forward

This case study found that the cancellation of the GSS of persons under international protection aged between 18 and 65 affects persons' physical and mental well-being as well as their socio-economic situation. The long lasting illness without treatment, as well as economic hardship also negatively affects access to basic needs and services. It should also be noted that the repercussions of the challenging situation are felt within the family. The major findings of the study are as follows:

- All of the respondents have at least one long lasting disease which they had been living with by using medication on a regular basis.
- **8/11** respondents were prescribed with multiple medication for regular use.
- All of the respondents reported that they were able to access medical facilities and treatment for free or in return for an affordable cost; before the new regulation.
- **6/11** respondents had to limit the dosage or completely cut their prescribed medication; since they could not afford it anymore.
- **1/11** respondents was able to reactivate her GSS.
- As access to institutional treatment becomes challenging for persons, they tend to use traditional or alternative treatment, such as herbal tea or formulas.
- Persons had been using the same medication with same dosage prescribed before 2020, and were not aware if their prescription was supposed to be renewed. Although, they were not content with the medication they used; they kept using the same medication.

- The household economics were reshaped with the emerging expenses. Social assistance that had been used before was spent for medication; which pushed persons to look for additional finances or job opportunities. Social assistance provided for the specific needs of vulnerable members such as disability allowance or CCTE appeared to be used as another source of income to cover the costs; therefore, used against the intended purpose.
- Persons who could not afford for their health expenses became dependent to family members, in some cases neighbors and social network for financial support.
- Persons have limited or no information about the first level health services provided for free.
- Persons are reluctant to apply to a medical institution, as they would pay for the medication anyway; and perceive applying to medical institution as an additional cost over medication. Persons use their old prescriptions, apply directly to a pharmacist for recommendation or look for alternative or traditional treatment.
- The only valid document for the activation of GSS is medical report indicating 40% or over disability rate. Persons who already had the mentioned report were provided with one month GSS to renew their report. Less than 40% disability or other reports are not accepted by PDMM. Also medical conditions emerged following the closure of GSS would not be regarded as no proof document could be provided. Persons without 40% or more disability report had no chance but paying for the cost of medical report to prove their situation.
- The **40%** disability criteria leave many individuals with chronic illnesses or less than **40%** disability that requires regular medication, monitoring or treatment behind.
- Being not able to receive a medical report is linked with negative outcomes. Persons cannot apply to other social assistance, such as SASF supports, due to not being able to provide medical reports as proof documents.
- As the time period without access to adequate treatment becomes longer, persons existing medical conditions worsened and/or they developed new related medical conditions.
- Persons were aware of where to apply to activate their GSS.
- The activation process is both physically and psychologically tiring for persons and their family.

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- The feeling of despair and intimidation and having no or limited information drive people to give up trying and building gaps between them and public service providers. Persons took decisions to avoid public health services for themselves and their family members which in the long run might cause irreversible consequences.

- The cancellation of GSS only for refugees under international protection made persons feel intimidation and anger against refugees under other legal statues.

The following suggestions are developed under the light of conclusions drawn from the study:

The eligibility criteria: The regulation exempts persons with specific needs from the cancellation of the GSS. However, in practice the 40% or over disability condition was applied as the primary criterion. Many medical conditions that require long term –in some cases life long- treatment do not pose 40% disability over persons' health. Therefore, the 40% or over disability criterion excludes many people from being eligible for the activation of their GSS. Rather, the medical conditions, such as chronic illness, need for using regular medication, need for medical operation proven by medical report could be considered as eligibility criteria.
In addition to the eligibility criteria, persons should be supported to receive the required proof document with no-cost via the temporary activation of GSS to apply to hospital for medical report.

Information dissemination: Information on the cancellation of GSS, the affected groups, the exemptions, the activation process and required documents, the duration of the activated GSS and regular re-activation process, as well as, first stage free services should be disseminated among the affected community. Furthermore, information about and referral to support mechanisms that provide free medication and cover the cost of medical operations should be promoted.

Psycho-social support: Psycho-social support activities should be generalized in social services, to protect and maintain persons' well-being from any damage that could be caused due to feelings of despair and pain.

Advocacy: Service providers should monitor the situation and work in close cooperation with civil and public local service providers. The emphasis on persons with special needs should be provided and more attention should be drawn to the exclusive nature of 40% or over disability criterion.

Contact
For further information on the issues mentioned above, you can contact us at **info@retykd.org.tr**

Annexes

Annex 1: Questions for Data Analysis:

Case Code: _____

Age: _____

Gender: _____

Nationality: _____

Year of Entry to Turkey: _____

The Date When GSS Was Cancelled: _____

Type of vulnerability (please explain):

Is there a medical report proving the medical condition? If yes, the type of the document (Medical commission's report, report from MHC, etc.):

Is medical operation required? If yes, does the client know the cost?

Is there any documentation indicating the cost?

Is the client prescribed with medication? If yes, how does s/he access the medication? What is the cost?

How did the client reach RETYKD?

Is there any other institution the client applied to?

Please explain the actions taken by RETYKD

Has the client benefited from health services? Please explain the process:

The current situation of the client:

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Annex 2: Questions for the Phone Interview:

Case Code:	_____	**Date:**	_____
Age:	_____	**Interviewer:**	_____
Gender:	_____	**Note Taker:**	_____
Nationality:	_____	**Translator:**	_____

Can you explain your health problems?

For how long does your health problems continue? Did you have the same problems before arriving to Turkey? If yes, were you receiving treatment there?

Are you currently able to access treatment or your prescribed medication? If not, why? If yes, how?

Had you been able to access treatment before January 2020? If yes, how? Did you know that your GSS would be cancelled? When was the last time you applied to a medical facility?

Did you apply to any institution to reactivate your GSS? If yes, where? If not, why?

During the application, which documents were requested from you? What was the cost of those documents?

How long did the application process continue? How did you meet your health needs in the mean time? Do you benefit from the services in Migrant Health Center or family practitioner? Do you know that services in these institutions are free of charge?

Where there any changes in your medical conditions since the time you could not access medical treatment?

Is there anything else you would like to add related to the application process?

Eğitim Yoluyla Kalkınma

RET

Rıdperlik Eğitim Toplumsal Yardımlaşma ve Kalkınma Derneği

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Eğitim Yoluyla Kalkınma

RET

Rehberlik Eğitim Toplumsal
Yardımlaşma ve Kalkınma Derneği

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