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THE HUMAN RIGHTS OF SYRIAN REFUGEE WOMEN:

A COMPARATIVE ANALYSIS OF HEALTHCARE ACCESS AND EDUCATIONAL OPPORTUNITIES IN TURKEY AND GREECE

Doctoral School of International Relations and Political Science

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DOCTORAL DISSERTATION

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Budapest, 2026

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Abstract

This dissertation examines the implementation gaps between legal entitlements and actual access to healthcare and educational opportunities for Syrian refugee women in Turkey and Greece from 2015 to 2025. Despite fundamentally different protection frameworks, Turkey's temporary protection regime and Greece's EU-compliant asylum system, Syrian women encounter remarkably similar patterns of systematic exclusion that transform formal legal rights into inaccessible promises.

Through a comparative qualitative case study employing feminist institutionalism as the primary theoretical framework, this research analyses legal documents, policy materials, AIDA country reports, and in-depth interviews with eight Syrian refugee women and six NGO representatives. The study develops an integrated four-factor implementation gap framework examining bureaucratic inefficiencies, geographic disparities, limited institutional capacity, and gender-blind service design.

Findings reveal that implementation gaps operate at the level of institutional logic rather than legal design. Bureaucratic inefficiencies manifest through the systematic absence of Arabic interpretation and discretionary permit systems. Geographic restrictions create healthcare deserts through provincial registration requirements in Turkey and island containment policies in Greece. Limited institutional capacity is evident in severe staffing shortages, suspended interpretation services, and declining NGO funding. Gender-blind service design systematically excludes women through healthcare facilities without childcare provisions, language courses inaccessible to mothers, and male interpreters assigned for sensitive women's health consultations.

The convergence of these factors across legally distinct protection systems demonstrates that formal legal equality coexists with systematic gender-based exclusion. Syrian women with protective factors, language proficiency, urban locations, and educational backgrounds navigate services successfully, while the most marginalised women facing compounded barriers experience complete exclusion despite possessing identical legal entitlements, constituting human rights violations under international law.

This research makes three key contributions. First, it advances feminist institutionalist theory by demonstrating empirically how gendered institutional mechanisms transcend formal legal frameworks. Second, it provides a systematic analytical framework identifying specific institutional mechanisms through which protection systems reproduce gendered inequalities. Third, it challenges dominant narratives attributing access barriers to individual refugee deficits by revealing these as institutional failures to accommodate diverse populations. The dissertation demonstrates that achieving substantive equality for refugee women requires a fundamental transformation of institutional design, moving beyond legal entitlements toward protection systems that actively accommodate diverse needs and centre the lived experiences of the most marginalised women.

Chapter 1 Introduction

Syria continues to represent one of the world's most significant forced displacement situations, with more than 14 million Syrians having fled their homes since the conflict began in 2011 (UNHCR, 2025). Syrian women constitute a substantial portion of this displaced population, as women and children together represent 75% of Syrian refugees (Samari, 2017). Yet their specific protection needs remain systematically unmet despite decades of international commitments to gender-responsive refugee protection. This research examines why Syrian refugee women face persistent barriers to accessing healthcare and education in Turkey and Greece, two countries hosting the largest Syrian refugee populations in proximity to Syria, despite fundamentally different legal frameworks governing refugee rights.

Turkey hosts over three million Syrian refugees under a temporary protection framework, which functions outside the scope of the 1951 Refugee Convention (Zenginkuzucu, 2021; Chong, 2018). While Greece, as an EU member state, implements protection through the Common European Asylum System. Despite these divergent legal structures, Syrian women encounter remarkably similar implementation failures in both contexts: bureaucratic obstacles blocking documentation, geographic restrictions limiting service access, under-resourced institutions unable to coordinate protection, and gender-blind service design that ignores women's specific circumstances. This convergence of protection failures across different legal systems demands explanation.

Existing scholarship documents implementation barriers in refugee protection systems and critiques gender mainstreaming approaches, yet critical gaps remain. First, comparative analysis explaining why similar protection failures emerge despite different legal frameworks is underdeveloped. Second, studies lack an integrated analytical framework explaining how implementation barriers interact and their relative significance. Third, empirical research capturing Syrian women's lived experiences remains limited, a gap this research addresses through interviews conducted after the December 2024 fall of the Assad regime, which eliminated the fears that had previously prevented Syrian women from speaking openly about their protection experiences.

This research addresses these gaps by examining how implementation barriers operate across different protection systems, revealing why formal legal rights fail to translate into meaningful protection for Syrian women. By analysing both Turkey's temporary protection framework and Greece's EU asylum system through a feminist institutionalist lens, this study demonstrates that protection failures stem from institutional logic rather than legal design, with implications that extend far beyond these two cases.

This dissertation addresses the following research questions:

Main Research Question: *How do implementation gaps between legal entitlements and actual access to healthcare and education/integration opportunities affect Syrian refugee women in Turkey and Greece (2015-2025)?*

Sub-questions: What specific barriers prevent Syrian refugee women from accessing healthcare and education/integration opportunities despite formal legal entitlements in both protection systems? How do NGOs attempt to bridge these protection gaps for Syrian women, and with what effectiveness? What explains the similar protection outcomes for Syrian women despite different legal and political systems in Turkey and Greece?

To answer these questions, this study employs a comparative qualitative case study design spanning 2015-2025. Data collection involved analysing documents related to legal frameworks, policy documents, and NGO reports; conducting semi-structured interviews with eight Syrian refugee women after the fall of the Assad regime; and interviewing six NGO representatives working directly on refugee protection in both countries. The feminist institutionalist theoretical framework reveals how seemingly neutral institutional structures systematically disadvantage women through formal rules, resource allocation patterns, and implementation practices.

Syrian women's protection needs, shaped by caregiving responsibilities, mobility constraints, male guardianship dynamics, and gender-specific safety concerns, remain invisible within bureaucratic procedures that assume an "abstract refugee" modelled on male experiences. Even when policies include gender-sensitive language, institutional resistance to transformation ensures that formal commitments rarely translate into substantive access.

The dissertation proceeds as follows. Chapter 2 presents the theoretical framework grounding the analysis in feminist institutionalism and implementation gap theory. Chapter 3 details the comparative qualitative methodology and data collection procedures. Chapter 4 reviews relevant literature on refugee protection, gender mainstreaming, and implementation challenges. Chapter 5 examines the legal and policy context for Syrian protection in Turkey and Greece. Chapter 6 presents findings on Syrian women's rights in practice across both countries. Chapter 7 discusses the comparative analysis, applying the four-factor framework to reveal convergent mechanisms undermining protection. Chapter 8 concludes by synthesising findings, theoretical implications, and policy recommendations.

Chapter 2 Conceptual and Theoretical Framework

2.1 Defining "Syrian Refugee Women" in This Research

This study focuses on Syrian women who fled the Syrian conflict (2011-2024) and sought international protection in Turkey and Greece between 2015 and 2025.

In Turkey, Syrian women registered under the Temporary Protection Regulation, holding temporary protection status.

In Greece, Syrian women who have either (1) been granted formal refugee status or (2) are currently asylum seekers with pending applications.

Rationale: This broad definition reflects the reality that Syrian women's protection experiences transcend legal categories. A Syrian woman under temporary protection in Turkey and a Syrian asylum seeker in Greece may face remarkably similar barriers to accessing healthcare, legal protection, or educational opportunities, despite different formal legal statuses.

Scope: The study includes Syrian women regardless of their mode of arrival, documentation status, geographic location, socioeconomic background, or family composition.

Exclusions: Syrian women who have obtained citizenship, as their legal relationship with the state fundamentally differs from those seeking international protection.

2.2 Theoretical Framework: Feminist Institutionalism

2.2.1 Core Premises: Gendered Organisations and Policy Implementation

This research employs feminist institutionalism as its primary theoretical framework. Examining how institutions work through gendered rules, norms, and practices shows that they create unequal outcomes for women and men, even when policies seem gender neutral.

Acker (1990) argued that organisations are inherently structured around gender rather than being neutral. She highlighted how advantages, disadvantages, control, and identity are shaped by distinctions between male and female, and masculine and feminine. Her key insight was that organisational concepts like jobs, hierarchies, and roles are often built around the assumption of male workers whose lives revolve around full-time employment, while domestic responsibilities are expected to fall to others. This underlying gendered structure is often hidden behind claims of bureaucratic neutrality (Acker, 1990).

The theory-building project of feminist institutionalism started in the mid-2000s. During this time, feminist political scientists looked at how structures, rules, norms, and practices in institutions, which appear neutral, are influenced by gender and create gendered effects.(Chappell, 2006; Kenny, 2007).

Feminist institutionalism builds on many of the same theoretical foundations as the various branches of new institutionalism. Scholars in this field have engaged in dialogue between the two perspectives, highlighting their complementarities and

illustrating how incorporating a gendered lens enhances the analysis of institutions (Lowndes, 2009, Mackay et al., 2010).

Similar to New Institutionalism, Feminist Institutionalism embodies the Critical Turn's move away from the positivist theoretical frameworks that had previously dominated institutional analysis (Lowndes, 2009). Feminist Institutionalists place institutions at the core of political analysis and emphasise the role of gendered social actors in shaping the economic, social, and political dynamics within those institutions (Mackay et al., 2010)

Building on the agency-structure debate, feminist institutionalists contend that institutions are fluid and evolving systems rather than fixed or uniform entities. These structures both shape and are shaped by the actions of individuals operating within and beyond them (Chappell, 2006). Since institutions are dynamic, they can transform over time through the influence of social actors, although such transformations often encounter resistance (Chappell, 2006).

The theoretical framework is grounded in key assumptions regarding the gendered nature of institutional operations. First, it suggests that institutions are governed by both formal and informal rules, norms, and practices that define what is considered appropriate masculine and feminine behaviour for men and women. In doing so, these systems reinforce and perpetuate wider social and political expectations related to gender roles (Chappell, 2006). Expanding on this perspective, Acker (1990) suggests that even seemingly neutral concepts like a "job" or "position" carry implicit gender assumptions. Organisational structures that appear impartial often assume workers who have no caregiving duties or personal needs that could conflict with work, assumptions that reflect traditional male life patterns rather than the realities of women's lives. (Acker, 1990).

Formal rules, established norms, and practices, along with the perception of bureaucratic neutrality, shape an institution's gendered sense of what is deemed appropriate, thereby influencing and controlling the behaviour of individuals within it (Chappell, 2006). Second, institutions are neither fixed nor uniform. Feminist institutionalists view them as dynamic structures that can both limit and enable the actions of individuals, whether they operate within or outside the institution. Because of their dynamic nature, institutions can evolve over time and be reshaped by the actions of social actors (Chappell, 2006).

Third, a feminist institutionalist perspective provides insight into how institutions operate and highlights the context-specific interactions between institutions and gendered social actors (Chappell, 2006). This approach treats institutions as a key factor in political analysis while emphasising the central role of gendered actors in shaping the economic, social, and political dynamics within those institutions (Mackay et al., 2010). This approach allows for an analysis of how institutional processes

influence policies that affect the everyday lives of individuals. Its goal is to support feminist activists and their allies in challenging entrenched gender norms within institutions and promoting reforms that lead to more gender-equitable outcomes (Lowndes, 2015).

Feminist institutionalism also highlights how bureaucratic frameworks can mask underlying gendered realities. Acker (1990) points out that organisational logic often revolves around the idea of an “abstract worker” or “disembodied job,” a concept that appears universal but is actually based on male life patterns and experiences. In the context of refugee protection, this translates into the assumption of an “abstract refugee” who is male, mobile, and unburdened by caregiving responsibilities. (Acker, 1990). Syrian women refugees see protection systems not as just abstract refugees. They are women with unique family structures, mobility issues, and responsibilities. These factors are often overlooked by the way institutions are set up.

Fourth, this approach distinguishes between different types of social actors within institutions. These include reformers and feminist activists, whether operating inside or outside the institution, who work to reshape or transform institutional structures, as well as institutional enforcers, often powerful male elites, who benefit from existing gender norms and have a vested interest in maintaining the status quo (Mackay, 2014).

2.2.2 Intersectionality as a Complementary Framework

While feminist institutionalism serves as the main analytical approach, this research acknowledges that we cannot fully understand Syrian women's experiences through gender alone. Intersectionality theory (Crenshaw, 1989, 1991) shows how gender intersects with Syrian nationality, refugee legal status, family structure, and geographic location. This intersection creates different experiences among those categorised as "Syrian refugee women." Crenshaw's key insight was that categories like "women" and "racial minorities" overlap, leading to unique experiences of discrimination that we cannot grasp by looking at race and gender in isolation.

The shift in feminist thinking toward viewing gender as socially constructed, fluid, and constantly negotiated has paved the way for more nuanced, intersectional analyses within feminist institutionalism (Krook & Mackay, 2011). By understanding gender as a dynamic process, scholars in feminist institutionalism explore how gender relationships shape and influence institutional structures that might otherwise appear neutral (Chappell, 2006). Intersectionality enhances this analytical sophistication by revealing how heterogeneous members of specific groups experience institutions differently depending on their multiple social locations (Atewologun, 2018).

The emphasis on gender as socially constructed has led to the development of intersectional analyses that examine how institutions constrain or enable the behaviour of a diversity of social actors categorised according to prescribed social divisions such

as class, race, gender, sexuality, age, ability, and religion (Kenny, 2007; Ahmed, 2012). This has opened up the study of institutions to examine how women and men of colour and other minority women and men may be enabled or constrained and discriminated against across time and place within a given institution (Kenny, 2007; Ahmed, 2012). Applied to refugee protection contexts, this approach reveals how Syrian women's access to healthcare, legal protection, and education varies significantly based on their intersecting identities, including family structure, geographic location, socioeconomic status, and legal status in host countries.

In Turkey and Greece, intersectionality shows how Syrian women's access to protection varies due to several overlapping factors. A single Syrian mother in the outskirts of Istanbul faces different challenges in getting healthcare compared to a married Syrian woman in Izmir who has family support. In Greece, Syrian women in island hotspots deal with different legal protection issues than those in mainland reception centres. These differences are exacerbated by factors such as education level, Arabic literacy, and connections within refugee communities.

While intersectionality could serve as a standalone framework, this study positions it as complementary to feminist institutionalism, as the main research question focuses on institutional failures rather than identity-based experiences. Feminist institutionalism offers the tools to understand why institutions fail to protect Syrian women. Meanwhile, intersectionality highlights whose protection needs are often overlooked in these institutional failures.

2.2.3 Defining Adequate Protection

Before looking at implementation gaps, we need to define what "adequate protection" means in this research. Based on feminist institutionalist principles and international refugee law, this study describes adequate protection as having four related dimensions that extend beyond legal rights to encompass real access and dignity.

First, adequate protection needs formal legal recognition of rights. This includes access to legal status determination, documentation, and codified entitlements to healthcare, education, and social services. However, as feminist institutionalism demonstrates, formal rights alone are insufficient when institutional structures prevent their realisation (Acker, 1990; Chappell, 2006).

Second, adequate protection requires substantial access, or the practical ability to use legal rights. This means Syrian women should be able to get healthcare when they need it, enrol their children in schools, and seek legal protections without facing major hurdles. Substantial access relies on services being easily accessible, simple to navigate, easy to understand, and affordable (Freedman, 2015).

Third, adequate protection includes non-discrimination and responsiveness to gender. Services must be designed and delivered in ways that consider women's specific

situations, including caregiving duties, mobility issues, and culturally appropriate service delivery. Gender-blind procedures that treat all refugees the same continue existing inequalities by ignoring how institutional structures affect women and men differently (Boyd & Nowak, 2013).

Fourth, adequate protection maintains dignity and agency. This means Syrian women should be able to access services without facing humiliation, discrimination, or dependence that undermines their autonomy. Protection systems should help women make informed choices about their own healthcare, their children's education, and their family's future without being forced to rely on male intermediaries or exploitative informal support networks.

This broad definition allows us to view protection not just as a legal status but as a lived experience. Gaps in implementation occur when any of these aspects fail, such as when formal rights exist without real access, when gender-neutral procedures create gender-specific obstacles, or when accessing services requires compromising dignity. By setting this standard, the research can investigate how well Turkey's and Greece's protection systems provide adequate protection to Syrian refugee women.

2.3 Analytical Tool: Implementation Gap Analysis

This research uses implementation gap analysis to examine the disconnect between legal entitlements and actual access.

Implementation gaps occur when formal legal rights fail to materialise as accessible services or meaningful protection in practice. A range of factors and their interactions can help explain why implementation gaps occur and why policies sometimes fail. (Hupe & Hill, 2006) Since the earliest research on policy implementation, its success or failure has often been associated with the complexity involved in coordinating joint actions. (Pressman & Wildavsky, 1973),

Implementation gap analysis examines how formal rights can become out of reach in practice. These challenges become especially significant when international commitments demand major domestic policy changes that must navigate several layers of governance (Petersson & Stoett, 2022). When the international obligations move through national political processes, they are influenced by various forces that reshape and reinterpret them, which can either strengthen or weaken their meaning depending on the context (Redgwell, 2007).

2.3.1 Four Implementation Factors

This research identifies four systemic factors creating implementation gaps for Syrian women.

2.3.1.1 Bureaucratic Inefficiencies

Administrative procedures can pose significant obstacles during the implementation process. Successful implementation largely relies on factors such as administrative capacity, leadership, expertise, and access to information (Brown Weiss & Jacobson, 2000). Having an effective bureaucratic system to turn policy goals into concrete actions is essential, yet civil servants often face a lack of sufficient data and knowledge (Jain, 1999).

Complex documentation requirements assume that applicants have identity papers, but refugee women often lack these due to gender disparities in document issuance, family control over documents, or loss during displacement (Freedman, 2015).

Administrative delays affect women more when waiting times overlap with pregnancy, childbirth, or caregiving, making it hard for them to make multiple office visits. Procedures meant for native speakers often leave out non-speakers when interpretation is not required. The absence of gender-sensitive processes, such as needing male family members to interpret for personal medical issues or not having female staff for sensitive consultations, creates unique obstacles for women.

2.3.1.2 Geographic Disparities

Policy implementation can be undermined in complex bureaucratic systems with multiple governance layers, where each level must align on goals and have adequate resources to achieve policy objectives (Hadden, 1980). Refugee camps are often located in peripheral, rural areas, averaging 500 kilometres from national capitals (Coniglio et al., 2022). The concentration of services in urban centres poses significant obstacles for refugee women, particularly when cultural norms limit their mobility, when childcare responsibilities make travel difficult, or when security risks increase for women travelling alone (Freedman, 2015).

The geographic isolation of refugee camps further restricts women's access to services. Studies on interactions between refugees and host communities show that meaningful engagement sharply declines beyond distances of 10 kilometres (Alloush et al., 2017; Fajth et al., 2019), indicating that remoteness significantly limits access to services outside the camps. Syrian women in camps face additional challenges when camps are located far from service centres and when transportation options are scarce or costly. Variations in regional implementation capacity mean that women’s access often depends more on their place of registration or accommodation than on their formal legal rights.

2.3.1.3 Limited Institutional Capacity

Limited resources are a recurring challenge for implementing public policies in developing contexts, where widespread poverty often constrains the capacity of

governments and administrations to carry out their mandates effectively (McClintock, 1980; Sussman, 1980; Yuksel, 1999).

Capacity development focuses on enhancing the ability of departments and agencies to plan, implement, and manage policies and programs effectively (Cohen, 1995). A key barrier to the efficient execution of high-quality refugee integration measures is the lack of coordination and collaboration across different levels of governance (Bredal & Orupabo, 2014; Skutlaberg et al., 2014; Tronstad, 2015).

Research shows that individual actors often lack sufficient capacity to fulfil their responsibilities and rely on other departments and administrative levels (Busengdal et al., 2020). In the context of refugee integration, effective implementation of measures requires actors to acknowledge shared interests and challenges, making collaboration between municipalities, welfare agencies, and various governance levels essential (Busengdal et al., 2023).

Research indicates that integration efforts often rely on collaboration and coordination with multiple stakeholders, including public employment services and qualification providers. (Hooper et al., 2017; Lillevik & Tyldum, 2018). Cooperation among different actors and across various levels is crucial for supporting refugee integration, but achieving effective collaboration is often difficult (Brorström & Diedrich, 2022). Limited institutional capacity to coordinate services across different actors and governance levels means that Syrian refugee women's access to healthcare and education depends not just on formal policy rights but also on whether local agencies have the resources and networks needed to provide those protections effectively.

2.3.1.4 Gender-Blind Service Design

Boyd and Nowak (2013) argue that a gender-blind approach cannot be equated with gender neutrality in outcomes, noting that gender stratification and power hierarchies can produce immigration practices that appear neutral but have gender-specific impacts due to existing inequalities in both origin and settlement countries (Boyd & Nowak 2013, Boyd 1989, Boyd & Pikkov 2008). This distinction is critical for understanding how ostensibly neutral service delivery systems systematically disadvantage women refugees.

Modern refugee systems have increasingly adopted gender-blind approaches, treating refugee populations as uniform groups and overlooking gender-specific needs. This is reflected in procedures that fail to acknowledge women's unique circumstances. Country assessments often focus on the public sphere while neglecting the private sphere, and country-specific data frequently lack a gender perspective, failing to highlight gender inequalities. Consequently, women's experiences are sometimes seen not as human rights violations but as private matters caused by other individuals. (Connors, 1997; UNHCR, 1997; Boyd, 1999).

Gender-blind procedures pose numerous obstacles for refugee women. Documentation requirements are especially burdensome for those fleeing violence, as the urgency of escape often prevents them from securing necessary papers (Boyd & Nowak, 2013). Financial barriers also disproportionately impact women, who generally earn less than men (Brown, Pagan & Rodriguez-Oreggia, 1999), making gender-neutral fees effectively exclusionary for women (Boyd & Nowak, 2013).

In Turkey and Greece, registration processes, documentation requirements, and service delivery methods are designed without enough consideration of how gender affects refugees' experiences. This continues to create protection gaps, even with formal legal commitments to address gender-based persecution.

The four-factor framework enables comparison of how these implementation mechanisms affect Syrian women across Turkey's temporary protection system and Greece's EU asylum system, revealing patterns of convergence or divergence in protection outcomes despite different legal structures.

2.4 Political Context and Implementation: The Role of Political Will

While this research identifies four primary implementation factors creating protection gaps, bureaucratic inefficiencies, geographic disparities, limited institutional capacity, and gender-blind service design, these factors operate within political contexts that shape their manifestation and persistence.

2.4.1 Defining Political Will in Policy Implementation

Political will is defined as "the extent of committed support among key decision-makers for a particular policy solution to a particular problem" (Post, Raile, & Raile, 2010). Moreover, the surrounding context plays a significant role in shaping political will by affecting how leaders think and act (Teles, 2014). These perceptions and behaviours are, in turn, influenced by both the formal and informal institutional rules that guide and constrain leaders' decisions (Brinkerhoff, 2000).

2.4.2 Political Will as Contextual Force

Several elements can either limit or strengthen the political will to pursue policies focused on equity. According to Oliver (2006), factors such as limited rational decision-making, divided political systems, opposition from powerful interest groups, and financial limitations often push political leaders to opt for gradual adjustments instead of sweeping reforms. Overcoming this entrenched pattern, (Oliver 2006) suggests, demands political movements strong enough to shift public attitudes.

Political ideology plays a key role in determining how policies are designed and implemented. Studies from Norway, Canada, and Australia show that left-leaning ideologies tend to support universal approaches, whereas right-leaning ideologies favour targeted measures (Strand & Fosse, 2011; Collin & Hayes, 2007; Baum et al.,

2013). Generally, right-wing perspectives are grounded in individualism, emphasising personal responsibility for outcomes rather than the influence of social or economic conditions (Tesh, 1988). Political feasibility is enhanced when the problem, policy, and political streams align, creating openings for action known as windows of opportunity (Kingdon, 2014).

How an issue is framed plays a vital role in building political will. Policymakers and advocates deliberately use framing to highlight specific problems and convince others of their significance. When effective, this framing aligns with public perceptions and becomes accepted as a new way of discussing and interpreting the issue (Finnemore & Sikkink, 1998).

2.4.3 Political Will in Refugee Protection Contexts

In the context of refugee protection, political will plays a decisive role in determining whether states turn their legal obligations into meaningful action. Although 148 countries have ratified the 1951 Refugee Convention and its 1967 Protocol (UNHCR, 2010), and the 2016 New York Declaration for Refugees and Migrants received unanimous approval from the UN General Assembly (UNGA, 2016), a substantial divide remains between the principles of protection and actual state practices. The 1951 Convention emphasises that resolving refugee issues effectively "cannot be achieved without international co-operation" (UNHCR, 2010, p. 13), highlighting the fundamentally transnational character of refugee protection. However, in reality, the commitments and standards set out in these agreements are often disregarded by the very states that have pledged to uphold them (Crisp, 2018).

In recent years, the gap between principles and practice in refugee protection has grown wider. Many governments have adopted restrictive measures, closing borders to refugees, intercepting and forcibly returning those travelling by sea, detaining asylum seekers without due process, and forming agreements aimed at exclusion and deportation (Crisp, 2018). This decline stems from several intertwined factors: developed nations often claim that protecting refugees conflicts with maintaining migration control and safeguarding national security, economic stability, and cultural identity. Meanwhile, developing countries, home to about 85 percent of the world’s refugees (UNHCR, 2016), argue that they shoulder an unfair burden of responsibility, even though they receive substantial humanitarian assistance (Crisp, 2018).

Several recent developments have intensified states’ tendencies to disregard asylum principles. Over the past years, large-scale refugee crises have emerged across Africa, Asia, Central America, Europe, and the Middle East, fostering a perception of an unprecedented global emergency and prompting arguments that existing legal frameworks are inadequate for addressing the current challenges (Smee, 2018; Crisp, 2018).

Second, the rise of populism, xenophobia, and unilateral approaches in many countries has been accompanied by a weakening commitment to international law, multilateral cooperation, and global institutions (Roth et al., 2017). Third, since the events of September 11, 2001, refugees have increasingly been linked to terrorism, even though evidence supporting this connection is limited (Crisp, 2017b). This association has given states a rationale for restricting refugee entry that aligns with public sentiment (Yeung, 2016).

A key limitation of the international refugee protection system is its lack of robust enforcement mechanisms. UNHCR's reliance on states for funding and access to the field restricts its capacity to openly confront non-compliance, leaving the organisation dependent on the High Commissioner's moral authority and persuasive influence rather than formal accountability tools (Crisp, 2018).

Understanding political will as a contextual force is essential for analysing why the four implementation factors identified in this research, bureaucratic inefficiencies, geographic disparities, limited institutional capacity, and gender-blind service design, persist in both Turkey and Greece despite formal legal commitments to refugee protection and gender equality. As subsequent chapters demonstrate, these implementation gaps reflect not merely technical or capacity constraints, but political choices about resource allocation, policy priorities, and the value placed on refugee women's rights protection.

Chapter 3 Methodology and Research Design

3.1 Research Objectives

The study aims to

1. Conduct a comparative analysis of legal frameworks and policies governing Syrian refugee women's rights in Turkey and Greece, focusing on healthcare access and educational/integration opportunities.
2. Examine the lived experiences of Syrian refugee women in both countries through their own narratives and perspectives.
3. Investigate the role of NGOs in protecting Syrian women's rights and bridging implementation gaps between policy and practice.
4. Identify systemic factors that create similar protection challenges across different legal frameworks.
5. Provide evidence-based recommendations for improving Syrian refugee women's rights protection.

3.2 Research Design

This study employs a qualitative comparative case study design, incorporating document analysis and semi-structured interviews to achieve a comprehensive

understanding of Syrian refugee women's rights protection. The qualitative approach allows in-depth exploration of policies, legal frameworks, lived experiences, and institutional responses while capturing the complexity of how gender, displacement, and legal status intersect to shape Syrian women's protection outcomes.

3.2.1 Rationale for Qualitative Approach

The qualitative research design is appropriate for this study for several reasons:

First, Syrian refugee women's experiences of rights violations and protection barriers involve complex, context-dependent phenomena that require detailed, nuanced investigation beyond what quantitative measures can capture. Understanding *how* and *why* implementation gaps occur requires examining institutional practices, cultural dynamics, and individual experiences in their full complexity.

Second, the research focuses on a specific displaced population (Syrian women) whose experiences have been shaped by particular historical, cultural, and political contexts. Qualitative methods allow for culturally sensitive inquiry that respects Syrian women's own interpretations of their experiences while examining how displacement disrupts and reconstructs their social positions.

Third, the comparative dimension requires understanding not just *what* differences exist between Turkey and Greece, but *why* similar protection challenges emerge despite different legal frameworks. This analytical depth necessitates qualitative investigation of implementation mechanisms, institutional cultures, and service delivery practices.

Fourth, examining NGO roles in protection requires understanding organisational strategies, relationships with state institutions, and effectiveness from multiple stakeholder perspectives, an analysis that benefits from qualitative flexibility rather than predetermined quantitative indicators.

3.2.2 Comparative Case Study Approach

This research adopts the "most different systems design" (MDSD) comparative approach (Przeworski & Teune, 1970), examining Syrian refugee women's protection in two countries with fundamentally different legal and political systems, yet receiving the same displaced population. The MDSD methodology examines different systems to identify whether similar outcomes occur despite systemic differences, allowing investigation of factors that transcend specific institutional arrangements (Przeworski & Teune, 1970). The underlying logic follows Mill's (1843/1970) method of agreement: when cases that differ in most respects nevertheless produce similar outcomes, the explanation must lie in factors common to both systems rather than in their institutional differences.

Turkey represents a temporary protection regime specifically designed for Syrian displacement, operating outside standard refugee status determination and implemented in a non-EU context. The Turkish framework provides group-based protection without individual asylum processing, creating a parallel legal status specifically for Syrians. Greece represents the EU asylum system implementation, where Syrian women undergo individual refugee status determination according to the Common European Asylum System (CEAS) procedures, operating within democratic EU governance structures with EU institutional oversight.

This methodological choice allows systematic investigation of whether institutional differences produce different protection outcomes, or whether implementation factors transcend legal system variations. If protection failures converge despite different legal frameworks, this provides evidence that implementation gaps, rather than legal framework inadequacy, explain Syrian women's exclusion from rights.

3.2.2.1 Analytical Power of This Comparison

This comparison is analytically powerful because it holds constant the displaced population (Syrian women fleeing the same conflict with similar protection needs) while varying the protection systems (temporary protection vs. individual asylum processing) and governance contexts (non-EU vs. EU member state).

If protection outcomes diverge significantly, this would suggest that legal frameworks and governance systems have a strong influence on Syrian women's access to rights. However, if Syrian women face similar protection challenges despite these institutional differences, this suggests implementation factors operate similarly across different legal architectures.

3.2.2.2 Justification for Case Selection

Both Turkey and Greece serve as primary reception countries for Syrian displacement, with Turkey hosting the world's largest Syrian refugee population (approximately 3.6 million) and Greece serving as a major EU entry point. Both countries implemented specific legal frameworks responding to Syrian displacement, making a temporal comparison possible. Geographic proximity means Syrian women in both countries fled similar circumstances and made similar migration decisions, controlling for pre-displacement factors.

The comparison reveals whether EU membership and democratic governance genuinely improve Syrian women's protection outcomes, or whether resource constraints and implementation capacity matter more than legal frameworks—a question with significant policy implications for refugee protection globally.

3.2.3 Timeframe: 2015-2025

The research examines Syrian refugee women who arrived between 2015 and 2025, covering the period of mass Syrian displacement to Europe and subsequent protection framework development. This timeframe captures: Implementation of Turkey's Temporary Protection Regulation (2014) and its application to growing Syrian populations, the EU-Turkey Statement (2016) and its impacts on Syrian women's mobility and protection, development of Greece's asylum system reforms (2016-2022) specifically responding to Syrian arrivals, and evolution from emergency response to longer-term integration challenges.

This ten-year period allows examination of both immediate displacement experiences and longer-term protection trajectories as Syrian displacement becomes increasingly protracted.

3.3 Defining the Study Population

As established in the conceptual framework (Chapter 2.1), this research focuses on Syrian women who fled the Syrian conflict and sought international protection in Turkey and Greece between 2015 and 2025. This protection-centred definition encompasses women under temporary protection in Turkey and women with varying asylum statuses in Greece.

3.3.1 Methodological Justification for Inclusive Definition

From a methodological perspective, this inclusive definition serves several purposes

First, it allows meaningful comparison across different legal systems while maintaining focus on the same displaced population. Syrian women's experiences of protection can be compared without conflating differences in legal status with those in nationality.

Second, it reflects the reality of sampling that Syrian women's legal status evolves throughout the asylum procedures. Restricting research only to those with final status determinations would exclude women at earlier procedural stages whose experiences reveal important implementation barriers.

Third, it enables an investigation into whether variations in legal status within each country create different protection experiences, or whether implementation gaps affect Syrian women regardless of their procedural position.

3.3.2 Operational Definition for Sampling

For interview recruitment, "Syrian refugee women" was operationalised as self-identified Syrian national, female, arrived in Turkey or Greece between 2015-2025,

aged 18 or older, currently residing in Turkey or Greece, either registered under Turkish temporary protection OR engaged with the Greek asylum system (asylum seeker, recognised refugee).

This operational definition guided NGO partners and community contacts in identifying potential participants, ensuring sample consistency while allowing for natural variation in legal status that reflects the realities of the protection system.

3.3.3 Addressing Legal Status Variation Within the Sample

The legal and living conditions of the interviewed refugee women vary between Turkey and Greece. This variation reflects structural differences across countries' asylum and protection systems rather than sampling inconsistency.

This legal status diversity is treated as an analytical dimension of the study rather than a methodological limitation. It provides valuable insight into how different legal frameworks and housing conditions shape women's access to fundamental rights in each context. The variation demonstrates how implementation gaps affect Syrian women differently depending on their position within protection procedures, revealing systematic patterns of exclusion that persist across status categories.

3.4 Data Collection Methods

This research employs three primary data collection methods, each serving distinct analytical purposes and contributing to a comprehensive understanding of the protection of Syrian refugee women's rights.

3.4.1 Document Analysis

The document analysis examined both primary legal sources and secondary analytical reports to establish the formal protection frameworks and understand their implementation gaps.

Primary legal documents included national legislation, regulations, and administrative directives from both Turkey and Greece governing refugee protection and access to rights, as well as relevant international conventions and bilateral agreements. These sources established the formal legal entitlements to healthcare, legal protection, and education, as well as institutional responsibilities and coordination mechanisms.

Secondary sources included reports from international organisations, asylum databases, European institutions, and civil society organisations. These provided critical analysis of policy implementation, identified gaps between formal rights and practical access, and documented the evolution of protection responses to Syrian displacement.

3.4.2 Semi-Structured Interviews with NGO Representatives

The interviews with non-governmental organisations (NGOs) aimed to provide institutional perspectives on the practical challenges refugee women face in exercising their rights and accessing services. These discussions offered valuable insights into the implementation barriers, service delivery gaps, and protection difficulties that arise in the daily work of organisations supporting refugees. NGO representatives, who observe recurring patterns across numerous individual cases, contributed a broad understanding of systemic weaknesses and examples of effective strategies that have emerged from frontline service delivery.

3.4.2.1 Sample Characteristics

A total of six NGO representatives participated in the study, three based in Turkey and three in Greece. In Turkey, the first organisation (P1) was a local refugee-focused association established in 2014. Its main objective is to protect asylum seekers and provide assistance to refugees. The participant, a Social Welfare Director, described the organisation's services as covering integration support, access to essential services, and the protection of rights. The second organisation (P2) was a feminist NGO founded in the late 1980s, dedicated to promoting women's rights and preventing gender-based violence. The participant, a social worker and researcher, described the organisation's work in operating shelters and building solidarity networks. The third organisation (P3) was a migrant rights NGO established in 2018 by refugee women themselves. Its focus is on empowering refugees and advocating for women's rights. The participant, a lawyer with advocacy experience, explained that the organisation provides legal aid, empowerment initiatives, and community integration programs.

In Greece, three additional organisations participated. The first (P4) was an international NGO founded in 1975 as part of a global network. Its primary focus is on maternal health services, operating day centres and maternal health programs in camps. The participant, an operations Manager. The second (P5) was a local integration-focused NGO established in 2014 that aims to empower migrant and refugee women. The participant, a Social Worker, described the organisation's role in creating a network of women from more than fifty countries, promoting empowerment and community participation. The final organisation (P6) was a women's rights NGO founded in 1989, focused on gender equality and GBV prevention. The participant, a Project Manager, spoke on behalf of an organisation with 36 years of history in gender advocacy, refugee protection, and violence prevention programs.

3.4.2.2 Selection Criteria

Organisations were selected using purposive sampling to ensure diversity and depth of institutional experience. Each organisation provided direct services to refugee women, including Syrian women, as a primary or substantial component of its programming.

To ensure meaningful insight, selected organisations had at least five years of experience in refugee assistance, an increase from the initially planned minimum of three years. The sample also reflected thematic diversity, covering healthcare, legal protection, psychosocial support, economic empowerment, and gender-based violence prevention. Geographic representation included both island and mainland locations in Greece, as well as border and urban areas in Turkey. The sample combined international NGOs, local organisations, feminist advocacy groups, and refugee-led initiatives. All participants held senior roles, including directors, managers, and legal experts, enabling them to provide comprehensive, policy-level perspectives on institutional practices.

3.4.2.3 Data Collection Procedures

The interviews were conducted via Zoom from February to August 2023 due to geographic distance and research budget constraints. Each interview lasted between 90 and 120 minutes. The conversations were conducted in English, as all participants demonstrated professional fluency, and no translation services were required.

3.4.2.4 Ethical Considerations

All NGO representatives were provided with comprehensive information on the research purpose, interview procedures, data use, publication plans, and their rights to voluntary participation. Each participant confirmed that they had the authority to discuss their organisation’s programs, observations, and institutional perspectives. To protect confidentiality, organisations were not identified by name in any publication. Potentially identifying details, such as specific locations, distinctive programs, or founding dates, were generalised where necessary. Participants were assigned anonymous identification codes (P1–P6) to ensure privacy while maintaining clarity in data presentation.

3.4.3 Semi-Structured Interviews with Syrian Refugee Women

Interviews with Syrian refugee women provided first-hand accounts of lived experiences with protection systems, revealing how implementation gaps affect daily life, decision-making, and access to fundamental rights. These interviews centre on Syrian women's own interpretations of their situations rather than institutional perspectives.

3.4.3.1 Sample Characteristics

A total of eight Syrian refugee women participated in the study, four based in Turkey and four in Greece. The participants varied in age, educational background, marital status, and length of residence in their host countries.

In Turkey, four participants were interviewed. Participants ranged in age from 31 to 56 years, with educational backgrounds spanning primary to university level. Three were mothers living with their children, and their arrival in Turkey occurred between 2011 and 2016. All held temporary protection status at the time of the interviews. Housing situations varied, with some participants residing in rented accommodation and others in camp settings. Several had experienced displacement within Turkey, including relocation following the 2023 earthquake. Participants had engaged with various NGO-provided services, including Turkish language instruction and vocational training programs.

In Greece, the four participants ranged in age from 25 to 33 years, with educational backgrounds ranging from primary to postgraduate levels. Three were mothers, and their arrival in Greece occurred between 2021 and 2024. At the time of the interviews, three held asylum seeker status, while one had recently received refugee status. All resided in camp accommodation in the Athens region and had engaged with NGO services for various needs, including language instruction and healthcare access

Syrian women participants were recruited through snowball sampling, as initial participants referred other Syrian women who might be interested in participating. Participants were selected based on several specific criteria. All participants self-identified as Syrian nationals and were female. They had arrived in Turkey or Greece between 2015 and 2025, representing various stages of displacement and integration. Each participant was 18 years of age or older and demonstrated a willingness and ability to discuss personal experiences, as assessed during initial contact.

Interviews followed a flexible, semi-structured format that prioritised participant comfort while covering key research themes. The interview guide addressed: Displacement and arrival experiences; healthcare access experiences; legal protection and safety; education and integration; and NGO support and effectiveness.

The interviews were conducted via WhatsApp phone calls, as participants did not have access to Zoom or similar applications between July and September 2025. With participants' explicit consent, all interviews were voice recorded to facilitate accurate translation and transcription afterwards. Each interview lasted between 60 and 90 minutes, depending on the participant's comfort level and available time. The interviews were conducted primarily in Arabic, the participants' native language, to ensure clarity and ease of communication. All Arabic-English translation was carried out by me, as Arabic is my mother tongue. Additionally, AI tools were used to refine the dissertation's grammatical accuracy. Participants were informed that they could decline to answer any question or end the interview at any time, ensuring full respect for their autonomy and consent throughout the process.

3.4.3.2 Cultural Considerations

Language Access and Researcher Positionality

Conducting interviews primarily in Arabic was essential for enabling Syrian women to express themselves fully in their native language. As a native Arabic speaker from Syria, I conducted all interviews with Syrian women in Arabic, eliminating the need for interpreters and thereby minimising potential language barriers and translation distortions that might have occurred with third-party interpretation. This linguistic competence was crucial for understanding cultural nuances, idiomatic expressions, and context-specific meanings that might be lost in translation.

My Syrian background provided significant advantages for this research with a deep understanding of Syrian social norms, family dynamics, gender expectations, and communication styles. Also, the shared nationality and language created immediate rapport with Syrian participants who recognised me as an insider to their cultural context.

The Impact of Syria's Political Transformation on Research Participation

A critical contextual factor influenced the data collection timeline and the success of participant recruitment in this research. The initial goal, since the start of my PhD in 2020, was to interview Syrian refugee women about their experiences with protection. However, all attempts to recruit Syrian refugee women participants failed before December 2024.

This recruitment barrier was not methodological but political and psychological. Syrian women consistently declined participation or expressed fear about discussing their experiences as refugees. Even with guarantees of anonymity and confidentiality, the climate of fear among Syrian refugees prevented meaningful research participation.

The fall of the Assad regime in December 2024 fundamentally transformed Syrian refugees' willingness to participate in research. The political transformation in Syria changed people's perspectives, as they were no longer afraid to participate, speak openly, or be identified as refugees. This is why most participants agreed to use their real first names in the study, except for one who requested a pseudonym. What had been psychologically impossible before Syria's liberation became possible afterwards.

Chapter 4 Literature Review

4.1 Refugee protection and gender

Despite decades of feminist advocacy, refugee protection systems still reproduce gender inequalities through both clear biases and supposedly neutral frameworks. This ongoing issue shows a basic conflict. International law has made progress in recognising gender-related persecution, but the ways it is put into action are still influenced by Western knowledge systems and institutions that overlook women's experiences.

4.1.1 The Gap Between Legal Recognition and Practical Implementation

Gender bias operates at the foundational level of refugee status determination. Aberman (2014) argues that Canadian decision-makers assess claims based on Western expectations of how refugees should express fear and follow gender norms, disadvantaging those whose experiences do not fit these expectations. For instance, Rousseau et al. (2002) documented a case where Board Members could not comprehend why a young Congolese woman failed to disclose her rape at the border and in her initial documentation, even though her earlier disclosure had led to her husband leaving her and her father being killed for seeking justice. The Board Members' lack of understanding of trauma-related non-disclosure and the cultural shame tied to rape caused them to doubt her credibility. This finding highlights how procedural neutrality can hide cultural biases that often exclude non-Western claimants.

The codification of gender in refugee law has proven insufficient to address these biases. Anderson and Foster (2021) documented progress in incorporating gender into the Refugee Convention, yet noted that its precise meaning in legal practice remains unclear. Arbel et al. (2014) contextualised this ambiguity within political dynamics, finding that while advances occurred since the 1990s, growing anti-refugee agendas are making it harder for gendered claims to succeed. Together, these studies suggest that legal recognition without institutional transformation produces only symbolic protection.

4.1.2 Intersectionality and the Limits of Gender Frameworks

Recent scholarship challenges the adequacy of gender as a standalone analytical category. Fiddian-Qasmiyeh (2014) demonstrated how displacement changes gender identities and roles in different ways for women and men, revealing the links between gender identity, sexual orientation, and asylum. Parekh (2012) pushed this analysis further by reframing gender-based persecution through the lens of structural injustice, arguing that everyday gender discrimination leads to extreme violence. His structural approach helps explain why many states still hesitate to recognise certain forms of gender-related persecution, even after sixty years of development in refugee law. The recognition would require acknowledging systemic inequalities rather than isolated incidents.

This theoretical evolution has prompted critical reflection on feminist engagement with refugee law itself. Ogg (2019) argued that feminist involvement is limited because it focuses solely on obvious gender issues, calling for broader feminist analysis of areas typically seen as neutral, such as exclusion clauses and surrogate state protection. Crawley (2022) extended this critique by challenging white feminist scholarship for oversimplifying the experiences of women from the Global South. She noted that framing "refugee women" as one group reinforces racial stereotypes and

fails to address the intersections of racism and patriarchy. These interventions reveal how even well-intentioned gender mainstreaming can reproduce the exclusions it seeks to address when divorced from intersectional and decolonial frameworks.

4.1.3 Implementation Failures and Institutional Resistance

The disjuncture between policy commitments and implementation outcomes suggests institutional resistance rather than mere capacity limitations. Freedman (2010) found that, although the UNHCR highlighted refugee women as a priority, little progress was made in implementing protective measures, as the organisation struggled to disseminate its goals of gender sensitivity throughout its structure. Over a decade later, Riggirozzi et al. (2025) identified similar gaps in gender-blind services for displaced women in Brazil, criticising protection strategies that favour victim-centred responses over women's autonomy and social agency. The persistence of these patterns across different institutional contexts and time periods indicates that gender-blind implementation is not incidental but reflects deeper structural features of humanitarian governance.

4.1.4 Feminist Critique and Alternative Frameworks

The limited impact of gender mainstreaming has prompted calls for more transformative approaches. Hyndman (2010) noted that refugee studies often overlook strong feminist perspectives and fail to develop frameworks for understanding power relations in forced migration. In her later work (2019), she demonstrated how feminist geopolitics, when enriched by subaltern perspectives, reveals racial dynamics obscured by conventional gender analysis, using Canadian refugee sponsorship to highlight preferences against Sub-Saharan African asylum seekers.

Some scholars question whether existing frameworks can be reformed or require fundamental reconceptualisation. Turner (2019) argued that recognising refugee men's vulnerabilities can extend humanitarian control instead of challenging it, suggesting that labelling refugees as "vulnerable" could increase racialised violence. He called for an analysis focused on refugees' resistance rather than their vulnerability. Oswin (2001) warned against overestimating feminist wins in refugee law, pointing out that border closures limit access to asylum for most displaced people in Western countries. This restriction makes the space for securing refugee women's rights narrow and requires new approaches to engagement. These critiques suggest that vulnerability-based frameworks may be fundamentally incompatible with the agency and rights of refugees.

4.1.5 Gender-Blind Displacement Responses

The neglect of gender analysis extends beyond individual case processing to mass displacement responses. Ekanayake et al. (2023) found that humanitarian literature on forced displacement often overlooks gender perspectives, treating internally displaced

persons as operational challenges instead of individuals with unique needs. When gender and displacement are addressed together, government goals overshadow gender empowerment and participation, leaving little understanding of the identities and protection needs of displaced individuals. This operational framing depoliticises displacement and obscures how humanitarian interventions themselves may reproduce gender inequalities.

The material consequences of this neglect are severe. Gururaja (2000) noted that displacement leads to social disruption affecting roles and responsibilities and causing poverty, with women particularly impacted through limited mobility, lack of access to paying jobs, and increased family responsibilities. These disruptions occur within protection frameworks that do not account for the unique effects on gender. Two decades later, Klugman et al. (2022) examined ongoing issues in addressing the gender aspects of internal displacement, both internationally and in individual countries, and found major gender gaps in livelihoods, social protection, long-term solutions, gender-based violence, health, and education. They identified inadequate data and poor tracking as barriers to effective response. The durability of these gaps across contexts and decades suggests they reflect systemic features of displacement responses rather than temporary implementation challenges.

These findings establish that gender inequalities in refugee protection are not aberrations to be corrected through technical fixes, but are embedded in the institutional logics, legal frameworks, and operational practices of refugee governance. Understanding how these inequalities manifest in specific protection contexts requires examining the mechanisms through which gender-blind policies produce differentiated outcomes.

4.2 Gendered Policy Implementation in Refugee Contexts

The translation of gender-sensitive policies into practice consistently fails to achieve effective implementation across various national contexts and service sectors. These failures highlight how seemingly neutral institutional structures create gendered exclusions. This happens not through direct discrimination, but through a buildup of barriers found in service design, resource allocation, and organisational cultures. To understand these gaps in implementation, we need to examine both sector patterns and the structural conditions that enable them to persist.

4.2.1 Sectoral Barriers to Women's Access

Institutional structures create sector-specific obstacles that disproportionately affect refugee women's access to essential services. In labor market integration, Spehar (2021) found that a lack of support in the early years in Sweden significantly limits refugee women's ability to enter the labor market, a problem exacerbated by the undervaluation of their skills and the challenges they encounter when starting anew. She argued that gender-sensitive measures are needed to improve labor force

participation. In healthcare, Stirling-Cameron et al. (2024) discovered that refugee and asylum-seeking women in wealthy countries experience serious health disparities, including greater unmet needs for contraception, more use of abortion services, and lower rates of cervical cancer screening compared to native-born women. The barriers they identified, differences in health literacy, feelings of shame and stigma around sexual health, language problems, negative interactions with providers due to race or xenophobia, and healthcare costs, operate simultaneously to create compounding exclusions.

These sectoral findings reveal a common pattern: barriers presented as individual deficits (such as language proficiency, health literacy, and skill recognition) actually reflect institutional failures to accommodate diverse populations. The consistency of these patterns across wealthy destination countries suggests they stem from shared assumptions about service delivery rather than context-specific implementation challenges.

4.2.2 The Institutional Nature of Access Barriers

Language and cultural barriers function at an institutional level, not just at the individual level. Sawadogo et al. (2023) found that a lack of knowledge about services, cultural unacceptability, financial hurdles, and language issues keep migrant, internally displaced, asylum-seeking, and refugee women from accessing sexual and reproductive health services. Similarly, Wohler and Dantas (2017) reviewed barriers to mental health services for culturally and linguistically diverse women in Australia, identifying logistical challenges, language and communication issues, misalignments between participants and care providers, and a preference for alternative solutions. They suggested policy support for gender-specific research, transcultural policy implementation, cultural responsiveness in service delivery, and a review of immigration policy.

The framing of these recommendations is revealing: they call for institutional adaptation rather than individual assimilation. This shift recognises that when entire populations face similar barriers, the problem lies not with service users but with service design. Yet the persistence of these barriers across contexts suggests limited uptake of such transformative approaches.

4.2.3 The Gender Mainstreaming Paradox

Research reveals significant gaps between the promises of gender mainstreaming and the realities of its implementation in refugee contexts. Killian and Olmsted (2023) identified several challenges in gender-sensitive livelihood programs, including a lack of gender expertise, ingrained gender stereotypes, insufficient donor commitment, measurement problems, and time limits. They found that successful programs must focus on social integration, personal development, and economic goals. More

critically, Grabska (2011) found that gender mainstreaming in refugee camps often fails to achieve the desired gender equality due to oversimplifying and generalising gender concepts, which can make gender inequalities worse and put women at greater risk.

This paradox, where gender-focused interventions reproduce or exacerbate inequalities, suggests that mainstreaming without structural change may merely add a gender veneer to fundamentally unchanged power relations. The technical adoption of gender frameworks does not guarantee transformative outcomes when institutional cultures, resource allocation, and decision-making structures remain unaltered.

Erdilmen (2023) pointed out that despite increasing recognition that the sexual and gender identities of displaced individuals greatly affect their experiences and access to rights and services, the move toward localising humanitarian aid and integrating gender aims to tackle inequalities among forcibly displaced populations, which has now grown to 89.3 million people with women and girls making up almost half. The scale of displacement magnifies the consequences of implementation failures, making the gap between policy commitments and lived realities a crisis affecting tens of millions.

4.2.4 Structural Conditions Enabling Implementation Failures

Implementation gaps reflect not merely technical deficiencies but fundamental structural conditions in the international protection regime. Hathaway (2021) argued that while the Refugee Convention reflects a principled compromise between the needs of refugees and the interests of host countries, its implementation is at risk due to reliance on makeshift efforts and lack of fair distribution of protection responsibilities based on capacity. This situation calls for changes in how protections are implemented, rather than renegotiating the treaty. Putri et al. (2024) highlighted protection gaps including unequal burden-sharing among countries and limited access to asylum, noting that inconsistent application of international law weakens refugees' access to essential rights such as safety, healthcare, and education.

These structural analyses identify the implementation crisis as inherent to the current protection architecture. Fair distribution of responsibilities remains largely rhetorical rather than operational, resulting in a system where implementation quality heavily depends on the political will and capacity of individual host states.

4.2.5 Capacity, Political Will, and Legitimacy

Implementation failures often stem from capacity limitations and a lack of political will; however, these explanations require further examination. Masuku (2024) discovered that African countries frequently adopt international conventions to gain legitimacy but often lack the ability to implement them effectively, resulting in gaps in protection. Donor fatigue and suggested reservations that limit refugee rights also

threaten the global framework. Masuku and Rama (2020) noted that cultural factors, unregulated practices, social exclusion, and institutional biases hinder the efficient implementation of refugee policy in South Africa, recommending human rights education and multisectoral approaches instead of traditional top-down models.

The invocation of "capacity limitations" warrants scrutiny: it may describe resource constraints but can also obscure political choices about resource allocation. When capacity limitations persist across decades despite technical assistance and international funding, they suggest systemic rather than temporary constraints.

4.2.6 National Implementation Contexts

Regional and national contexts show complex dynamics that shape implementation in ways that exceed formal legal frameworks. Habersky et al. (2023) found that regional legal frameworks are often overlooked or play a minor role in implementing refugee rights in Egypt, with the current understanding of rights based on a mix of international norms and national policy. Mahony et al. (2017) demonstrated that New Zealand's hopeful refugee policy is fragile due to broad strategies that lack specific details or funding. They found that the ways refugees can settle significantly impact support, and inconsistent, unfair policy implementation shows a weak commitment to economic, social, and cultural rights. John-Langba (2022) suggested rethinking refugee protection in terms of human rights to address current gaps and better involve National Human Rights Institutions.

These national studies demonstrate how implementation operates at the intersection of international obligations, domestic policy, resource allocation, and bureaucratic discretion. There is a consistent pattern of disconnect between broad policy goals and the funded, detailed mechanisms for implementation. This pattern appears in various national contexts, including Egypt, New Zealand, and South Africa. It suggests that unclear, underfunded policy commitments may have symbolic roles, such as providing international legitimacy or promoting a humanitarian identity, without actually aiming for real change.

The evidence here indicates that failures in gendered implementation are not random events. Instead, they reflect systematic patterns in how refugee protection institutions work. To understand how these patterns affect women's lives, we must examine the specific ways in which policy gaps result in real-world exclusions.

4.3 Mechanisms of Gendered Exclusion

While the previous section documented systematic implementation failures, understanding how these failures relate to real-life experiences requires looking at the specific ways refugee protection systems create gender-based exclusions. These approaches work through Bureaucratic Barriers, geographic barriers, limitations on

institutional capacity, and Gender-Blind Service Design. Importantly, these factors do not act alone; they intersect, making women's marginalisation even worse.

4.3.1 Legal and Institutional Discrimination

Legal systems and documentation often put refugee women at a disadvantage through both explicit gaps and intersecting forms of discrimination. Bloch et al. (2000) found that Europe's laws and policies do not adequately protect refugee and asylum-seeking women, lacking special provisions and creating obstacles to social and economic integration. Unfavorable family reunion policies particularly make it hard for these women to settle. Pittaway and Bartolomei (2001) examined the intersection of race and gender, exploring how it contributes to various forms of discrimination against refugee women. They found that racism and sexism worsen human rights abuses related to sexual violence and legal policies, with systematic discrimination persisting as a problem in resettlement processes.

The intersectional analysis offered by Pittaway and Bartolomei is crucial: it reveals that legal discrimination operates through multiple, mutually reinforcing axes rather than through gender alone. When racism and sexism compound within legal and policy frameworks, they create forms of exclusion that exceed the sum of individual prejudices.

Despite policy developments, implementation gaps persist. Buscher (2010) noted that progress for refugee women remains limited despite significant policy advances, with women continuing to face sexual violence, lack of education, few economic opportunities, and minimal participation in leadership and decision-making. These trends suggest that formal legal recognition of refugee women's rights has not led to effective protective measures. The durability of these patterns, from Bloch et al.'s findings in 2000 through Buscher's assessment in 2010, indicates that legal reform without enforcement mechanisms and institutional transformation produces symbolic rather than substantive change.

4.3.2 Structural Barriers to Service Access

Beyond legal frameworks, various structural factors affect refugee women's access to services in ways that reflect systemic rather than individual deficits. Shishehgar et al. (2017) identified themes such as cultural, social, material, personal, and resilience factors that influence the health of refugee women, finding that the loss of resources during immigration negatively impacts health outcomes even though coping strategies such as spiritual fulfillment and social support exist. Hawkins et al. (2021) found that refugee women are vulnerable to violence during migration and experience high rates of post-traumatic stress disorder. This study highlights that while social support can improve health outcomes, language barriers and other challenges make it hard to

maintain support. Addressing these communication barriers and improving coordination between organizations requires a multi-level approach.

These findings demonstrate how displacement systematically strips women of protective resources (social networks, economic assets, cultural familiarity) while protection systems fail to compensate for these losses. The resulting vulnerabilities, trauma, health disparities, isolation, are thus produced through the interaction of displacement conditions and inadequate institutional responses rather than being inherent characteristics of refugee women.

4.3.3 Geographic Containment and Service Inequality

Research indicates that refugee populations often face geographic barriers to accessing services, with these patterns leading to unequal access that systematically disadvantages specific populations. Njue et al. (2021) found that migrants and refugees from Africa in Sydney usually receive good support from child and family health services and hospitals; however, there are significant differences in how these services are distributed across local government areas. Services are more unevenly arranged in Blacktown and Canterbury-Bankstown than in inner Sydney suburbs. This uneven distribution could impact healthcare access for over 70% of the population living in Sydney.

Geographic isolation creates serious barriers for refugee women. Benson et al. (2015) noted that refugee women in Salt Lake County, Utah, are mostly unable to move around and struggle to go beyond their local neighborhoods. These groups are often resettled in "resource deserts" that lack access to public transportation, food, clothing, and schools. They also face significant physical barriers, such as highways and inadequate transit systems, that limit their access to resources. Veginadu et al. (2022) found major differences in access to public dental services between metropolitan and rural areas for refugee populations. Refugees in rural areas and those who rely on public transit face severe restrictions. Approximately 30% of refugees are underserved when it comes to driving, while around 18% are underserved when relying on public transportation.

The pattern across these studies, from Sydney to Salt Lake County to metropolitan-rural divides, reveals geographic containment as a systematic mechanism of exclusion. The concentration of refugee populations in under-resourced areas with poor transportation infrastructure is not accidental but reflects resettlement policies that prioritize affordable housing over service access. For refugee women, who often face additional mobility constraints due to childcare responsibilities and safety concerns, geographic barriers compound other forms of exclusion. The empirical precision in these studies (70% affected in Sydney, 30% underserved in driving access) demonstrates the scale at which geographic mechanisms operate.

4.3.4 Institutional Capacity and Implementation Effectiveness

Research indicates that institutional capacity has a significant impact on the outcomes of refugee integration, with coordination and collaboration vital for successful implementation. Busengdal et al. (2023) found that efforts to enhance institutional capacity are crucial to achieving local integration results. Strong institutional networks help improve collaboration both within and across governance levels, thereby enhancing municipalities' ability to respond effectively and build strong relationships. Domorenok et al. (2021) discussed the dimensions of institutional capacity and their connection to policy integration, addressing the analytical, conceptual, and practical challenges related to institutional capacity for policy integration.

Capacity constraints operate at multiple levels and impact the effectiveness of implementation. Grafham et al. (2016) argued that building protection capacity is essential for achieving lasting solutions for refugees, with better-equipped and supported host countries more likely to help with local integration. Their goal is to improve access to asylum and share international burdens. Yet empirical evidence suggests significant gaps between capacity recognition and resource mobilization. Nowy et al. (2019) found that by 2015, 28% of voluntary sports clubs in Germany reported involvement in refugee integration, but only 14% took concrete steps. The presence of migrant club members and a professional organizational structure were helpful, but financial resources were less important.

The discrepancy between stated involvement (28%) and concrete action (14%) exemplifies how capacity operates as a mechanism of exclusion, not merely through absolute resource scarcity but through the failure to translate awareness into implementation. This pattern suggests that capacity constraints reflect organizational priorities and political will as much as technical limitations.

Capacity issues create systemic barriers to integration pathways. Losoncz (2018) identified that poor economic and social integration outcomes for refugees in Australia are mostly due to a lack of accessible pathways. Resettlement policies focus on ideal goals but do not offer effective ways to reach them. Structural barriers, including limited skills, low English proficiency, lack of networks, and discrimination, exacerbate the problem. These issues are made worse by merit-based selection systems.

4.3.5 Gender-Blind Service Design

Research shows that seemingly neutral service delivery systems lead to unequal outcomes for refugee women and men. Cheung and Phillimore (2016) reported significant gender differences in integration results. Women struggled more than men in language skills, self-reported health, budgeting, and access to formal social networks and quality housing. Women were also more likely to report worsening

health over time and faced greater difficulties in finding jobs, education, and training. Ortlieb et al. (2024) found that refugee women face significant employment challenges in Western host countries. There are notable gender gaps in employment outcomes, particularly in job status and the prevalence of fixed-term contracts. However, high-skill jobs provide significant advantages for refugee women.

The consistency of gender gaps across multiple domains (language, health, employment, housing, networks) demonstrates that neutral service design systematically disadvantages women. Ortlieb et al.'s finding that high-skill jobs provide advantages reveals how existing services may benefit those who arrive with resources while failing those who need support most.

Gender-neutral policies often depend on hidden assumptions about women's roles that put them at a disadvantage. Quinn (1996) showed that social policies written in gender-neutral terms have different effects on men and women because they assume women are caretakers. Policies that rely on unpaid care from women weaken their efforts to gain power and control over their lives. Perales et al. (2021) examined the impact of gender inequality in home countries on refugees' job prospects in Australia. They found that humanitarian migrants have worse socio-economic outcomes than other migrants and the general population.

Quinn's analysis exposes how gender neutrality masks gender bias: policies that ignore unpaid care work effectively conscript women into providing this labour without compensation or recognition. This mechanism is particularly consequential for refugee women, who face the double burden of integration demands and intensified care responsibilities.

Displacement situations worsen existing gender inequalities through service design. Ager et al. (1995) noted that men had more years of schooling than women. While men earned an income, women did not. Additionally, women faced heavier work burdens, and low-quality income programs added to gender inequalities. Buvinić et al. (2013) found that violent conflict changes household structures and traditional gender roles. The mortality burden of war tends to affect males more, while women and children are more likely to become refugees. This creates varied impacts on gender inequality, even with possible opportunities in work and politics.

These studies reveal displacement's contradictory effects: while conflict disrupts traditional gender roles and creates potential openings for women's participation, protection and integration programs often fail to support these transformations and may reinforce pre-existing inequalities through poorly designed interventions. The gendered demographics of displacement (women and children constituting the majority of refugees) should prompt gender-responsive service design, yet Ager et al.'s findings demonstrate the opposite: services that reproduce and amplify inequality.

4.4 Syrian refugee women

The literature on Syrian refugee women shows how displacement caused by conflict creates unique harms for different genders. It also highlights how protection responses often fail because they do not consider the various identities and needs of women. This research extends beyond merely documenting suffering. It examines how war, displacement, and conditions in host countries change gender relations, increase violence, and lead to protection gaps. These gaps reflect the issues discussed earlier in this chapter. Understanding these factors is crucial for examining how failures in implementation affect the lives of Syrian women in various protection situations.

4.4.1 Health Impacts and Displacement Trauma

Rizkalla et al. (2020 and 2021) examined how violence from the war and the difficulties of displacement significantly harmed Syrian women's physical and mental health. Systemic barriers to healthcare, such as limited access to treatment, lack of mental health programs, and social stigma, may cause psychological distress to appear as physical symptoms. These researchers also recorded women's strong longing for their lives before the war, the traumatic escape routes through Jordan that often included internal displacement, and their ongoing dreams of returning to Syria. These elements are central to their identity stories and future hopes. Their findings reveal displacement's psychosomatic effects: when healthcare systems cannot adequately address mental health needs, trauma manifests physically. The persistence of return aspirations challenges temporary protection frameworks that presume eventual repatriation.

4.4.2 Violence in Displacement

Family violence increased in displacement situations. Al-Natour et al. (2018) studied how marital abuse affected Syrian refugee women during wartime, finding patterns of trauma, loss, social shame, normalisation of violence, endurance, and survival strategies. They argued that war conditions led to domestic violence, which needs specific interventions. Usta et al. (2019) found that various forms of violence, intimate partner abuse, harassment, and community violence worsened by crowded housing, lack of privacy, unemployment, and a sense of powerlessness among Syrian women in Lebanon. They recommended programs to build resilience and promote peer networks. Syam et al. (2019) described harsh living conditions in the Shatila camp where Syrian families faced overcrowding, constant violence, insufficient support systems, hostility from the local population, changes in household responsibilities, child labour, and widespread abuse between parents and children, along with significant psychological distress.

These studies establish a causal chain: war-induced trauma and displacement conditions (unemployment, overcrowding, powerlessness) create environments where domestic violence escalates. The normalisation of violence suggests displacement

actively reshapes norms around acceptable treatment of women, not merely failing to provide safety.

4.4.3 Intersectionality and Compounded Exclusions

Muhanna-Matar (2021) discussed how the gender expressions of Syrian refugee women arise from interconnected identities that include gender, nationality, ethnicity, religion, and sexuality. Biographical and current experiences shape how they express their identities in different times and places. This challenges static vulnerability categories, revealing that protection systems assessing vulnerability through fixed categories miss how identities interact dynamically.

Avci and Sengul (2024) pointed out the added challenges faced by Syrian women with disabilities in Turkey, noting how overlapping exclusions affect these women. Disability services often overlook gender, medical approaches fail to adequately address impairment, and responses to displacement frequently neglect disabled populations. The authors argue that institutional changes must acknowledge these interconnected barriers to effectively support the agency of these women. This triple marginalisation exemplifies how intersecting identities produce exclusions that exceed the sum of individual categories, demanding fundamental service redesign rather than additive approaches.

Boswall and Al Akash (2015) provided an ethnographic insight into the experiences of Syrian women and girls living in prolonged displacement in Jordan. They captured the emotional struggles related to extended separation from family, lack of resources, uncertain vulnerability, and deep loneliness through various generational and socioeconomic viewpoints.

4.4.4 Racial and Cultural Dimensions of Exclusion

Beyond legal and institutional barriers, Syrian refugee women face racial and cultural exclusions that result in social isolation, discrimination in healthcare, and overlapping forms of subordination. These factors show how displacement involves navigating host societies where Syrian and Muslim identities are seen as permanently foreign.

Al-Shar and Shdaifat (2019) found that most Syrian refugee women living outside camps in Jordan encounter difficulties that hinder their social and cultural integration. These women face social isolation stemming from an identity crisis. Even after years in Jordan, they find it hard to blend into local society. The ongoing struggles with integration despite long-term residence suggest that time alone does not overcome cultural barriers. This highlights how host societies impede belonging, regardless of how long someone has lived there.

Cultural aspects intersect with structural barriers in various settings. Al-Hamad et al. (2023) found that Syrian refugee women face challenges in accessing healthcare

services due to cultural, structural, and practical issues. They deal with constant anxiety, hardship, vulnerability, and violations of dignity, worsened by the Canadian healthcare system. This study sheds light on how migration and trauma affect their roles and interactions with healthcare providers. Documenting cultural barriers in Canada highlights that even well-funded healthcare systems do not guarantee culturally sensitive care. The term "intrusion of dignity" describes how healthcare interactions can undermine, rather than support, refugee women when providers lack cultural awareness.

Uğurel Kamışlı (2020) discussed the challenges of forced migration and the overlapping disadvantages faced by Syrian Muslim refugee women in the United States. Their findings help us understand the experiences of refugees, which is important for adult educators working with this group. By specifically mentioning "Syrian Muslim refugee women," they highlight how having multiple identities leads to overlapping disadvantages. In Western contexts, being Muslim often leads to discrimination that adds to the marginalisation that refugees already experience.

The findings from Jordan, Canada, and the United States show that Syrian refugee women experience social isolation, even after living in these countries for a long time. They deal with systems that violate their dignity and face overlapping disadvantages based on their national origin, religion, refugee status, and gender. Cultural exclusion stems from the host societies' inability to embrace differences and address the racial and religious discrimination that labels Syrian Muslim women as constant outsiders.

4.4.5 Syrian Women in Turkey: Healthcare Access

Despite Turkey's official offering of free healthcare services to Syrian refugees under the Temporary Protection Regulation, research shows that there are consistent barriers stopping women from getting care. Access to healthcare is often dependent on one's legal status, creating a significant barrier. Chen (2021) pointed out the legislative and administrative gaps that affect Syrian refugees' access to healthcare in Turkey, even though the country claims to support the right to health. Getting status under the Temporary Protection Regulation (TPR) poses a significant challenge for Syrian refugees seeking healthcare. Additionally, refugees with TPR status can only access healthcare services in their registered city. This restriction limits their choices and places extra pressure on healthcare professionals. This geographic limitation turns legal rights into a form of containment; while Syrian women technically have the right to healthcare, they can only use these rights in their registered location, no matter where services are available or where they actually live. Unlike citizens who typically register where they maintain stable residence, Syrian women often register in border provinces upon initial arrival rather than choosing locations based on service availability or long-term settlement plans.

Assi et al. (2019) confirmed that Syrian refugees in Turkey can access free healthcare services, including emergency care, as well as primary, secondary, and tertiary healthcare centres. However, they found that language barriers, mobility issues, and

legal restrictions limit the effectiveness of these services. Mental health and rehabilitation services are weak because there aren’t enough qualified practitioners. The gap between formal access and effective service delivery shows how legal frameworks can both grant and restrict rights. Syrian women have healthcare rights on paper, but face many obstacles in reality.

Knowledge about healthcare rights and navigating the system are significant barriers that affect women disproportionately. Torun et al. (2018) found that Syrian refugees in Istanbul face main challenges, including the high cost of living, rising rent, and language issues. Nearly half of the women they interviewed were unaware of their rights to free healthcare. Participants struggled to access healthcare due to language barriers and a lack of understanding of the Turkish healthcare system. The fact that almost half of the women did not know about their free healthcare rights, even though these rights were officially established, shows a serious gap in providing information. This situation reflects not just individual ignorance but also an institutional failure to ensure that eligible groups are aware of their rights.

Bilecen and Yurtseven (2018) examined the healthcare system in Turkey and the access Syrians have to healthcare services. They identified three main challenges for Syrians seeking healthcare: the registration process, navigating the healthcare system, and language barriers. The common findings from these studies show that systemic barriers, such as registration requirements, the complexity of navigation, and language hurdles, consistently stop Syrian women from turning formal rights into actual care.

Healthcare access barriers are particularly severe in reproductive health services, where gender-specific needs overlap with displacement conditions. Ontas et al. (2022) found that many Syrian refugee women in Turkey could not access free public hospitals and health insurance, which impacted their reproductive healthcare. During the pandemic, several women became pregnant but did not receive enough follow-up care, highlighting gaps in healthcare services. Unmet family planning needs were common, and fear of health risks, along with spousal disapproval, were major reasons for not using birth control methods.

These findings show multiple aspects of reproductive health exclusion. There are gaps in formal insurance despite policy commitments. Prenatal care was lacking even during health emergencies, and unmet contraceptive needs arose from both service availability and gender roles within households. The ongoing unmet needs, despite Turkey hosting the largest Syrian refugee population for more than a decade, indicate that reproductive health has not been a priority in service delivery.

Samari (2017) documented that Syrian refugee women in Lebanon, Turkey, and Jordan continue to face issues like sexual and gender-based violence, lower use of modern contraceptives, menstrual irregularities, unplanned pregnancies, preterm births, and infant health problems. These countries lack general reproductive healthcare services, antenatal coverage, obstetric and gynaecological care, psychological and mental health services, and access to modern contraceptives.

International organisations should adopt a multilevel approach to eliminate barriers to care and develop long-term solutions for Syrian refugee women. The consistent gaps across Lebanon, Turkey, and Jordan suggest these issues stem from shared failures in humanitarian governance rather than challenges specific to individual countries.

4.4.6 Syrian Women in Turkey: Education and Integration

Education stands out as the area where Syrian women achieve the most success in integration, although access remains uneven. Açıkalın et al. (2020) found that overall, refugee women integrate well, with Syrian women's social integration being highest in education and lowest in social inclusion. This result is surprising. Women may do well in schools but face challenges in wider social acceptance. This suggests that education serves as a limited space, which does not always lead to broader societal acceptance.

For those who reach higher education, the change can be profound. Tekin Babuç (2019) noted that attending higher education is a pivotal moment for Syrian students. It helps them manage uncertainty and strengthens their ability to make choices. Higher education offers a fresh setting where Syrian students can redefine their identities and build new social connections. More social interaction can help lessen negative attitudes and discrimination. Psychological integration is also vital for meeting emotional needs and expectations. Thus, higher education serves not just as a means to earn degrees but as a way to rebuild identities. It creates a space where the disruptions caused by displacement can be partially addressed through new relationships and future opportunities.

However, gaining access to higher education is still limited by various hurdles. Çirkin et al. (2025) found that Syrian refugee women experience notable difficulties in career development and accessing higher education due to the intersection of gender and refugee status, which includes discrimination in the job market and higher household responsibilities. There are opportunities for empowerment through women's rights, self-governance, equality, and self-sufficiency. These factors highlight the resilience and independence of women as they navigate educational and career paths. The study highlights the need for targeted support to address inadequate academic resources and language barriers. The gap between education's transformative potential, as demonstrated by Tekin Babuç, and the numerous barriers to access identified by Çirkin et al. suggests that pathways to integration primarily benefit those who already possess resources, such as time, flexible households, and language skills—rather than those who need support the most.

Mamei et al. (2019) confirmed that education is essential for enhancing the integration of Syrian refugees into Turkish society. Their analysis provides data that can improve educational resources for both refugees and locals. It also translates key findings into policy suggestions for future decisions. However, these recommendations for resource improvement assume that there is political will to act, a commitment that has not been shown, given the ongoing barriers highlighted in various studies.

Employment is another way for integration, but Syrian women often face systematic exploitation and marginalisation in the labour market. Kaba (2019) found that Syrian women's work ranks at the bottom of the labour hierarchy. Still, having a job enables Syrian women to enhance their language skills, expand their social networks, assume new roles, and achieve economic independence. For refugee women, employment offers a more meaningful way to integrate. This highlights the dual reality: even in exploitative situations, work offers genuine benefits, such as language skills, networks, and independence, that other integration programs do not provide.

However, structural barriers limit access to quality jobs. Ozturk et al. (2019) identified a lack of Turkish language fluency and low education and skill levels as major obstacles for Syrian refugee women seeking work. Bureaucratic issues, like outdated work permit applications, slow down the hiring process. Despite being more active in the labour market compared to their home countries, Syrian women in Turkey often find themselves in unstable and seasonal jobs with little chance for career growth.

The combined findings highlight how labour market integration is constrained by several factors: language and education barriers restrict access, bureaucratic hurdles delay job placements, and those who do find work often occupy low-paying, unstable, seasonal positions with no opportunities for advancement. The comparison to home countries reveals a troubling reality: while participation rates may increase, this comes at the cost of greater exploitation. This is integration at the bottom of labour hierarchies, not fair inclusion.

The intersectionality noted by Çirkin et al. (2025) is significant: the combination of gender and refugee status creates unique forms of job market exclusion. Increased household duties, a gendered responsibility, limit women's ability to pursue education and employment at the same time. Discrimination based on both gender and refugee status further restricts opportunities for those who manage to overcome other challenges. Job market bias means that even with educational credentials and improved language skills, many women do not see equivalent job outcomes.

4.4.7 Syrian Women in Greece: Healthcare Access

Language barriers are a significant obstacle that turns healthcare encounters into traumatic experiences instead of providing care. Ntager and Sarantaki (2022) found that Syrian migrant women in Greek public hospitals face serious challenges. These include a lack of privacy, communication problems, and racist behaviour from staff. These issues lead to traumatic experiences for the women. Communication problems create insecurity and fear. The absence of family support, especially the absence of their mothers, is a significant disadvantage for them.

These findings show how healthcare systems can worsen displacement trauma instead of helping. Communication barriers are not just technical issues that need interpreters. They interact with racist staff behaviour and privacy violations, creating situations where Syrian women feel that healthcare is an assault rather than support. Syrian women's separation from their mothers underscores how displacement breaks support networks at vulnerable times, like during pregnancy and childbirth. Yet healthcare

systems fail to address these losses by providing culturally sensitive and trauma-informed care.

The health needs of Syrian refugees in Greece have changed as their displacement continues, but the services available have not kept up. Hémono et al. (2018) noted a shift from urgent physical health issues to mental health disorders and a rise in gender-based violence following the EU-Turkey agreement. Problems included a limited healthcare model and weak referral systems for mental health and social support. They stressed the importance of focusing on mental health, improving referral systems, and offering patient-centred care as necessary steps.

The EU-Turkey Statement represented not just a policy change but also a shift in health needs, from immediate emergency issues to ongoing mental health concerns and gender-based violence. The persistence of limited healthcare models, despite this change, shows a lack of flexibility. Services still address initial emergencies, even as actual needs have shifted. The clear link between the rise in gender-based violence and weak service responses highlights how policies, such as those related to the EU-Turkey Statement, create health risks that these systems do not adequately handle.

Shortall et al. (2017) found that between January and March 2016, the most common health issues among refugees included respiratory infections, dehydration, nausea, vomiting, and musculoskeletal pain, with 39.4% of health problems being non-communicable. Exposure to violence increased the likelihood of developing mental health issues. Humanitarian workers struggle to meet the needs of people in transit, underscoring the need for a connected, adaptable approach. The fact that nearly 40% of health issues are non-communicable challenges service models focused on urgent care. The link between violence and mental health highlighted here supports Hémono et al.'s findings and shows that mental health needs arise from ongoing exposure to violence, not just trauma from before migration. This situation requires ongoing attention rather than just crisis responses.

Health service provision varies greatly depending on the geographic location within Greece's migration management system. Kakalou et al. (2018) found that between October 2015 and June 2016, most refugees, 88%, came from Syria, Afghanistan, and Iraq. Among them, 53% were women and children. Infectious diseases decreased as refugees moved from the islands to the Athens-Piraeus Port, while other disease categories saw significant increases. Referrals for specialist care rose from 4.2% on the islands to 9.9% in the Athens-Piraeus Port.

This geographic difference shows how Greece's division between islands and the mainland in migration management leads to varied health outcomes. The drop in infectious diseases, along with rises in other conditions, suggests that urgent health needs give way to chronic and specialist needs as displacement continues. However, the referral system struggles to keep up with this change. The nearly doubled rate of specialist referrals from islands to the mainland may indicate poor access to specialists on the islands or a rise in health complexities over time.

Yarwood et al. (2021) identified that between December 2016 and July 2017, 11% of consultations needed specialist referrals. Dental care was the most common, at 25%, followed by obstetrics and gynaecology, paediatrics, and ophthalmology. Providing effective primary healthcare by humanitarian organisations reduces the need for specialist referrals, particularly when specialists are integrated into primary healthcare clinics. While referrals for mental health and psychosocial support were low, they pointed to a significant gap in healthcare services for refugees. The few mental health referrals contradict the high prevalence reported in other studies, suggesting a consistent pattern of under-identification or low referrals for mental health needs despite their evident severity.

Mental health is a vital yet often overlooked part of healthcare for Syrian women. Poole et al. (2018) found that in January 2017 the rate of major depressive disorder (MDD) among Syrian asylum seekers in a refugee camp in Greece was alarmingly high, impacting 44% of those surveyed. Key risk factors for MDD included being female, having more children, and spending a longer time in the asylum process in Greece. Interestingly, being married was linked to lower odds of MDD, suggesting it may offer some protection.

The 44% prevalence rate for MDD is striking; almost half of the population qualifies for major depressive disorder. Gender plays a significant role: being a woman raises the risk of MDD, while factors like having more children and lengthy asylum procedures deepen this risk. The protective effect of marriage likely stems from social support, not just the institution of marriage itself, as noted by Ntager and Sarantaki (2022), who found that the absence of family nearby can be especially harmful. These findings, when compared with Yarwood et al.'s report of few mental health referrals, highlight a large gap between the need for help (44% prevalence) and the actual services available (low referrals). This situation reflects not just inadequate services but an almost total failure of the system to tackle a serious mental health crisis.

4.4.8 Syrian Women in Greece: Education and Integration

Legal entitlement to education does not lead to ongoing participation in school. Maria et.al (2025) pointed out the difficulties that refugee and migrant children face in accessing education in Greece, even with legal rights. There is little data on access rates, dropout rates, and the obstacles to education for these groups. The lack of systematic data itself shows a failure in implementation. Without tracking who accesses education, who drops out, and why, barriers stay hidden and neglected.

Tzoraki (2019) noted that the Greek educational system has implemented the "Refugee Education Host Structures (REHSs)" plan to assist refugees in integrating into schools. However, high dropout rates, ranging from 10 to 40 per cent at the elementary level and 45 to 56 per cent at the high school level, along with irregular attendance, present major challenges. The University of the Aegean has developed a focused plan that addresses education, research, awareness, and technology to better the lives of refugees. These dropout rates are remarkable; nearly half of high school students do not complete their education. The wide variations suggest differences in contexts, but

the higher rates clearly show failures in keeping students enrolled. Irregular attendance before dropping out suggests a gradual disengagement, rather than an abrupt exit. This highlights barriers that often go unaddressed and accumulate over time.

For young refugee women, educational barriers arise from family dynamics and conditions of displacement. Hunt (2021) found that young refugee women in Greece face educational limitations mainly due to tensions in their relationships with family, friends, and teachers. These tensions are made worse by their unstable living situations. They overcome these barriers by seeking out additional learning opportunities, teaching their peers, and leveraging their collective strength. The study highlights the need for educational programs that consider gender and for including young refugee women in the development of these support systems.

Hunt's attention to "micro-level relationships" shows how gender influences everyday interactions, such as family expectations, peer relationships, and teacher assumptions, rather than just formal obstacles. The concept of "unsettlement" highlights how prolonged displacement causes families to prioritise immediate needs over the uncertain benefits of education in the future. Young women's efforts to find alternatives and build collective strength show their resilience, but Hunt's call for including young refugee women in designing educational support acknowledges that those facing these challenges have valuable insights into what solutions would help them.

Educational integration challenges arise from larger systemic failures. Skleparis (2018) found that structural issues, like a shrinking job market and bureaucratic obstacles, limit refugees' access to employment. The healthcare system struggles due to a lack of funds, reducing access to medical and social services. There has been significant progress in integrating refugee children into schools; however, practical problems persist. Limited progress is evident in the integration of adult refugees into higher education and vocational training.

Skleparis's assessment, stating that "progress is significant" while "practical problems persist," highlights the gap between having structures in place for inclusion (refugee education and health services exist; children can enroll) and effective integration (high dropout rates documented by Tzoraki). The connection between job market failures and the healthcare system suggests that educational integration cannot succeed on its own. When families face unemployment and healthcare challenges, children's education often takes a backseat.

4.5 Comparative perspectives

The Syrian refugee crisis has led to a huge number of people being displaced, mainly in nearby countries, instead of spreading out globally. Yavçan (2016) noted that over four million refugees have been hosted by these neighbouring countries since 2011. Most of these refugees are in Turkey, Lebanon, and Jordan, while a smaller number

have sought safety in Europe. Even though more refugees have been arriving in Europe, the total is still low compared to the pressure on neighbouring countries.

This concentration of refugees means that Turkey and Greece face very different situations from wealthier European countries. They host larger populations but have fewer resources and less support from the international community. To understand the protection outcomes in these areas, we must consider this unfair situation.

Formal rights do not automatically translate into effective access; institutional structures significantly influence the link between legal entitlements and actual service delivery. Crul et al. (2019) found that placing refugee children in regular classes as soon as possible is essential for their academic success. Segregated systems often result in early school leaving or non-attendance. The right to education does not always mean real access, with significant differences among countries in their education for refugee children. Institutional arrangements play a key role in determining school outcomes. Some countries have more favourable practices than others, showing the need for structural changes to tackle these issues.

Focusing on institutional arrangements rather than just policy statements is important. It explains why countries with similar legal frameworks often yield different outcomes. Greece's REHS system, which establishes separate structures for refugee education, highlights the segregated approach that Crul et al. find problematic. This approach may contribute to the high dropout rates reported earlier. Turkey’s integration of Syrian children into Turkish schools after an initial phase of separate Arabic instruction aligns more closely with the immediate integration approach that Crul et al. recommend. However, both countries still face significant dropout and access challenges, suggesting that simply having the right institutional design is not enough without adequate resource investment and support systems.

Successful refugee integration needs more than just institutional frameworks. It requires ongoing political commitment and coordinated efforts. Amaral et al. (2018) compared refugee policies and integration efforts in Turkey, Greece, Germany, the UK, Canada, and Australia. They found that the successful resettlement of Syrian refugees mainly depends on political commitment and public support, including private sponsorship. Effective policies involve planning, implementation, monitoring, and assessment. Better record-keeping and data sharing are crucial for evaluating and developing effective policies.

The comparative framework used by Amaral et al. illustrates the comparison between Turkey and Greece. Both countries lack the private sponsorship mechanisms and strong public support found in Canada and Australia. They also face heavier hosting burdens than these distant resettlement countries.

4.6 NGO Coordination and Refugee Service Delivery

Non-governmental organisations play a vital role in refugee protection systems, but their involvement brings unique challenges. These include coordination, timing, and

sustainability issues, which can affect the effectiveness of refugee protection. For Syrian refugees, NGO services often operate within disjointed coordination structures and unpredictable funding. This leads to inconsistent support and uneven service coverage.

Coordination issues create significant service gaps. Culbertson et al. (2016) found that the refugee response in Jordan and Lebanon was falling short in key areas, including education, healthcare, shelter, water and sanitation, and livelihoods. The study suggested the need for better coordination strategies and practices. It called for changes in funding models, partnerships, and planning timelines. The report emphasised the need to address these gaps to prevent broader failures in refugee aid and to enhance overall management and coordination. These coordination problems also reflect larger issues within the humanitarian system, as seen in Turkey and Greece, indicating that the challenges are structural, not just technical.

NGO coordination involves changes over time that create gaps in continuity. Martin (2025) found that coordinating refugee assistance involves a significant process of "handing off" responsibilities between different stakeholders over time. Responsibilities shift from informal volunteers to local emergency relief groups, then to international NGOs, and ultimately to longer-term local or state organisations. The study emphasises how responsibilities flow over time, rather than at specific moments. For Syrian refugees facing prolonged displacement, these transitions lead to service gaps that are especially concerning for women's healthcare and children's education, requiring ongoing involvement.

Ferris (2013) noted that NGOs have a long history of assisting refugees and are increasingly involved in their protection. This increased involvement stems from the international community's failure to protect refugees and the growing role of NGOs in international issues. This situation raises questions about accountability: does providing services through NGOs allow states to avoid their protection responsibilities? Lanphier (2021) noted that the establishment of the High Commission for Refugees underscores the complexity and long-term challenges of refugee assistance. NGOs promote political participation and organisational activities within refugee groups, but this may hinder broader societal integration. Ethnic NGOs strive to preserve homeland culture and emphasise political engagement, focusing on cultural continuity and political involvement.

In Turkey, Atar et al. (2022) found that NGOs play a crucial role in assisting the government in providing basic services to Syrian refugees. However, these NGOs face challenges, including limited funds and uncertain funding sources. A lack of cooperation among NGOs is a significant problem in tackling the refugee crisis. This competition among NGOs leads to gaps in coverage and overlaps in services.

Sunata and Tosun (2018) found that NGOs play a crucial role in helping refugees access their rights, integrate into society, and receive humanitarian support. The refugee crisis has opened up opportunities for active citizenship and new mobilisation

for humanitarian and integration help. Faith-based motivations significantly influence the formation and continuation of NGO-R activities, with refugee community organisations serving a unique integrative role outside of mainstream paths. Syrian-led organisations possess cultural understanding and community trust, which enables more effective support; yet, they also contend with the same funding uncertainties that threaten their sustainability.

NGO involvement is both essential and problematic. These organisations address critical needs but work within coordination structures that create inconsistencies. Funding uncertainties threaten sustainability, and competitive dynamics exist among them. For Syrian women, fragmented NGO services, combined with ineffective coordination, mean that accessing help relies on knowing which organisations are available and where to find them. This situation creates information barriers that add to existing challenges.

Chapter 5 Legal and Policy Context for Syrians' Protection

This chapter establishes the legal and policy foundations governing the protection of Syrian refugee women in Turkey and Greece. It examines the national legislative frameworks and institutional mechanisms that formally define access to healthcare, legal protection, and education in both countries.

5.1 Turkey's Protection Framework for Syrian Refugees

5.1.1 The Temporary Protection Regulation (2014)

Turkey's legal framework for the protection of Syrian refugees is established under Article 91 of the Law on Foreigners and International Protection (Law No. 6458, 2013), which provides the constitutional basis for temporary protection during mass influx situations. The Temporary Protection Regulation (Council of Ministers Decision No. 2014/6883, 2014) operationalises Article 91 specifically for Syrian nationals who arrived after April 2011. However, this Syrian-specific framework creates fundamental tensions between legal design and protection reality that systematically disadvantage women.

Article 1 of the regulation defines its objective as determining procedures for temporary protection that may be provided to "*foreigners, who were forced to leave their countries and are unable to return to the countries they left and arrived at or crossed our borders in masses to seek urgent and temporary protection and whose international protection requests cannot be taken under individual assessment*" (Turkey, Temporary Protection Regulation, 2014, Article 1). While this framework is legally applicable to any mass displacement situation, its exclusive application to Syrian nationals since inception reveals how Turkey constructed Syrian displacement as an exceptional crisis requiring exceptional legal responses rather than standard refugee protection mechanisms.

This exceptionalist approach creates specific vulnerabilities for Syrian women because it bypasses individual protection assessments that could identify gender-specific persecution. Under Article 16 of the Temporary Protection Regulation (2014), Syrian women receive the same legal status as Syrian men, with no differential treatment based on gender in the formal registration process. The regulation establishes a group-based protection system that bypasses individual refugee status determination, meaning Syrian women do not undergo separate assessments of their protection needs or gender-specific persecution claims (Turkey, Temporary Protection Regulation, 2014).

This administrative efficiency comes at a critical cost for women's protection. Syrian women who fled gender-based violence in Syria, such as forced marriage, honour-based violence, or sexual assault by state or non-state actors, cannot have their specific persecution experiences recognised within Turkey's group-based framework. The system assumes that Syrian identity alone captures all relevant protection needs, effectively rendering invisible the particular vulnerabilities that drove many women to flee. This reflects what Acker (1990) identified as organisational structures that seem neutral but carry assumptions about workers, in this case, refugees. Their lives revolve around navigating systems full-time, while expectations for domestic and caregiving tasks are placed on others.

The regulation's focus on "mass influx" and "urgent protection" further reinforces this gender-blind approach. The emphasis on administrative efficiency over individual assessment reflects what feminist institutionalists describe as institutional assumptions that protection needs are the same for all Syrian populations. These beliefs treat male refugee experiences as the norm and make women's unique experiences of persecution invisible (Chappell, 2006). For women who may have experienced different forms of persecution than male family members, or who may have fled independently due to gender-specific threats, this framework offers no mechanism for recognising their distinct protection claims.

Moreover, the temporal limitation embedded in the "temporary" designation creates particular uncertainties for Syrian women making long-term decisions about family formation, education, and economic integration. The regulation provides no pathway to permanent status, leaving women in indefinite legal limbo that affects their ability to escape domestic violence, pursue higher education, or establish economic independence. This temporal uncertainty becomes a tool of control that may keep women dependent on male family members or community structures that may themselves be sources of harm.

The Syrian-specific nature of this framework also creates a two-tiered protection system within Turkey, where Syrian women under temporary protection have different rights and vulnerabilities than other refugee women under the general asylum system. This differential treatment reflects political decisions about which displaced

populations deserve what forms of protection, rather than assessments based on protection needs or international legal obligations.

5.1.1.1 Rights Provisions and Implementation Challenges

The regulation grants several concrete rights to registered Syrians, but the implementation mechanisms reveal systematic gendered barriers that transform formal entitlements into inaccessible privileges for many women. These barriers show the first implementation factor identified in this framework. Bureaucratic inefficiencies, as feminist institutionalist analysis reveals, affect women more when administrative procedures do not consider gender differences in mobility, time availability, and cultural constraints on accessing services.

Article 27 establishes comprehensive healthcare provisions, including free primary and emergency health services with costs capped at rates determined for general health insurance beneficiaries (Turkey, Temporary Protection Regulation, 2014, Article 27). However, the pathway from legal entitlement to actual healthcare access demonstrates how bureaucratic design creates compounding obstacles for Syrian women.

Article 27(1)(f) specifically mandates that "competent personnel shall provide information and conduct support activities about reproductive health," recognising the particular healthcare needs that disproportionately affect women (Turkey, Temporary Protection Regulation, 2014, Article 27). Yet this provision shows what feminist institutionalists point out as the gap between formal recognition and implementation capacity. Institutions may acknowledge gender-specific needs in policy documents, but they often fail to create mechanisms that ensure those needs are truly met.

The regulation provides no mechanisms for ensuring culturally competent care, Arabic-language services, or female healthcare providers, creating barriers that particularly affect Syrian women who may face cultural restrictions on interaction with male medical staff or discussing reproductive health issues through male interpreters.

This healthcare framework demonstrates the first implementation factor: bureaucratic inefficiencies that disproportionately affect women. Syrian women must navigate registration systems, obtain proper documentation, and access services through Turkish-language procedures while potentially managing childcare responsibilities and cultural constraints on mobility. The regulation's silence on gender-sensitive procedures means that formal healthcare rights become practically inaccessible for women who cannot navigate these administrative requirements independently.

Implementation reveals systematic obstacles beyond formal entitlements. Language barriers persist as the primary challenge, with most healthcare facilities lacking interpretation services (AIDA/GCR, 2021, p. 179). Although the Ministry of Health operates a free hotline providing limited distance interpretation services, it offers no general counselling about the healthcare system or assistance in obtaining

appointments (AIDA/GCR, 2021, p. 178). Hospital appointment systems operate exclusively in Turkish, forcing Syrian women to depend on Turkish-speaking neighbours or children (AIDA/GCR, 2021, p. 178). By 2024, while some individuals could secure appointments with help from neighbours or Turkish-speaking children, city hospitals' insufficient interpreter numbers compelled patients to hire translators on an hourly basis, even for medication-related services (AIDA/GCR, 2025, p. 218), creating additional financial barriers to healthcare access. The absence of mandatory Arabic interpretation services, despite legal guarantees under TPR Article 27, reflects insufficient political will to allocate resources for language access infrastructure that would enable Syrian women's healthcare access.

Educational provisions under Article 28 reveal similar patterns of formal inclusion but practical exclusion. The regulation addresses educational opportunities, including language education, vocational courses, and skills training for all age groups, "depending on demand" (Turkey, Temporary Protection Regulation, 2014, Article 28). This demand-based provision creates particular barriers for women who may face cultural or family restrictions on participation in educational programs, yet the regulation provides no mechanisms to address these gendered obstacles to access.

The reliance on "demand" as the trigger for educational programming reflects institutional assumptions about who constitutes the primary beneficiary of integration services. Syrian women who cannot express their demands due to language barriers, cultural restrictions, or caregiving responsibilities effectively become invisible within this framework. This demonstrates how seemingly neutral administrative criteria can systematically exclude women's needs while maintaining the appearance of equal treatment.

Employment rights under Article 29 expose the most significant implementation gaps affecting Syrian women's economic independence. The regulation allows holders of Temporary Protection Identification Documents to apply for work permits in designated sectors and geographical areas (Turkey, Temporary Protection Regulation, 2014, Article 29). However, the operationalisation through the 2016 Regulation on Work Permits of Foreigners under Temporary Protection creates procedural barriers that systematically disadvantage women.

Article 5(1) requires that foreigners wait "six months after the date of their temporary protection registration" before applying for work permits, while Article 5(2) mandates that "work permit applications shall be lodged by the employer" rather than by the foreign worker themselves (Turkey, Work Permit Regulation for Temporary Protection, 2016). This employer-dependent application process creates dependency relationships that put Syrian women at particular disadvantage due to gender discrimination in employment and cultural barriers to workplace access.

The regulation's requirement for employer sponsorship transforms work authorisation from an individual right into a relationship of dependency. Syrian women, who may face discrimination in hiring due to gender, cultural assumptions, or language barriers, must convince Turkish employers to navigate bureaucratic procedures on their behalf. This creates opportunities for exploitation and limits women's agency in their own employment decisions.

Article 8(1) establishes employment quotas limiting foreigners under temporary protection to "ten per cent of the number of Turkish citizens working at the workplace," creating additional competition for limited formal employment opportunities (Turkey, Work Permit Regulation for Temporary Protection, 2016). These quota restrictions, combined with employer-dependent applications, push Syrian women toward informal employment sectors where they lack legal protections and face increased vulnerability to exploitation.

The regulation's silence on gender-sensitive employment protections leaves women particularly vulnerable to discrimination and exploitation in the labour market. Syrian women's overrepresentation in informal sectors—domestic work, textile production, agricultural labour- occurs not despite but because of how formal employment regulations operate. The legal framework creates barriers to formal employment while providing no protections for informal work, effectively institutionalising Syrian women's economic vulnerability.

5.1.1.2 Vulnerable Groups and Gender-Specific Protections

The regulation demonstrates partial recognition of gendered vulnerabilities through its provisions on "persons with special needs," yet this recognition reveals the limitations of categorical approaches to protection that fail to address structural barriers. Article 3(1)(l) defines this category to include "unaccompanied child, disabled, elderly, pregnant person, a single mother or father with her/his child, or a person who has been subjected to torture, sexual assault or other serious psychological, physical or sexual violence" (Turkey, Temporary Protection Regulation, 2014). This definition explicitly recognises gender-based violence survivors and single mothers as requiring special protection, but the framework's focus on individual vulnerability obscures how institutional design creates systematic disadvantages for all Syrian women.

The categorisation of single mothers as inherently vulnerable reflects assumptions about family structures that may not correspond to Syrian women's diverse experiences. This vulnerability-based approach risks pathologising women's independence while failing to address how institutional barriers prevent all Syrian women, regardless of family status, from accessing services effectively. A Syrian woman with male family members present may still face insurmountable cultural, linguistic, or economic barriers to healthcare or education access, yet she falls outside the regulation's protection framework.

Article 48 references Law No. 6284 on Protection of the Family and Prevention of Violence Against Women, yet provides no specific procedures for Arabic-speaking populations or mechanisms to ensure culturally appropriate service delivery (Turkey, Temporary Protection Regulation, 2014, Article 48(3)). This cross-reference to Law No. 6284 illustrates broader service access challenges. The framework was designed for Turkish citizens navigating Turkish social services and legal systems. Syrian women under temporary protection face translation barriers, unfamiliar procedures, and cultural context differences when accessing Turkish institutions. The regulation assumes institutional capacity to provide culturally competent services without establishing mechanisms to ensure such capacity exists. These systematic barriers, language exclusion, employer-dependent work permits, demand-based education programming, and inadequate GBV service integration, persist not due to legal gaps, as Article 27 provides healthcare entitlements and Article 28 permits educational services, but due to insufficient political commitment to operationalise gender-responsive implementation mechanisms through resource allocation and institutional reform.

5.1.2 EU-Turkey Statement (2016)

5.1.2.1 March 2016 Agreement Impacts on Syrian Protection

The EU-Turkey Statement of 18 March 2016 fundamentally altered the legal landscape for Syrian protection in Turkey, creating additional constraints and uncertainties that disproportionately affect Syrian women's rights and mobility. While presented as a political agreement rather than a binding international treaty, this statement established new operational realities that directly undermine the implementation of Turkey's temporary protection framework, creating what amounts to a legal trap for Syrian women seeking protection.

5.1.2.2 Return Mechanism and Border Control Framework

The Statement established a comprehensive return mechanism whereby all irregular migrants crossing from Turkey to Greek islands would be returned to Turkey, with individual asylum processing occurring before any returns (EU-Turkey Statement, 2016, para. 1). This system created a de facto external border control framework that transforms Syrian women's freedom of movement from a practical challenge into a legal impossibility. For Syrian women experiencing domestic violence within Syrian communities in Turkey, this mechanism eliminates escape routes that might otherwise provide safety, effectively trapping them within the Turkish temporary protection system regardless of their protection needs.

This shows how international agreements can limit women's freedom and movement more than men's. Stronger border controls especially impact women. Freedman (2015) noted that women deal with cultural barriers to travelling alone, face security risks when moving without male family members, and have childcare duties that make it

harder to leave. The EU-Turkey Statement's return mechanism and prevention measures worsen these limits by preventing Syrian women from relocating to escape violence within their communities in Turkey.

Turkey's commitment to preventing new migration routes has resulted in enhanced border controls that particularly affect Syrian women travelling with children or without male family members (EU-Turkey Statement, 2016, para. 3). These prevention measures create additional barriers that demonstrate the second implementation factor: geographic disparities in protection access. Syrian women in border areas face intensified surveillance and control measures that restrict their mobility within Turkey while simultaneously closing exit options, creating zones of heightened vulnerability where women's movement is controlled by both Turkish authorities and Syrian community structures.

The individual assessment process, while maintaining procedural safeguards, operates within a framework that presumes return to Turkey rather than protection in the EU. This creates specific challenges for Syrian women whose protection needs cannot be adequately addressed within Turkey's group-based temporary protection system. Women who fled Syria due to gender-based persecution—forced marriage, honour violence, or sexual assault—may find that their specific protection claims receive no individual assessment under Turkish temporary protection, yet any attempt to seek EU protection triggers return procedures that bring them back to the same inadequate system.

The Agreement's resettlement mechanism, based on UN Vulnerability Criteria, creates perverse incentives that punish Syrian women's agency in seeking protection. The mechanism gives priority to those who had not previously attempted irregular entry to the EU (EU-Turkey Statement, 2016, para. 2). This places Syrian women in an impossible bind: attempting to reach EU territory for immediate protection from violence actually decreases their chances of legal resettlement, while remaining in potentially unsafe situations in Turkey offers no guarantee of future protection alternatives.

5.1.2.3 Legal Status Uncertainty for Syrian Women

The Statement created significant legal uncertainty for Syrian women caught between Turkey's temporary protection system and EU return procedures. Women returned from Greece to Turkey under the Statement face unclear legal status regarding their re-entry into the Turkish system after attempting to exercise mobility rights that the EU-Turkey framework now restricts. The regulation provides no specific provisions for how returned women's temporary protection status should be handled, creating gaps in legal certainty that affect access to services and long-term planning.

The Statement's provision that all migrants will be protected "in accordance with the relevant international standards and in respect of the principle of non-refoulement" does not specify how this protection translates into concrete legal rights for returned women or how gender-specific protection needs will be addressed within Turkey's group-based temporary protection system (EU-Turkey Statement, 2016, para. 1). This vague commitment to international standards provides no mechanisms for ensuring that returned Syrian women receive adequate protection from the violence or persecution that initially motivated their flight attempts.

Children born to Syrian women who were returned from Greece face specific legal uncertainties about citizenship and future mobility rights that demonstrate how the Statement creates intergenerational impacts on legal status. The Statement's provisions do not address how return procedures affect family formation or children's rights, creating lasting consequences for legal status and access to protection that extend beyond the immediate returnees. Syrian women must navigate decisions about childbearing and family planning within a legal framework that provides no clarity about their children's future citizenship options or protection entitlements

The temporal distinction created by the Statement between Syrians who arrived before and after 20 March 2016 creates different legal categories with varying rights and protections, regardless of individual protection needs or family situations (EU-Turkey Statement, 2016, para. 1). Syrian women arriving after this arbitrary cutoff date face stricter conditions and limited access to EU protection options, creating a two-tiered system within the already precarious temporary protection framework. This temporal division particularly affects women whose flight from Syria may have been delayed by family obligations, economic constraints, or gender-specific barriers to mobility.

These cutoff dates create lasting impacts on women's legal certainty regarding their future status and rights within both the Turkish temporary protection system and potential EU resettlement processes. Syrian women must navigate protection systems where their arrival timing, often beyond their control due to gendered constraints on mobility, determines their access to protection options for decades to come. The Statement thus transforms arbitrary temporal markers into permanent structures of inclusion and exclusion that particularly disadvantage women who faced additional barriers to immediate flight.

5.1.2.4 Financial Arrangements and Political Conditionality

The financial arrangements established through the Facility for Refugees in Turkey target health, education, infrastructure, and living costs for persons under temporary protection (EU-Turkey Statement, 2016, para. 6). However, this funding operates through Turkish state institutions rather than providing direct support to refugees, creating dependencies on systems that may not adequately address women's specific needs. The funding's conditionality on Turkey's migration management performance

creates political uncertainties that can disrupt service delivery to vulnerable groups when diplomatic relations deteriorate.

The Statement explicitly linked migration control to broader EU-Turkey relations, including visa liberalisation and EU accession processes (EU-Turkey Statement, 2016, paras. 5, 8). This political conditionality creates additional uncertainty about the sustainability of protection arrangements for Syrian women who may be planning long-term futures in Turkey. When migration management becomes a bargaining chip in broader diplomatic negotiations, Syrian women's access to essential services becomes hostage to political relationships beyond their control or influence.

The connection between migration management and broader diplomatic relations creates political instability that directly influences Syrian women's life planning decisions regarding education, employment, and family formation. Syrian women must make crucial decisions about their futures, whether to invest in Turkish language learning, pursue vocational training, or have children, within a protection framework whose sustainability depends more on diplomatic relations than on their individual protection needs or integration achievements.

This funding conditionality demonstrates how international agreements can transform refugee protection from a rights-based framework into a political commodity. Syrian women's access to healthcare, education, and social services becomes contingent not on their needs or legal entitlements, but on Turkey's performance in managing migration flows according to EU priorities. When diplomatic tensions arise, funding can be interrupted or redirected, creating direct impacts on service delivery that disproportionately affect vulnerable populations who depend most heavily on institutional support.

5.1.2.5 Gender-Blind Implementation Framework

The Statement contains no specific provisions for gender-sensitive procedures in return operations, resettlement selections, or service delivery through EU funding, revealing a fundamental gap in how international migration agreements conceptualise protection. This absence is not merely an oversight but reflects systematic prioritisation of migration flow management over individual protection needs. The agreement's focus on administrative efficiency in managing Syrian displacement creates particular challenges for Syrian women, whose protection needs cannot be adequately addressed by either Turkey's group-based temporary protection system or EU return procedures that treat all returnees as administratively equivalent.

This gender-blind approach to implementation systematically ignores how the Statement's mechanisms produce differentiated impacts on women's rights, mobility, and protection access. Women returning from failed asylum attempts face the same procedural treatment as men, despite potentially different reasons for flight, different

vulnerabilities during transit, and different protection needs upon return. The Statement's operational framework treats Syrian displacement as a uniform administrative challenge rather than recognising how gender intersects with legal status, family structure, and protection needs to create diverse experiences requiring tailored responses.

The failure to address gender-specific impacts demonstrates how seemingly neutral administrative procedures can systematically disadvantage women while maintaining the appearance of equal treatment. Syrian women subject to return operations receive no special consideration for gender-based persecution claims that may not have been adequately assessed under Turkey's group-based framework. Similarly, resettlement selections operate without mechanisms to identify or prioritise women facing gender-specific vulnerabilities that the Turkish system cannot address.

The EU-Turkey Statement thus creates significant external barriers to Syrian women's protection rights in Turkey by adding layers of legal complexity that prioritise migration management over individual protection needs and the specific experiences of women facing displacement. Rather than improving protection outcomes, the Statement compounds existing gaps in Turkey's temporary protection system by creating additional procedural obstacles that Syrian women must navigate without corresponding support mechanisms. This demonstrates how international agreements can systematically worsen protection environments for vulnerable populations when migration control objectives override protection considerations in policy design and implementation.

5.1.3 Syrian-Specific Implementation: Registration, ID cards, Service Access

The operationalisation of temporary protection for Syrians involves a three-stage process of registration, documentation, and service provisioning that, while designed to be comprehensive, reveals how administrative efficiency can systematically exclude Syrian women's protection needs.

This implementation framework demonstrates all four factors creating protection gaps: bureaucratic inefficiencies that burden women disproportionately, geographic disparities in service quality, institutional capacity limitations relative to the Syrian displacement scale, and gender-blind design that assumes male refugee experiences as the norm.

5.1.3.1 Registration Procedures and Gender-Sensitive Challenges

Article 19 mandates that the Directorate General conduct identification and registration procedures for all foreigners seeking temporary protection, with governorates authorised to assign additional personnel during peak periods (Turkey, Temporary Protection Regulation, 2014, Article 19(1)). However, this seemingly straightforward administrative process creates systematic barriers for Syrian women

that begin at their first contact with Turkish protection systems. The registration process requires foreigners to "provide correct identification information" and "submit the documents verifying their identification, if available, to the competent authorities" (Turkey, Temporary Protection Regulation, 2014, Article 19(3)).

While the regulation acknowledges that documentation may not be available by including the phrase "if available," this creates different challenges for Syrian women's registration experiences. The discretionary nature of documentation requirements means that registration outcomes may depend on individual officials' interpretations and cultural competence. Syrian women without documentation may face additional questioning about their circumstances that could be invasive or culturally insensitive, particularly when explaining why they lack family documents due to domestic violence, abandonment, or gender-based restrictions in Syria.

The regulation mandates that registration occur "in a separate place sufficiently equipped and where registration can be completed without disruption," with confidentiality as "the primary principle" (Turkey, Temporary Protection Regulation, 2014, Article 21(1)-(2)). Despite these provisions, the regulation lacks specific guidance on gender-sensitive registration procedures that could address Syrian women's particular vulnerabilities during this critical first interaction with Turkish authorities.

The absence of requirements for female interpreters creates significant barriers for Syrian women who may be reluctant to discuss sensitive issues, such as sexual violence, domestic abuse, or gender-based persecution, with male officials. Syrian women arriving alone or with children may need to disclose information about family separation, widowhood, or abandonment that carries cultural stigma within Syrian communities. Without female staff or interpreters, these women may choose to withhold crucial information that could affect their protection, rather than discuss sensitive matters through male intermediaries.

Boyd and Nowak (2013) found that gender-blind procedures cannot lead to gender-neutral results when they operate in environments of existing gender inequality. This pattern is evident here, where formally neutral registration procedures create systematic exclusions based on gender.

The regulation provides no guidance on separate registration areas for women travelling alone, despite the fact that Syrian cultural norms may make it difficult for unaccompanied women to navigate registration processes in mixed-gender environments. This oversight reflects institutional assumptions that all refugees arrive as intact family units with male heads of household who can navigate bureaucratic procedures on behalf of female family members.

5.1.3.2 Temporary Protection Identification Documents and Access Rights

Upon completion of registration, governorates issue Temporary Protection Identification Documents (TPID) as mandated by Article 22 (Turkey, Temporary Protection Regulation, 2014). The TPID serves as the primary gateway to all services and rights outlined in the regulation, yet this centralised documentation system creates dependencies that particularly affect Syrian women's autonomy and service access.

Article 25 establishes that the TPID "shall grant the right to stay in Turkey" while explicitly stating it "shall not be deemed to be equivalent to a residence permit" and "shall not grant the right for transition to long-term residence permit" (Turkey, Temporary Protection Regulation, 2014, Article 25). This dual status creates administrative complications that disproportionately affect Syrian women seeking to access services that require proof of legal residence.

Service providers across healthcare, education, and social services may not be familiar with the distinct legal status of TPID holders, creating additional barriers for Syrian women who must repeatedly explain their legal status while accessing basic services. This documentation confusion becomes particularly problematic for women seeking gender-specific services, such as reproductive healthcare, domestic violence support, or maternal services, where delays in service provision can have serious consequences.

The TPID system's centralisation means that Syrian women's access to all rights and services depends on maintaining this single document. Women experiencing domestic violence who flee their registered addresses may face difficulties updating their documentation without their male family members' knowledge or cooperation. The system provides no mechanisms for women to maintain legal status independently when family circumstances change due to violence, separation, or death.

5.1.3.3 Address Registration and Mobility Restrictions

Article 21(5) requires that foreigners "shall be registered in the Address Registration System," though registration for those excluded under Article 8 "shall be decided by the Directorate General" (Turkey, Temporary Protection Regulation, 2014). This address registration requirement intersects with Article 33(2)(a)'s mandate that foreigners "reside in a province, temporary accommodation centre or a certain place determined by the Directorate General" to create a system of mobility control that particularly restricts Syrian women's freedom of movement (Turkey, Temporary Protection Regulation, 2014).

For Syrian women, these connected requirements create major obstacles to movement and independence that can trap them in unsafe situations. Women escaping domestic violence within Syrian communities in Turkey cannot easily move to different provinces without official permission, as changing their registered address requires

navigating bureaucratic procedures that may alert abusive family members or community members to their whereabouts.

The regulation does not include clear procedures for meeting protection needs that might require changes in residency. Instead, it treats all movement as an administrative issue requiring prior approval rather than recognising that mobility may be essential for women's safety. This bureaucratic approach to residence management ignores how domestic violence within Syrian communities may necessitate rapid relocation for women's protection.

The geographic restrictions embedded in address registration create particular hardships for Syrian women seeking to reunite with family members in other provinces or to access specialised services, such as trauma counselling, legal aid, or domestic violence shelters, that may only be available in specific locations. Women must choose between maintaining their legal status in their registered province or accessing protection services elsewhere.

5.1.3.4 Service Access Integration and Bureaucratic Barriers

Article 26 outlines the range of services available to TPID holders, including "health, education, access to the labour market, social assistance, interpretation and similar services" (Turkey, Temporary Protection Regulation, 2014, Article 26(1)). However, actual service access depends on coordination between the Directorate General's registration system and different service-providing ministries, creating multiple points where bureaucratic inefficiencies can systematically exclude Syrian women.

The regulation mandates that "provision of services by the relevant ministries and public institutions and organisations under this Regulation shall be carried out in coordination with AFAD" (Turkey, Temporary Protection Regulation, 2014, Article 26(4)). This coordination requirement creates administrative layers that Syrian women must navigate without adequate support, particularly given language barriers and unfamiliarity with Turkish institutional structures.

The inter-institutional coordination process assumes that refugees possess the cultural capital and language skills necessary to navigate complex bureaucratic systems. Syrian women, who may have limited formal education or experience with government institutions, face additional barriers when services require multiple approvals, referrals, or documentation from different agencies. The system provides no simplified pathways or advocacy support for women who cannot navigate these requirements independently.

This coordination framework demonstrates how seemingly efficient administrative design can create systematic exclusion. While the regulation promises comprehensive service access, the practical reality requires Syrian women to understand which ministry provides which service, how to obtain referrals between institutions, and how

to maintain documentation across multiple bureaucratic processes. Women with childcare responsibilities or mobility restrictions face additional challenges in physically accessing multiple government offices to complete service applications.

5.1.3.5 Family Registration and Gender Dynamics

Article 21(3) addresses registration of children born in Turkey to temporary protection beneficiaries, mandating that such registration "shall also be conducted in the shortest time possible" (Turkey, Temporary Protection Regulation, 2014). However, the regulation does not specify procedures for situations where Syrian women give birth without male family members present to assist with registration, or where paternity may be disputed.

The emphasis on family-based registration throughout the regulation, while administratively convenient, systematically disadvantages Syrian women who are single parents, divorced, or widowed. These women often struggle to navigate registration systems built around traditional family structures without adequate support or recognition of their unique circumstances.

Syrian women who have lost husbands to conflict, violence, or separation may find themselves unable to access family-based services or may face questioning about their family status that carries cultural stigma. The regulation provides no mechanisms for recognising women as heads of household or primary decision-makers when traditional family structures have been disrupted by conflict and displacement.

This family-centric approach reflects institutional assumptions about Syrian social organisation that may not correspond to displacement realities. Women who fled independently, were separated from families during transit, or whose family structures changed due to conflict may find themselves administratively invisible within a system designed around intact nuclear families. The regulation offers no alternative registration pathways for women whose circumstances do not fit traditional family models.

The absence of gender-sensitive procedures for family registration creates particular vulnerabilities for Syrian women experiencing domestic violence within their families. Women seeking to separate from abusive spouses or family members may find that their protection status remains tied to family units that are sources of harm rather than safety. The system provides no mechanisms for women to establish independent legal status separate from family registration when such separation becomes necessary for their protection.

5.1.4 Legal Uncertainty and Ongoing Challenges

A fundamental limitation of the temporary protection framework lies in its temporal uncertainty, which disproportionately affects women's agency and life planning in ways that extend far beyond administrative inconvenience.

5.1.4.1 Legal Uncertainty and Long-term Implications

Article 25 explicitly states that temporary protection identification documents "shall not entitle their holder to apply for Turkish citizenship" and "shall not grant the right for transition to long-term residence permit" (Turkey, Temporary Protection Regulation, 2014, Article 25). This legal limbo creates particular hardships for women who may be planning families, seeking educational opportunities, or attempting to escape abusive relationships, as their legal status remains perpetually provisional.

This temporal uncertainty operates as a mechanism of control that particularly constrains Syrian women's autonomy and long-term decision-making. Women considering investments in education, career development, or family formation must weigh these decisions against the possibility that their legal status could be terminated at any time. The indefinite nature of temporary protection creates psychological stress that may keep women dependent on male family members or community structures, as independent life planning becomes impossible within a framework that offers no pathway to permanent security.

Article 11's termination provisions further underscore this uncertainty, as the Council of Ministers retains broad discretion to end temporary protection at any time, with decisions potentially ranging from forced return to Syria to collective status determination (Turkey, Temporary Protection Regulation, 2014, Article 11). For women who have established lives, relationships, and dependencies in Turkey, this uncertainty creates ongoing psychological stress and limits their ability to make long-term decisions about their futures.

The regulation's design reflects assumptions about temporary displacement that ignore how protracted conflict situations affect women's life cycles differently than men's. Syrian women who arrived as teenagers may now be adults seeking higher education or family formation, while women who arrived with young children may be planning their children's educational futures. The temporary framework provides no recognition that protection needs evolve over time, particularly for women whose life planning must account for reproductive timelines, children's educational needs, and long-term safety considerations.

This temporal uncertainty particularly affects Syrian women's ability to escape domestic violence within their communities. Women experiencing abuse may remain in dangerous situations rather than seek help or attempt to establish independence, knowing that their legal status could be terminated at any time. The combination of

legal uncertainty and dependency on family-based registration creates incentives for women to tolerate abuse rather than risk losing legal status by challenging family structures.

5.1.4.2 Mobility Restrictions and Gendered Control

Article 33 imposes residence obligations, requiring foreigners to "reside in a province, temporary accommodation centre or a certain place determined by the Directorate General" (Turkey, Temporary Protection Regulation, 2014, Article 33(2)(a)). These mobility restrictions create a system of gendered control that disproportionately impacts women's safety and autonomy, transforming what appears to be neutral administrative requirements into mechanisms that can trap Syrian women in dangerous situations.

The residence obligations intersect with cultural and practical constraints on women's mobility to create compounded barriers to movement. Syrian women fleeing domestic violence or seeking to reunite with family members in other provinces face not only bureaucratic obstacles to changing their registered residence, but also cultural expectations that may limit their ability to travel independently or make autonomous decisions about relocation.

The regulation provides limited exceptions for these restrictions, creating a system where women's safety needs become subordinated to administrative convenience. Syrian women experiencing violence within their registered communities may find themselves choosing between maintaining legal status and seeking physical safety, as unauthorised movement to escape abuse could jeopardise their temporary protection standing.

These mobility restrictions particularly affect women's access to specialised services that may only be available in specific geographic locations. Women seeking trauma counselling, legal aid for domestic violence cases, or reproductive healthcare may be unable to access these services if they require travel beyond their registered province. The regulation's treatment of movement as requiring prior administrative approval ignores how women's protection needs may necessitate rapid or confidential relocation.

The gendered impact of mobility restrictions becomes most apparent when considered alongside Syrian cultural norms around women's movement and family decision-making. Women who might otherwise seek help or relocate for safety may be doubly constrained by both Turkish administrative requirements and Syrian community expectations about appropriate female behaviour. This creates zones of vulnerability where women's movement is controlled by multiple overlapping systems of authority, none of which prioritise women's safety or autonomy as primary concerns.

5.1.4.3 Family Reunification and Gender Dynamics

Article 49 addresses family reunification rights, allowing foreigners to apply to reunify with spouses and dependent children (Turkey, Temporary Protection Regulation, 2014). The regulation's definition of family members in Article 3(1)(b) as "spouse, children who have not attained maturity and dependent children who have attained maturity" uses gender-neutral language that theoretically provides equal access for both Syrian men and women to initiate family reunification processes.

However, the regulation's narrow focus on nuclear family structures creates systematic exclusions that particularly affect Syrian women's protection networks. The definition excludes extended family members, elderly parents, siblings, or alternative care arrangements that may be crucial for Syrian women's survival and safety during displacement. Syrian women who have taken responsibility for nephews, nieces, elderly relatives, or other family members outside the nuclear structure may find these vital relationships unrecognised within the family reunification framework.

The emphasis on dependent children reflects assumptions about family structures that may not correspond to displacement realities where traditional dependency relationships have been altered by conflict. Syrian families may include older children who have become caregivers, economic contributors, or protection providers for younger siblings or female relatives. The regulation's dependency criteria may exclude these essential family relationships that provide safety and support for Syrian women.

Most critically, the family reunification provisions provide no mechanisms for assessing whether reunification might place Syrian women at risk of domestic violence or forced return to abusive family relationships. Women who have escaped violent marriages may face pressure to reunify with spouses as a condition of maintaining family-based services or legal status, with no institutional safeguards to evaluate the safety implications of such reunification.

The regulation's administrative approach to family reunification treats all family relationships as inherently beneficial, failing to account for how family structures may themselves be sources of harm for Syrian women. The system provides no procedures for women to refuse or delay family reunification when such reunification might compromise their safety, autonomy, or protection within Turkish society.

This family reunification framework ultimately demonstrates how apparently neutral policies can create systematic vulnerabilities when they fail to account for the complex ways that conflict, displacement, and gender intersect to reshape family relationships and protection needs.

5.1.5 Institutional setup: DGMM Syrian-specific programming

Turkey's institutional framework for Syrian protection operates through the Directorate General of Migration Management (DGMM), established under Article 103 of Law No. 6458 on Foreigners and International Protection (2013). This provision mandates DGMM to implement migration policies and strategies while ensuring coordination among relevant agencies and organisations for all foreigners' entry, stay, exit, removal, international protection, and temporary protection (Turkey, Law No. 6458, 2013, Article 103(1)). However, this centralised institutional structure reveals systematic gaps in gender mainstreaming that transform administrative efficiency into a mechanism for excluding Syrian women's specific protection needs.

This centralised structure represents a significant shift from previous fragmented approaches, where migration duties were distributed across various agencies. While administrative consolidation offers potential benefits for coordination, the institutional design demonstrates the fourth implementation factor: gender-blind institutional structures that assume male refugee experiences as the norm. The coordination mandate in Article 103 contains no requirements for addressing differentiated impacts on women and men or for creating gender-sensitive coordination mechanisms among institutions.

5.1.5.1 AFAD's role in service delivery and Institutional Transitions

AFAD was initially designated as the responsible institution for managing temporary accommodation centres for Syrian refugees, coordinating with multiple ministries and agencies in service delivery. AFAD established and operated temporary accommodation centres equipped with schools, hospitals, and athletic facilities, providing comprehensive services including education, healthcare, and vocational training programs to Syrian refugees (AFAD, 2017). However, this institutional arrangement reveals how disaster response frameworks may inadequately address the long-term, gender-specific protection needs of displaced populations.

The legal authority regarding coordination and management of temporary accommodation centres was formally transferred from AFAD to DGMM in March 2018 (UNHCR, 2019), representing an institutional shift from disaster response to migration management frameworks. This transition demonstrates how institutional mandates shape service delivery approaches in ways that may not account for Syrian women's evolving protection needs as displacement becomes protracted.

While Law No. 6458 contains general provisions for institutional coordination and specific procedures for transferring responsibilities from Turkish National Police to DGMM, it contains no specific provisions governing the transfer of temporary accommodation centre management from AFAD to DGMM (Turkey, Law No. 6458, 2013). This absence of coordination procedures creates potential discontinuities in

service delivery that particularly affect vulnerable populations, including Syrian women who may depend heavily on institutional support for accessing healthcare, education, and protection services.

The institutional transition from AFAD's disaster response model to DGMM's migration management approach represents a fundamental shift in how Syrian women's needs are conceptualized and addressed. Disaster response frameworks may prioritize immediate humanitarian needs over long-term integration and protection considerations that become crucial as displacement extends beyond emergency phases. Syrian women's needs for reproductive healthcare, gender-based violence prevention, economic empowerment, and long-term education may not receive adequate attention within migration management frameworks designed primarily around administrative efficiency and population control.

5.1.5.2 Gender mainstreaming (or lack thereof) in the institutional setup

Article 104, outlining DGMM's duties and mandate, lacks provisions requiring gender mainstreaming in policy development, institutional coordination, or service delivery (Turkey, Law No. 6458, 2013, Article 104). The law establishes no gender focal points, gender-sensitive training requirements, or systematic monitoring of differentiated impacts on women and men within institutional operations. This institutional gender-blindness creates systematic gaps where formal legal rights fail to translate into accessible services for Syrian women.

The absence of gender mainstreaming requirements means that institutional responses to Syrian displacement operate without systematic attention to how policies and programs affect women differently from men. Syrian women's needs for culturally appropriate healthcare, safe transportation to services, childcare during appointments, female interpreters, and gender-sensitive protection procedures may not receive institutional priority when gender analysis is not required in program design or implementation.

This institutional gender-blindness leads to consistent implementation gaps where formal legal rights do not become accessible services for Syrian women. Without legal requirements for gender-responsive institutional design, the framework reflects assumptions about male refugee experiences while ignoring the specific protection needs and access barriers faced by women. The result is an institutional structure that may inadvertently reproduce gender inequalities through administrative procedures that appear neutral but systematically disadvantage Syrian women's access to protection and services.

5.2 Greece's Syrian Protection Framework

5.2.1 EU Common European Asylum System Implementation

5.2.1.1 Legal Basis and Framework Establishment

Greece's protection framework for Syrian women operates within the Common European Asylum System (CEAS), which creates fundamentally different legal dynamics than Turkey's temporary protection regime, yet produces remarkably similar implementation gaps that systematically disadvantage women's protection access. The transposition of EU Directives 2013/32/EU (asylum procedures), 2013/33/EU (reception conditions), and 2011/95/EU (qualification for international protection) into Greek national law through Law 4375/2016 establishes individual refugee status determination as the core protection mechanism, contrasting sharply with Turkey's group-based approach (EU, Directive 2013/32/EU; EU, Directive 2013/33/EU; EU, Directive 2011/95/EU; Greece, Law 4375/2016).

Law 4375/2016 established three new institutional bodies, the Asylum Service (Article 2), the Appeals Authority (Article 4), and the Reception and Identification Service (Article 8), replacing the previously fragmented system where asylum responsibilities were distributed across police authorities and various ministries (Greece, Law 4375/2016).

The subsequent Asylum Code 2022, which mainly codified amendments introduced after 2019 into a single piece of legislation (AIDA/GCR, 2023, p. 28). Article 1-λγ of the Asylum Code recognises specific gender-related vulnerable groups, including "pregnant women," "single parents with minor children," and "victims of torture, rape or other serious forms of psychological, physical or sexual violence such as victims of female genital mutilation" (AIDA/GCR, 2023, p.107).

However, the AIDA report reveals a significant gap between legal recognition and practical implementation that demonstrates what Chappell (2006) termed the limitations of gender-blind institutional design, where institutions maintain formally gender-sensitive policies while informal practices and resource allocation decisions systematically fail to operationalise those protections.

While the law mandates that "competent authorities shall take into account the specific situation of vulnerable persons," in practice, vulnerability assessments are systematically failing to identify gender-based vulnerabilities. (AIDA/GCR, 2023, p. 194) The report highlights that individuals who had experienced gender-based violence or female genital mutilation were often identified as vulnerable by the Reception and Identification Service (RIS) only after their initial asylum applications had been rejected. It also highlights that numerous asylum seekers, including pregnant women, are still required to undergo personal interviews with the Asylum Service without any prior vulnerability assessment (AIDA/GCR, 2023, p. 109).

This implementation gap illustrates how seemingly progressive legal frameworks can perpetuate gender-blind institutional practices. It reflects the feminist institutionalist perspective that institutions function through both formal rules and informal practices, with the latter often sustaining gender-based exclusions even when formal policies seem protective (Chappell, 2006).

The institutional architecture recognises gender-specific vulnerabilities in principle but lacks systematic mechanisms to ensure early identification and appropriate procedural accommodations. The fact that vulnerability assessments are "no longer connected to the assessment of the asylum application" since 2020 creates a structural disconnect that particularly disadvantages women whose protection claims may be intertwined with gender-based persecution (AIDA/GCR, 2023, p. 194).

The legal basis for Greece's hotspot approach was initially established under Article 60(4) of Law 4375/2016, which established special border procedures for applicants arriving on the Eastern Aegean islands. This provision was subsequently amended by Law 4636/2019 (International Protection Act) in November 2019 and ultimately codified in the current Law 4939/2022 (Asylum Code) in June 2022 (Greece, Law 4375/2016; Law 4636/2019; Law 4939/2022). The current legal framework maintains provisions authorising expedited processing in cases where third-country nationals arrive in large numbers, explicitly permitting the European Union Agency for Asylum (EUAA) to assist Greek authorities in conducting asylum interviews within this framework. The procedure operates through a preliminary admissibility assessment determining whether Turkey constitutes a "safe third country" under Article 38 of Directive 2013/32/EU (Asylum Procedures Directive), originally transposed into Greek law through Articles 55-56 of Law 4375/2016 and preserved through subsequent legislative reforms (Greece, Law 4375/2016, Articles 55-56; EU, Directive 2013/32/EU, Article 38).

Following the EU-Turkey Statement of 18 March 2016, Greece implemented Joint Ministerial Decision 13257/2016 under the authority of Law 4375/2016, which operationalised the fast-track border procedure specifically for applicants subject to the Statement, those arriving on Eastern Aegean islands after 20 March 2016 (Greece, JMD 13257/2016). This regulatory framework, maintained through the subsequent 2019 and 2022 legislative reforms, established accelerated timelines and modified procedural guarantees ostensibly to facilitate the swift processing of applications, while simultaneously creating the legal architecture for potential returns to Turkey.

The legal framework expanded significantly in June 2021 when Joint Ministerial Decision 42799/2021, issued under Law 4636/2019 and maintained under the current Asylum Code, designated Turkey as a safe third country for applicants from Syria, Afghanistan, Somalia, Pakistan, and Bangladesh, extending inadmissibility procedures beyond the islands to mainland Greece (Greece, JMD 42799/2021).

5.2.2 Rights Provisions and Implementation Challenges

The Greek legal framework establishes comprehensive formal rights for asylum seekers that theoretically provide broader entitlements than Turkey's temporary protection system, yet implementation reveals systematic failures that particularly affect Syrian women's access to healthcare, legal protection, and educational opportunities. These implementation gaps demonstrate the same four factors identified in Turkey's system: bureaucratic inefficiencies that disproportionately burden women, geographic disparities in service quality, institutional capacity limitations, and gender-blind institutional design.

5.2.2.1 Healthcare Rights and Access Barriers

Healthcare access represents a critical area where formal legal entitlements diverge from practical accessibility, creating gendered patterns of exclusion that particularly disadvantage women asylum seekers. The evolution from Law 4375/2016 to the Asylum Code 2022 demonstrates both continuity in healthcare provisions and persistent implementation challenges that disproportionately affect women.

Law 4375/2016 established healthcare entitlements within the Reception and Identification Service framework, mandating that Reception and Identification Centres provide "medical screening and the provision of any necessary care and psycho-social support" and ensure that third-country nationals "have access to emergency health care and essential treatment of illness or psychosocial support" (Greece, Law 4375/2016, Article 9(1)(c) and Article 14(5)(c)). The law specifically required attention to "persons belonging to vulnerable groups", including pregnant women and single parents, ostensibly recognising gender-specific healthcare needs (Law 4375/2016, Article 14(8)).

The 2022 Asylum Code preserved these provisions, yet difficulties in putting them into practice continued. The AIDA report notes that asylum seekers are still legally entitled to healthcare, but despite this supportive legal framework, real access remains limited due to persistent shortages in resources and capacity affecting both migrants and the local population (AIDA/GCR, 2023, p. 191-194). The 2024 AIDA report shows that the situation has worsened, with medical staff shortages becoming critical. By the end of 2024, mainland camps had only one doctor for more than 500 people, while others reportedly had no doctor available at all. (AIDA/GCR, 2025, p. 22). This crisis in medical provision particularly disadvantages women whose healthcare needs may include reproductive health services, maternal care, and treatment for gender-based violence.

The gap between legal entitlement and practical access is particularly pronounced for women, whose healthcare needs may include reproductive health services, maternal care, and treatment for gender-based violence.

The institutional structure for healthcare delivery reveals gender-blind assumptions about asylum seekers' needs. While both the 2016 law and the current Code provide for medical screening and psychosocial support, the AIDA report documents that "the low quality of the medical and psychosocial screening process (if any) has remained a source of serious concern with regard to the identification of vulnerabilities on the islands" (AIDA/GCR, 2023, p. 21).

The 2024 report highlights that the quality of medical and psychosocial screenings was still very low, and delays in assessing vulnerable cases remained a serious problem, especially on the islands. It also points out that major shortages of doctors, psychosocial staff, and interpreters in RICs and CCACs continue to block proper identification and care (AIDA/GCR, 2025, p. 21). This systemic understaffing particularly affects women's ability to access gender-sensitive healthcare services.

This inadequate screening particularly disadvantages women who may require specialised care or face cultural barriers to disclosing health issues, especially to male medical personnel.

AIDA report of 2024 points to a serious new obstacle for women’s access to healthcare: the suspension of interpretation services. It explains that ending these services in mid-2024 made it much harder for the Asylum Service to carry out its work, and their suspension in May 2024 worsened communication problems in the camps, leaving many asylum seekers unable to understand procedures, handle paperwork, or get essential information (AIDA/GCR, 2025, p. 20, 22). For women asylum seekers, particularly those who have experienced gender-based violence or require reproductive healthcare, the absence of interpretation services creates additional barriers to communicating sensitive health concerns and accessing appropriate care.

The geographical restriction policies compound healthcare access barriers for women. The AIDA report notes that asylum seekers subject to the EU-Türkiye statement, i.e. arriving on Greek islands, are subject to a geographical restriction (geographical limitation) order (AIDA/GCR, 2023, p. 21). The report of 2024 confirms that restrictions on freedom of movement were still enforced for people covered by the EU–Türkiye statement. These individuals faced a “geographical restriction,” meaning they were required to stay on the island and live in the RIC facility without permission to leave. (AIDA/GCR, 2025, p. 22). This restriction can prevent women from accessing specialised healthcare services available on the mainland, particularly problematic for pregnant women or those requiring treatment for gender-based violence.

Most importantly, the AIDA report shows consistent failures in identifying vulnerable people, with women being especially affected. For example, survivors of gender-based violence or female genital mutilation were often only recognised as vulnerable by RIS after their asylum claim had already been rejected at the first stage (AIDA/GCR, 2023,

p. 109). The 2024 report notes that serious gaps remain, as many vulnerable individuals pass through the asylum process without being properly assessed. It also highlights the absence of public health services equipped to identify or support survivors of torture (AIDA/GCR, 2025, p. 21). This systematic failure to identify gender-based vulnerabilities early in the process means that women survivors of gender-based violence may go through the entire asylum procedure without receiving appropriate healthcare or protection.

The 2024 findings show that recent legal and policy changes have made it even harder for women asylum seekers to access healthcare. Law 5218/2025 (Article 79) provides that anyone arriving in Greece irregularly by boat from North Africa faces a three-month ban on submitting an asylum application, during which their claim is not officially registered. (AIDA/GCR, 2025, p. 20). During this period, these asylum seekers are excluded from healthcare rights, creating a new legally marginalised population without access to medical services. In addition, the suspension of cash assistance for about ten months in 2024 left most asylum seekers unable to meet basic needs, including paying for medicine and transportation. (AIDA/GCR, 2025, p. 22), demonstrates how seemingly neutral administrative measures create compounded barriers that particularly disadvantage women who may require ongoing medical care or have dependents with healthcare needs.

The healthcare access framework demonstrates how seemingly neutral administrative arrangements can embed gendered assumptions about refugee health needs while formally complying with EU directives on reception conditions. The institutional focus on basic medical care overlooks the complex healthcare needs that may arise from women's pre-migration experiences of gender-based violence or their ongoing vulnerabilities within the asylum system.

5.2.2.2 Legal Protection Mechanisms and Gender-Based Violence Response

Although the Greek asylum system officially includes survivors of gender-based violence as a vulnerable group, in practice, these protections often fail, leaving Syrian women without sufficient safeguards despite their legal rights. Recent evaluations show that in 2024, medical and psychosocial screenings were of poor quality and vulnerability assessments were delayed, especially on the islands. As a result, many vulnerable individuals went through the asylum process without being properly identified or assessed. (AIDA, 2025, p. 21). Syrian women who have experienced sexual violence, forced marriage, or honour-based abuse may be reluctant to disclose these experiences to male officials or through male interpreters, yet the law provides no guarantees of female staff for vulnerability assessments.

The legal framework for protection highlights the system's limited capacity compared to the large number of displaced Syrians, as it cannot meet the demand for gender-based violence services for Syrian women in need. On the islands, the Reception and

Identification Service faces ongoing shortages of medical and psychosocial personnel, as well as interpreters in RICs and CCACs in 2024, which continues to impede proper assessment and care (AIDA, 2025, p. 21). This capacity gap means that formal legal entitlements to protection become meaningless when institutional resources cannot support adequate implementation.

The asylum legislation establishes special procedural guarantees for vulnerable applicants, including adequate time limits for processing applications and access to specialised support services. Yet the coordination between asylum procedures and protection services reveals a gender-blind institutional design that fails to address Syrian women's specific needs. The system provides no mechanisms for ensuring that legal protection measures account for Syrian cultural contexts around family honour, community relations, or transnational family obligations that may complicate women's safety planning.

5.2.2.3 Educational Provisions and Integration Programming

The way educational and integration programs are implemented poses particular challenges for Syrian women's participation. Adult integration initiatives are offered through programs such as Second Chance Schools for those who did not complete compulsory education, and Lifelong Learning Centres run by municipalities. Meanwhile, adult asylum seekers who have finished secondary education can take exams to enter universities or higher technological institutes or enrol in vocational training institutes (AIDA, 2025, p. 207). However, these formal provisions fail to address the specific barriers Syrian women face in accessing educational opportunities.

A major structural challenge that disproportionately impacts Syrian women relates to the recognition of their educational and professional qualifications. Many asylum seekers face significant difficulties, or even impossibilities, in proving and validating their previous studies or training, which hinders their ability to continue their education or gain skills aligned with labour market demands. The displacement circumstances often mean that individuals lack original diplomas or certificates, and they are unable to obtain copies while in Greece, even though tools like the European Qualification Passport for Refugees (EQPR) exist to facilitate recognition of studies completed outside the EU (AIDA, 2025, pp. 207–208). The credential recognition barrier particularly disadvantages Syrian women who may have held professional qualifications in fields such as education, healthcare, or social services in Syria but cannot access equivalent positions or training programs in Greece without official documentation. The intersection of gender, displacement, and bureaucratic obstacles creates compounding barriers to Syrian women's educational and professional advancement.

Survey findings highlight the scope of these challenges, showing that the most common obstacles to entering the labour market include limited language skills,

missing documentation, difficulties securing legal employment, lack of knowledge about how to search for jobs, and the absence of childcare options (AIDA, 2025, p. 203). These findings underscore how educational gaps compound employment exclusion for refugee women, creating cycles of dependency and marginalisation.

While Greece's legal framework provides more comprehensive formal rights than Turkey's temporary protection regime (5.1.1), implementation failures produce similar healthcare exclusion for Syrian women. Both countries demonstrate inadequate vulnerability screening, insufficient Arabic interpretation services, and culturally insensitive care, despite Turkey's group-based temporary protection and Greece's individualised asylum procedures. This convergence reveals how insufficient political will to invest in gender-responsive service delivery enables gendered institutional barriers to persist despite formal legal provisions. Limited institutional capacity and resource constraints reflect not inevitable scarcity but political choices about budget allocation and policy priorities.

5.2.3 Geographic Containment and Service Access Barriers

Under the current Asylum Code (Law 4939/2022), which entered into force on 10 June 2022, asylum seekers may move freely within the territory of Greece or within an area assigned by a regulatory decision of the Minister of Migration and Asylum. Additionally, asylum seekers' freedom of movement can be restricted through assignment to a specific place by the Head of the Asylum Service, if necessary for swift processing and effective monitoring of applications or for duly justified reasons of public interest or public order (AIDA/GCR, 2024, p. 183). In practice, geographic restrictions are imposed through Ministerial Decision 1140/2019, which confines asylum seekers arriving on the Eastern Aegean islands of Lesvos, Rhodes, Samos, Kos, Leros and Chios to their respective island of entry, with the restriction automatically applied through marking on asylum seeker cards (AIDA/GCR, 2024, p. 184).

Throughout 2024, Syrian women in Closed Controlled Access Centres remained subject to geographical restrictions prohibiting them from leaving the island (AIDA/GCR, 2025, p. 22). These restrictions, combined with Turkey's suspension of readmissions since March 2020, create a situation where Syrian women deemed inadmissible cannot be returned to Turkey yet cannot access protection in Greece, trapping them in legal limbo (AIDA/GCR, 2025, p. 117).

However, beyond the legal status uncertainty, geographic containment creates systematic barriers to Syrian women's access to healthcare, education, and legal protection from gender-based violence. The implementation of these geographic restrictions reveals how ostensibly neutral administrative measures systematically disadvantage Syrian women by blocking their access to specialised services concentrated on the Greek mainland. This section examines how geographic containment operates as the second implementation gap factor, geographic disparities

in service access, creating compounded barriers that particularly affect Syrian women's protection outcomes. The analysis demonstrates how geographic containment blocks Syrian women's access to specialised healthcare, educational opportunities, and safety from gender-based violence, creating a system of control that prioritises administrative convenience over protection needs.

5.2.3.1 Healthcare Access Barriers Created by Geographic Containment

Geographic restrictions imposed on Syrian women in the Eastern Aegean islands create systematic healthcare exclusion that compounds the service delivery failures documented earlier. While previous sections addressed general healthcare capacity shortages and screening inadequacies, geographic containment specifically blocks Syrian women's access to specialised mainland medical services that cannot be replicated in island facilities.

Survivors of gender-based violence experience especially acute exclusion from healthcare due to geographic containment measures. Beyond the previously discussed shortcomings in screening, these territorial restrictions impose an additional obstacle: Syrian women who have been identified as survivors of GBV are unable to access trauma centres on the mainland that provide specialised psychological and medical care for sexual violence. Consequently, as previously established, such restrictions confine survivors near under-resourced island healthcare facilities and prevent their access to mainland services specifically equipped to deliver trauma-focused treatment.

The interaction between geographic containment and the healthcare capacity crisis documented in 2024 creates compounded exclusion for Syrian women. The critical shortage of medical staff, with mainland camps having only one doctor for more than 500 people and some facilities reportedly having no doctor available, becomes particularly severe when geographic restrictions prevent Syrian women from seeking alternative healthcare providers (AIDA/GCR, 2025, p. 22). Women facing medical emergencies or requiring ongoing treatment for chronic conditions cannot escape these capacity limitations through geographic mobility, effectively making healthcare access contingent on residence location rather than medical need.

5.2.3.2 Education Access Barriers Created by Geographic Containment

Geographic restrictions confine Syrian women to their island of entry, preventing mobility to access educational opportunities located elsewhere. These containment measures create absolute barriers to accessing educational institutions, regardless of Syrian women's qualifications or motivation to participate in integration programming.

While formal educational provisions exist, including Second Chance Schools for those who have not completed compulsory education and Lifelong Learning Centres run by municipalities (AIDA, 2025, p. 207), geographic containment prevents Syrian women from exercising mobility to access these opportunities if they are unavailable in their

confined location. Syrian women seeking to continue higher education or vocational training face barriers when geographic restrictions prevent them from reaching educational institutions.

The credential recognition challenges documented earlier become compounded by geographic containment. Many asylum seekers lack original diplomas or certificates and cannot obtain copies while in Greece (AIDA, 2025, pp. 207-208). Geographic restrictions prevent Syrian women from physically accessing credential recognition services or authorities that might facilitate continuing education or skills training, creating an insurmountable administrative barrier for women confined to islands.

Syrian women with childcare responsibilities face compounded exclusion when geographic containment limits their options. Confined to specific locations, Syrian women cannot seek educational opportunities or support services in other areas that might accommodate their caregiving responsibilities, effectively excluding mothers from educational participation regardless of formal program availability.

5.2.3.3 Legal Protection from Gender-Based Violence Blocked by Geographic Containment

Geographic containment creates systematic barriers to Syrian women's safety that extend beyond the general protection failures documented earlier. While previous sections addressed inadequate vulnerability identification and institutional capacity shortages, the geographic restrictions discussed above eliminate geographic mobility as a protection strategy for women experiencing violence within their communities or accommodation facilities.

Syrian women experiencing domestic violence within Closed Controlled Access Centres face particular barriers when geographic restrictions prevent relocation away from perpetrators. The geographic restriction effectively confines women to facilities where they may share living spaces with abusive family members or community members, transforming what should be temporary accommodation into long-term confinement with potential sources of violence.

The living conditions within Closed Controlled Access Centres, combined with geographic containment, create environments that increase Syrian women's vulnerability to violence. The AIDA report's documentation of overcrowding, inadequate facilities, and lack of privacy in island reception centres (AIDA/GCR, 2025, p. 22) demonstrates how geographic restriction confines Syrian women to settings that facilitate rather than prevent gender-based violence. Women cannot seek safety through geographic mobility when restrictions legally bind them to facilities offering insufficient protection.

The intersection of geographic containment with Turkey's suspension of readmissions since March 2020 creates particular vulnerabilities for Syrian women deemed

inadmissible who cannot be returned to Turkey yet cannot access protection in Greece (AIDA/GCR, 2025, p. 117). These women remain trapped in island facilities where they face ongoing GBV risks without the ability to relocate for safety, demonstrating how administrative frameworks can systematically endanger women's safety through geographic immobilisation.

Both Turkey and Greece restrict Syrian women's geographic mobility, though through different mechanisms: Turkey's provincial registration system (5.1.3) versus Greece's island containment. Turkey's restrictions theoretically allow inter-provincial transfers with bureaucratic approval, whereas Greece's island containment creates absolute geographic barriers. Yet both produce identical outcomes—Syrian women trapped in locations with inadequate services, unable to relocate for safety, healthcare, or educational opportunities. This parallel demonstrates how geographic disparities in service access operate across different legal architectures to systematically disadvantage Syrian women's protection.

5.2.4 Implementation Barriers: Registration and Documentation Procedures

The implementation of asylum procedures for Syrian women in Greece includes registration and documentation processes. While these processes aim to follow EU asylum standards, they expose systematic gaps that unfairly limit women's access to protection. These challenges show the first factor found in this research: bureaucratic inefficiencies that weigh heavily on Syrian women, creating barriers between their legal rights and actual access.

5.2.4.1 Registration Procedures and Gender-Sensitive Challenges

The Greek asylum system operates through the Reception and Identification Service (RIS), established under Article 8 of Law 4375/2016, which conducts initial reception and identification procedures for third-country nationals arriving in Greece (Greece, Law 4375/2016, Article 8). The current Asylum Code maintains these institutional responsibilities while expanding procedures for vulnerability identification. However, the practical implementation of registration reveals systematic failures to address Syrian women's specific circumstances and protection needs.

The AIDA report documents critical failures in the registration process that particularly affect Syrian women's ability to access protection. As discussed in 5.2.2, screening procedures for identifying vulnerabilities remained inadequate throughout 2024, with particularly severe failures on the islands (AIDA/GCR, 2025, p. 21). These screening inadequacies begin at the registration stage, where Syrian women's specific protection needs remain unidentified at their critical first point of contact with Greek authorities.

The absence of systematic gender-sensitive procedures during registration creates particular barriers for Syrian women. Major shortages of doctors, psychosocial staff,

and interpreters in Reception and Identification Centres (RICs) and Closed Controlled Access Centres (CCACs) continue to block proper identification and care (AIDA/GCR, 2025, p. 21). Syrian women arriving without male family members, or those who have experienced sexual violence or domestic abuse, may be unable to disclose sensitive information when adequate interpretation services and female staff are unavailable during initial registration procedures.

The suspension of interpretation services in mid-2024 created additional barriers that disproportionately affect Syrian women's ability to navigate registration procedures. This suspension worsened communication problems in the camps, leaving many asylum seekers unable to understand procedures, handle paperwork, or get essential information (AIDA/GCR, 2025, p. 20). For Syrian women with limited Greek or English language skills, the absence of Arabic interpretation services effectively excludes them from meaningful participation in their own registration and asylum procedures.

5.2.4.2 Vulnerability Assessment Failures and Documentation Gaps

While the Asylum Code recognises specific gender-related vulnerable groups, including pregnant women, single parents with minor children, and victims of gender-based violence such as female genital mutilation (AIDA/GCR, 2023, p. 107), the implementation of vulnerability assessments reveals systematic failures that leave Syrian women's protection needs unidentified and unaddressed. These failures demonstrate how formal legal recognition of gender-specific vulnerabilities can coexist with institutional incapacity to operationalise such recognition.

The AIDA report documents that serious gaps remain, as many vulnerable individuals pass through the asylum process without being properly assessed (AIDA/GCR, 2025, p. 21). This systematic failure particularly disadvantages Syrian women, whose vulnerabilities may require culturally sensitive inquiry and female interviewers to disclose. Women who have experienced forced marriage, honour-based violence, or sexual assault may be reluctant to discuss these experiences during registration procedures that lack privacy, female staff, or adequate interpretation services.

Most critically, survivors of gender-based violence or female genital mutilation were frequently recognised as vulnerable by the Reception and Identification Service only after receiving an initial negative asylum decision (AIDA/GCR, 2023, p. 109). This delayed identification means Syrian women experience the entire initial asylum procedure—including potentially traumatic interviews about their persecution, without appropriate procedural accommodations or support services. The failure to identify gender-based vulnerabilities early in the process transforms vulnerability assessment from a protection mechanism into an administrative formality that occurs too late to affect asylum outcomes.

The structural disconnect between vulnerability assessment and asylum processing, implemented since 2020, further undermines protection for Syrian women. The fact that vulnerability assessments are "no longer connected to the assessment of the asylum application" means that even when Syrian women's gender-based vulnerabilities are eventually identified, this recognition may not influence asylum decisions or access to protection (AIDA/GCR, 2023, p. 194). This administrative separation between identifying protection needs and granting protection demonstrates how bureaucratic design can systematically exclude women's experiences from asylum determinations.

5.2.4.3 Documentation Barriers and Geographic Restrictions

Upon registration, asylum seekers receive documentation that grants them access to services and rights. At the same time, this documentation acts as a means of control through the system of geographic restrictions. A Ministerial Decision issued in December 2019 by the Minister of Citizen Protection stipulates that asylum seekers arriving on the Eastern Aegean islands are given cards indicating their movement limitations. For those receiving the newer smart card format, the card includes a specific section that shows whether the individual is subject to such geographic restrictions. (AIDA/GCR, 2024, p. 185).

The geographic restriction automatically applied through the card's marking transforms documentation into an instrument of containment. The AIDA report confirms that throughout 2024, people residing in the CCACs continued to be subjected to a geographical restriction, under which they are obligated not to leave the island and to reside in the RIC facility (AIDA/GCR, 2025, p. 22). Syrian women subject to these restrictions cannot use their documentation to access services beyond their designated island, regardless of whether adequate services exist in their confined location.

However, recent legal changes have created even more severe documentation barriers. The enactment of Law 5218/2025 introduced new obstacles to documentation for irregular migrants, with particular consequences for Syrian women. According to the AIDA report, Article 79 of the law prohibits individuals arriving irregularly by boat from North Africa from submitting an asylum application for the first three months after arrival, meaning their claims remain unregistered during that period. (AIDA/GCR, 2025, p. 20). As a result, a new group of undocumented Syrian women has emerged, those who are legally present in Greece but unable to obtain the official documentation required to access essential services such as healthcare, education, and social assistance. Syrian women within this group face compounded barriers due to the intersection of legal exclusion and gender-based discrimination.

The introduction of inadmissibility procedures grounded in the safe third country principle has generated distinct documentation challenges for all asylum seekers, with

distinct implications for Syrian women. Joint Ministerial Decision 42799/2021, issued under Law 4636/2019, designated Turkey as a safe third country for asylum-seekers from Syria, among other nationalities, extending inadmissibility procedures beyond the islands to mainland Greece (Greece, JMD 42799/2021).

However, the AIDA 2024 report notes that the intersection of geographic containment with Turkey's suspension of readmissions since March 2020 creates particular vulnerabilities for Syrian women deemed inadmissible who cannot be returned to Turkey yet cannot access protection in Greece" (AIDA/GCR, 2025, p. 117). Syrian women caught in this legal limbo face heightened risks of gender-based violence and exploitation while lacking access to protection mechanisms.

5.2.4.4 Bureaucratic Inefficiencies and Inter-Institutional Coordination Failures

The coordination between the Asylum Service, the Appeals Authority, and the Reception and Identification Service, originally established under Articles 2, 4, and 8 of Law 4375/2016, creates multiple administrative layers that Syrian women must navigate to access their formal entitlements (Greece, Law 4375/2016, Articles 2, 4, 8).

Syrian women seeking to access healthcare, education, or social services may need to obtain referrals, approvals, or documentation from multiple agencies, with each interaction requiring language skills, understanding of institutional responsibilities, and ability to physically access government offices. The system provides no streamlined pathways for women with childcare responsibilities, mobility restrictions, or cultural constraints on interacting with male officials.

Registration and documentation barriers in Greece mirror those in Turkey (5.1.3) despite fundamentally different legal frameworks. Both systems feature male officials conducting sensitive vulnerability interviews, inadequate Arabic interpretation during registration procedures, and bureaucratic processes designed around assumptions of male refugee experiences. Turkey's TPID system and Greece's asylum seeker card create similar dependencies on a single document for accessing all services. This parallel suggests that bureaucratic inefficiencies and gender-blind institutional cultures transcend legal system differences.

5.2.5 Institutional Coordination and Gender Mainstreaming Gaps

5.2.5.1 Service Delivery Coordination Failures

Beyond the bureaucratic barriers created by multi-agency coordination, specific institutional coordination failures created cascading barriers blocking Syrian women's access to protection. The suspension of interpretation services from mid-2024 illustrates how gaps in coordination between service providers and asylum authorities hinder Syrian women’s capacity to engage effectively with the system. According to the AIDA report, this disruption has substantially constrained the Asylum Service’s

ability to conduct procedures, reducing access to asylum and increasing the likelihood of arbitrary detention. (AIDA/GCR, 2025, p. 20). For Syrian women, this coordination failure eliminated access to healthcare consultations, educational enrolment procedures, and legal protection services, regardless of formal entitlements.

The suspension of cash assistance for the majority of 2024 further exposed coordination gaps between funding mechanisms and service delivery, leaving most asylum seekers unable to cover basic needs such as medication and transportation, according to the AIDA report. (AIDA/GCR, 2025, p. 22) Syrian women could not afford transportation to healthcare facilities, educational programs, or legal aid services, transforming financial coordination failures into direct exclusion from protection access.

The coordination between reception authorities and healthcare providers highlights significant capacity constraints, as major shortages of doctors, psychosocial staff, and interpreters in RICs and CCACs continue to hinder effective identification and delivery of care. (AIDA/GCR, 2025, p. 21). This coordination failure creates absolute barriers for Syrian women requiring reproductive healthcare, maternal services, or treatment for gender-based violence trauma.

5.2.5.2 Gender Mainstreaming (or Lack Thereof) in Institutional Setup

Despite formal recognition of vulnerable groups in the Asylum Code 2022, including pregnant women, single parents with minor children, and victims of gender-based violence (AIDA/GCR, 2023, p. 107), this formal legal recognition exists without corresponding institutional mechanisms to operationalise gender-sensitive procedures throughout the asylum process.

The Asylum Code mandates that when applying provisions on reception conditions, competent authorities shall take into account the specific situation of vulnerable persons, including pregnant women, single parents with minor children, and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, and victims of female genital mutilation (AIDA/GCR, 2023, p. 194). However, the institutional framework provides no specific procedural requirements for how the Asylum Service, Appeals Authority, or Reception and Identification Service should systematically identify, assess, or accommodate these gender-based vulnerabilities in practice. The law establishes no gender focal points within asylum institutions, creates no requirements for gender-sensitive training for asylum officers, and mandates no systematic monitoring of differentiated impacts on women and men within institutional operations.

The disconnect between formal recognition and practical implementation is evidenced by shortages in the identification of vulnerabilities, which, together with a critical lack of suitable reception places for vulnerable applicants on the islands, prevents

vulnerable persons from enjoying special reception conditions (AIDA/GCR, 2023, p. 194).

As noted earlier, individuals who had experienced gender-based violence or female genital mutilation were often identified as vulnerable by the Reception and Identification Service only after receiving an initial rejection of their asylum claim (AIDA/GCR, 2023, p. 109). Furthermore, since the entry into force of the International Protection Act on 1 January 2020, maintained under Law 4939/2022, vulnerability assessment is no longer connected to the assessment of the asylum application (AIDA/GCR, 2023, p. 194). This structural separation demonstrates how the lack of institutionalised gender-sensitive procedures transforms legal recognition of women's vulnerabilities into administrative processes that occur independently from protection determinations, often too late to influence asylum outcomes.

Institutional coordination failures in Greece parallel Turkey's inter-agency challenges (5.1.5), despite Greece's more developed institutional framework with dedicated Asylum Service, Appeals Authority, and Reception and Identification Service. In both countries, Syrian women must navigate multiple agencies without streamlined procedures, adequate translation support, or gender-sensitive coordination mechanisms. The suspension of interpretation services in Greece (2024) and Turkey's reliance on AFAD-to-DGMM transitions demonstrate how limited institutional capacity relative to the scale of displacement affects Syrian women similarly across different governance systems.

Chapter 6 Findings - Syrian Women's Rights in Practice

6.1 Healthcare Access

Both Turkey and Greece formally guarantee Syrian refugee women's access to healthcare, yet the legal frameworks themselves embed structural barriers that transform these entitlements into inaccessible promises. This section synthesises the critical legal analysis from Chapter 5 to establish the framework for understanding Syrian women's lived healthcare experiences presented in subsequent sections.

6.1.1 Turkey's Healthcare Framework: Formal Rights, Systematic Exclusion

Article 27 of Turkey's Temporary Protection Regulation mandates comprehensive healthcare for registered Syrians, including "free primary and emergency health services" and explicit provisions for "reproductive health" support (Turkey, TPR 2014, Article 27). However, as demonstrated in Chapter 5.1.1, this framework's implementation mechanisms systematically disadvantage Syrian women through four interconnected barriers.

First, the registration-dependent access model operates entirely in Turkish, with no legal requirement for Arabic interpretation services. The Ministry of Health's limited

distance interpretation hotline offers no appointment assistance or system navigation support (AIDA/GCR 2021, p. 179), forcing Syrian women to depend on Turkish-speaking intermediaries for confidential medical consultations. By 2024, the interpreter shortage in large city hospitals had become acute, compelling patients to hire translators on an hourly basis even for medication-related services, creating additional financial barriers to healthcare access (AIDA/GCR 2025, p. 218). The absence of interpretation requirements in Article 27's implementation framework means reproductive healthcare, which Syrian cultural norms already make difficult to discuss, must be negotiated through male family members or children serving as interpreters. The language barrier extends to the appointment process itself: Turkish hospitals schedule patients exclusively by phone in Turkish, requiring foreign nationals to secure Turkish-speaking assistance even to obtain appointments (AIDA/GCR 2025, p. 218). Reports document translators and interpreters not only failing to accurately translate patient complaints but also actively making fun of patients (AIDA/GCR 2025, p. 218), transforming language barriers into mechanisms of humiliation that deter Syrian women from seeking care.

Second, provincial residence restrictions create absolute geographic barriers to specialised care, operating through multiple enforcement mechanisms. Women experiencing obstetric complications, requiring gynaecological surgery, or needing mental health trauma treatment cannot legally travel to hospitals offering these services if located outside their registered province. Seasonal agricultural workers, particularly women in İzmir (Torbalı), face compounded exclusion: they avoid accessing hospitals because they are not registered in the provinces where they work, resulting in delayed vaccinations and increased disease transmission, including scabies outbreaks (AIDA/GCR 2025, p. 218).

Third, financial barriers compound access restrictions through both direct costs and economic classification systems. Following a legal amendment on 25 December 2019, registered temporary protection beneficiaries must pay contribution fees to access primary and emergency healthcare services and medicines, though vulnerable groups are theoretically exempt. The practice of contribution fees varies across provinces with no uniform application, creating unpredictable costs that disproportionately affect Syrian women managing household healthcare decisions (AIDA/GCR 2025, p. 214). The income classification system further stratifies access: persons classified as "G0" have health care premiums covered entirely, while individuals in categories "G1", "G2" and "G3" must proportionally cover healthcare costs based on assessed income levels (AIDA/GCR 2025, p. 214). Additionally, temporary protection beneficiaries are required to contribute 20% of prescribed medication costs, with the remainder previously covered by AFAD (AIDA/GCR 2025, p. 217). For Syrian women managing reproductive health needs, chronic conditions, or family medical expenses, these cumulative costs create impossible choices between medication, food, and other necessities.

Fourth, the temporary nature of protection status creates systemic fear that deters Syrian women from seeking care, particularly in the increasingly restrictive enforcement environment of 2024. Without pathways to permanent legal status, women must weigh each healthcare interaction against the possibility that engaging with state institutions could affect their precarious legal standing, particularly for undocumented women or those who have experienced domestic violence and may have left their registered addresses. By 2024, increased measures to check IDs and control refugee movements had heightened fears of leaving homes to access healthcare. While Syrian women could previously use migrant health centres even without active IDs, intensified police controls now cause many to avoid leaving their homes entirely, blocking access to both health services and psychosocial support from NGOs (AIDA/GCR 2025, p. 217). In some provinces, courts refuse to accept petitions for injunction decisions to access healthcare for children submitted by parents without active IDs, eliminating even legal recourse to healthcare access (AIDA/GCR 2025, p. 217). This climate of enforcement creates a paradox: Syrian women, most in need of healthcare, those with irregular status, those fleeing violence, those managing complex medical conditions, are precisely those most afraid to access the system that theoretically guarantees their care.

6.1.2 Greece's Healthcare Framework: EU Directives, Persistent Gaps

Greece's implementation of EU asylum law theoretically provides Syrian women with comprehensive healthcare protections. The Reception Conditions Directive (2013/33/EU) mandates that asylum seekers "receive the necessary health care which shall include, at least, emergency care and essential treatment of illnesses and of serious mental disorders" (Article 19(1)), with Article 21 requiring special attention to vulnerable groups, including pregnant women and survivors of sexual violence. The Greek Asylum Code (Law 4939/2022) recognises these gender-related vulnerabilities, including "pregnant women," "single parents with minor children," and "victims of torture, rape or other serious forms of psychological, physical or sexual violence such as victims of female genital mutilation" (AIDA/GCR 2023, p. 107). However, as established in Chapter 5.2.2, systematic implementation failures create healthcare exclusion comparable to Turkey's temporary protection regime through four interconnected barriers.

First, the vulnerability identification mechanism fails precisely when Syrian women most need medical support. The AIDA report documents that "individuals who have experienced gender-based violence or female genital mutilation were frequently recognised as vulnerable by the Reception and Identification Service only after receiving an initial negative asylum decision" (AIDA/GCR 2023, p. 109). This procedural disconnect means Syrian women undergo asylum procedures, including potentially traumatic interviews about persecution, without appropriate medical support or accommodations. The legal framework's promise of special attention to vulnerable groups becomes meaningless when vulnerability recognition arrives only

after women have already endured procedures that should have been conducted with protective measures in place.

Second, systematic under-resourcing has created a healthcare infrastructure collapse that eliminates meaningful access to services. By 2024, medical staff shortages reached critical levels, with mainland camps reporting only one doctor per 500+ people and some facilities having no medical staff at all (AIDA/GCR 2025, p. 22). The suspension of interpretation services in mid-2024 eliminated Syrian women's ability to communicate medical needs in an already severely understaffed system (AIDA/GCR 2025, p. 20). These capacity failures are not incidental; they reflect systematic under-resourcing that transforms formal legal entitlements into practically inaccessible services. For Syrian women requiring reproductive healthcare, prenatal care, or treatment for gender-based violence trauma, the absence of both medical personnel and interpreters creates a double barrier: even when they reach healthcare facilities, they cannot receive care or communicate their needs.

Third, geographic containment creates absolute barriers to specialised services through island confinement policies. As analysed in Chapter 5.2.3, Ministerial Decision 1140/2019 confines asylum seekers arriving on Eastern Aegean islands to their island of entry, with restrictions automatically marked on asylum seeker cards (AIDA/GCR 2024, p. 185). Throughout 2024, Syrian women in Closed Controlled Access Centres remained subject to geographical restrictions prohibiting them from leaving the island (AIDA/GCR 2025, p. 22). This geographic containment creates a distinctive barrier: Syrian women cannot access mainland trauma centres offering specialised psychological and medical treatment for sexual violence, leaving GBV survivors confined to inadequate island medical facilities. Unlike Turkey's provincial restrictions, which theoretically allow referrals for specialised care, Greece's island containment operates as an absolute geographic barrier; Syrian women experiencing obstetric complications, requiring specialised gynaecological surgery, or needing trauma-informed mental health treatment for sexual violence cannot legally travel to facilities offering these services.

Fourth, evolving legal exclusions create new categories of Syrian women denied healthcare rights entirely. Law 5218/2025 (Article 79) bars persons arriving irregularly by boat from North Africa from submitting asylum applications for three months, during which their claims remain unregistered (AIDA/GCR 2025, p. 20). This creates a new category of Syrian women who are legally present in Greece but excluded from healthcare rights that flow from asylum applicant status. For three months, these women exist in legal limbo, unable to access the healthcare protections mandated by the Reception Conditions Directive because they have no registered asylum claim yet are physically present on Greek territory. This demonstrates how implementation gaps can widen even as formal legal frameworks remain intact, with Syrian women bearing the costs of administrative exclusions through denied access to emergency obstetric

care, reproductive health services, and treatment for conditions requiring immediate attention.

This section establishes the legal frameworks; the following sections examine how Syrian women experience these frameworks in practice, revealing the four implementation factors identified in Chapter 2.3

6.1.3 Healthcare Access in Turkey: Barriers in Practice

Interviews with four Syrian women in Turkey—Faihaa (Gaziantep), Haya (Kahramanmaraş), Nadia (Hatay-Antakya), and Ramia (Mersin)—alongside three NGO representatives working on refugee healthcare and protection, revealed systematic barriers to healthcare access despite formal legal entitlements under Article 27 of the Temporary Protection Regulation. Their experiences demonstrate how the four implementation factors identified in Chapter 2.3 operate in practice to transform formal healthcare rights into inaccessible services. This section examines Syrian women's lived experiences through their own narratives and NGO institutional perspectives, revealing how bureaucratic inefficiencies, geographic restrictions, financial barriers, and gender-blind service design compound to exclude women from healthcare protection.

6.1.3.1 Language Barriers and Forced Dependency

Language barriers served as the main way to exclude people, showing how bureaucratic problems act as gender-based practices in institutions. As established in the theoretical framework, the absence of legal requirements for interpretation services constructs what Acker (1990) termed an 'abstract worker' here, an 'abstract refugee' presumed capable of navigating Turkish systems without language support, a presumption that reflects male refugees' life patterns and at the same time, it puts women at a disadvantage. Their situations and caregiving duties restrict their chances to learn the language.

Syrian Women's Experiences

Faihaa, a 56-year-old widow and former English teacher in Gaziantep, articulated the language barrier despite her educational background: "The biggest problem we face here is the Turkish language and communication. Honestly, although I took a Turkish course and finished two or three levels and can speak a little to manage my daily life, it is very difficult when it comes to medical treatment. When we go to the doctors, we don't understand them well. They say there is a translator at the hospital, but when we arrive, we don't find anyone. So, my son goes with me to help, but there are medical terms we don't know, and there should be more attention to this issue." Having completed two to three levels of Turkish language courses, Faihaa possessed functional Turkish for daily transactions, yet medical terminology exceeded her competency. The hospital's claim that translators were available proved hollow when

she arrived for appointments, forcing her to use her son as interpreter—eliminating medical confidentiality for potentially sensitive health matters.

The psychological toll extended beyond medical appointments. "Honestly, we still suffer from the language problem. Imagine, my neighbour across from my house greets me, and sometimes I don't understand her. This affects me psychologically because I can't communicate with people even though I speak some Turkish, but it is still difficult." This social isolation compounds healthcare access challenges, as women without community connections lack informal networks for sharing health information or finding interpretation assistance.

Haya, a 31-year-old mother of four in Kahramanmaraş who speaks Turkish, described variation in interpreter availability: "Currently, translators are available in all hospitals, but that depends on the place. In crowded hospitals such as paediatric and gynaecology hospitals, translators are always present, but in other hospitals and different specialisations, translators are not always required to be there, yet you can request one, and they bring them immediately." Women's health specializations receive more consistent interpretation services, while other medical specializations lack regular Arabic interpreter presence. Even Haya noted the critical caveat: translators "are not always required to be there, yet you can request one"—framing interpretation as an accommodation to request rather than a standard service automatically provided.

Haya explained the importance of Turkish competency but identified a critical barrier: "There is a big difference between those who speak Turkish and those who don't at every stage here in Turkey. For example, if you go to the hospital and there is no translator, you can explain your condition to the doctor or nurse yourself instead of waiting". However, she noted that "mothers cannot attend (Turkish courses) because of their children and the lack of childcare during lessons." This creates a vicious cycle: the absence of state-provided childcare support during language course hours prevents mothers from attending; without Turkish competency, mothers cannot access healthcare services; and the system then blames women for not learning Turkish.

For Nadia, a 37-year-old separated woman in Hatay's post-earthquake camps with sixth-grade education, language barriers combined with marginalisation to create perceptions of complete exclusion. "There is no healthcare," Nadia stated. "For example, when I am sick and go to the clinic, I find that the workers there are very arrogant. They do not smile or try to comfort the patient; rather, they have a bad way of dealing. They often obstruct people's matters, and no one cares about anyone. Even if you are very sick, you have to wait until your turn comes. Everything is by system, and if you do not have a translator with you, it is difficult for them to help you." The phrase "if you do not have a translator with you" places responsibility for interpretation on the patient; women must bring their own translators or forgo care.

Nadia's choice not to learn Turkish reflected constrained circumstances: "Language difficulties, I never learned Turkish, not a single letter, and this was my personal choice; I did not want to learn it. But how was I to work and live with my mother? We were in the camp, and if I did not work, it would have been impossible for us to live or eat. I was not free to study or do anything else." Economic necessity overrode integration opportunities, as working in factories to support herself and her mother left no time for language study, demonstrating how class intersects with gender to create differentiated access.

Even women who successfully acquired Turkish faced additional barriers. Ramia, a 55-year-old university graduate in Mersin, described self-censorship: "When I receive a phone call on the bus, I avoid answering so that people don't hear me speaking Arabic and realise I am Syrian, because that may expose me to stares or harassment, and this makes me feel uncomfortable." This self-censorship extends to healthcare contexts—women who speak Turkish may still hesitate to request Arabic interpretation if doing so would identify them as Syrian.

NGO Perspectives

NGO representatives confirmed that language barriers created systematic rather than exceptional exclusion. P1, Social Welfare Director of a local refugee NGO, identified language as a primary obstacle: "They also cannot reach out to people for legal counselling and other support. They live in isolation, and that's why they don't learn Turkish...Because of this, they are unable to access support mechanisms. The lack of learning Turkish and the absence of support mechanisms are significant issues for women." This reveals a self-reinforcing cycle: isolation prevents Turkish acquisition, which deepens isolation, which blocks access to support mechanisms, including healthcare.

P2 explained limitations even in specialised services: "For instance, if a refugee woman whose native language is Arabic needs psychological support, and we don't have an Arabic-speaking psychologist in our network, we refer her to other migrant organisations that can provide such services. Additionally, we seek voluntary interpreters to facilitate therapy." Even established feminist organisations with decades of experience cannot provide psychological support in Arabic, forcing referrals or reliance on voluntary interpreters, compromising therapeutic effectiveness and confidentiality.

P3, a lawyer at a migrant women's rights NGO founded by refugee women, described absolute exclusion: "Language barriers, illiteracy in Turkish, inability to use digital platforms, and limited communication outside the home made it impossible for refugees and migrants to access support." The use of "impossible"—not difficult but impossible—emphasises that language barriers constitute absolute rather than partial exclusion. P3 identified language as "one of the most significant gaps" in protection

mechanisms, noting that digital literacy gaps compound Turkish barriers as appointment systems and health information operate exclusively in Turkish.

These language barriers, affecting women from highly educated (Faihaa, Ramia) to those with limited schooling (Nadia), demonstrate systematic rather than individual failures. When geographic restrictions compound linguistic exclusion, women face even greater obstacles to accessing specialised healthcare in distant cities.

These language barriers create foundational exclusion that subsequent barriers build upon. Even for women who overcome linguistic obstacles, provincial registration requirements and intercity travel restrictions block access to specialised medical care located outside their assigned geographic zones.

6.1.3.2 Geographic Restrictions Blocking Specialised Healthcare Access

Provincial registration requirements show the second factor in implementation: geographic disparities that keep women in places regardless of whether services are available. These mobility restrictions act as control mechanisms based on gender because, as Freedman (2015) documented, refugee women face particular constraints on movement due to cultural norms, childcare responsibilities, and security risks, constraints that administrative immobility requirements compound absolutely.

Syrian Women's Experiences

Faihaa articulated the geographic restriction system's impact: "The biggest problem we face is the movement restrictions, and we have to request a travel permit if we want to move from one city to another. We must apply, and the request is often not accepted. Some cities are completely forbidden to travel to, such as Iskenderun, where my family, sisters, and relatives all live, but I cannot visit them except by smuggling, which is very dangerous because they say it is a restricted border city." The requirement to request permits for intercity travel creates immediate barriers to seeking specialized medical care in other provinces. Faihaa's observation that requests are "often not accepted" reveals the discretionary nature—women cannot reliably plan to access healthcare services outside their registered province. Some cities remain "completely forbidden," creating absolute geographic exclusion regardless of medical need.

The travel permit system's application to healthcare operates through bureaucratic gatekeeping conflicting with medical urgency. Faihaa explained: "Usually, a travel permit is granted only in very urgent cases, such as having a confirmed medical appointment at a hospital. Getting the permit is very difficult and depends on the employee and your luck." The theoretical availability of permits for confirmed medical appointments creates a bureaucratic paradox: women need specialist appointments to justify travel permits, yet cannot travel to obtain those appointments without permits. The phrase "depends on the employee and your luck" reveals arbitrary

implementation—healthcare access determined by which immigration official processes the application rather than medical necessity.

Haya described how address registration requirements create additional barriers: "We are now living in a rented house, but if we need to change it, the process is very complicated. We must give fingerprints within a month after changing the address, and if we fail to do so, the person is deported to Syria. At any moment, the landlord may ask us to leave the house, as happened with our neighbours, who were asked to leave even though they had a child with a disability. They had to move to a new house but could not complete the fingerprint process, so they were forced to return to Syria." The one-month deadline for fingerprint registration after address changes creates impossible situations for women needing to relocate for healthcare reasons. Haya's neighbours with a disabled child, whose medical needs likely motivated the housing decision, faced deportation for administrative non-compliance, demonstrating how geographic registration rigidity conflicts directly with healthcare access needs.

Ramia described broader movement restriction impacts: "I obtained temporary protection, but there are a lot of restrictions regarding rent and housing, as well as the registration of refugees' addresses; all procedures are very difficult and complicated. Every now and then, they ask us to update our information, and getting an appointment may take two or three months. Also, the issue of movement restriction is very bad; we cannot move between cities or travel at all." The categorical statement "we cannot move between cities or travel at all" reveals absolute geographic immobility for many temporary protection holders. The two-to-three-month wait for information update appointments creates additional healthcare barriers—if a woman's temporary protection card requires updating before accessing healthcare, her healthcare access becomes suspended during that bureaucratic limbo.

NGO Perspectives

P3 confirmed that geographic restrictions create systematic healthcare barriers: "Prolonged legal processes and the exhausting nature of applying for international protection further exacerbate these challenges. Additionally, shifting migration policies, influenced by Turkey's political dynamics, make access to human rights increasingly difficult." The characterisation of legal processes as "exhausting" reveals that even when geographic mobility is theoretically permitted through applications, the bureaucratic burden deters women from pursuing it. "Shifting migration policies" indicate that geographic restrictions tightened over time in response to political pressures—suggesting healthcare access worsened as enforcement intensified, regardless of formal entitlements remaining unchanged.

P3's observation about "shifting policies" making "access to human rights increasingly difficult" captures how geographic restrictions operate as moving targets, preventing women from developing stable healthcare relationships. If policies governing

movement, registration, or provincial restrictions change frequently, women cannot plan healthcare around a stable understanding of permitted travel. A woman who establishes care with a specialist in one city under one policy regime may find subsequent policy changes make that care inaccessible, forcing her to restart with new providers in her registered province, assuming such specialists exist there.

P1 works with families navigating these systems and witnesses how addressing registration difficulties affects comprehensive service access. When women cannot travel to access specialised psychological support, legal representation, or medical specialists, the comprehensive family support model becomes impossible to implement fully.

NGO perspectives reveal that geographic restrictions create three distinct but interrelated healthcare barriers: women cannot access specialized medical services outside registered provinces; bureaucratic processes theoretically permitting travel prove so burdensome and discretionary that women either cannot navigate them or exhaust themselves trying; and constant policy shifts prevent establishing stable ongoing relationships with healthcare providers, making chronic disease management and continuity of care impossible.

These geographic barriers intersect with language barriers to create compounded exclusion; even if a woman could theoretically travel to find an Arabic-speaking specialist in another province, the travel permit system makes that movement impossible. When financial constraints layer onto geographic and linguistic barriers, women face intersecting systems of exclusion operating simultaneously to prevent healthcare access.

Geographic restrictions trap women in provinces regardless of service availability, yet even women who remain in their registered locations and successfully navigate administrative requirements face a third barrier: the financial costs of accessing healthcare services that are theoretically "free" but require resources most women cannot afford.

6.1.3.3 Financial Barriers and Economic Exclusion from Healthcare

Despite Turkey's formal provision of free healthcare to temporary protection holders under Article 27, Syrian women's accounts revealed that accessing medical services required financial resources that many could not afford, transforming the legal promise of free healthcare into an economically inaccessible entitlement for the poorest women.

Syrian Women's Experiences

Faihaa described the contrast between formal healthcare entitlements and economic reality: "Temporary protection does not benefit us in anything except for free medical

treatment." She confirmed services functioned: "We book an appointment at the hospital online, choose the doctor and speciality we want, and any scans or analyses are covered by them. Medicines are also provided for free." Yet characterising healthcare as the "only benefit" reveals that without financial support for transportation, time away from work, childcare during visits, or adequate nutrition supporting recovery, even free medical services become difficult to access. Faihaa described limited financial assistance: "We cover all our needs personally. There is no financial assistance given to refugees. There are people who registered with the Red Crescent since they came and receive monthly assistance, and there are conditions for that, but I did not request this support because my sons are young men, and I believe others need it more than I do." Despite being a 56-year-old widow, Faihaa excluded herself from Red Crescent assistance due to having working-age sons, demonstrating how family composition criteria exclude women whose households don't match specific profiles.

Haya, whose maternal healthcare experience was positive, noted medication coverage changes: "Thank God, from the day we arrived until now, the most available service has been healthcare. All hospitals are free, especially in emergency cases...As for medicines, they are generally free, and only rarely are we asked to pay a small percentage. In the past, there was no payment at all for medicines." This confirms Article 27 generally functions but indicates recent policy introduced cost-sharing. Even "small" medication co-payments become prohibitive for women earning below minimum wage or working informally. Haya described minimal government support: "In terms of securing basic needs, we rely on ourselves for almost everything. There is no direct government support except for the Red Crescent card, which is given to some families based on need, not to everyone. Government support is otherwise limited to distributing coal during winter for heating only." Red Crescent reaches only "some families," and government support extends only to winter heating coal—leaving all other necessities to household resources. This economic precarity directly affects healthcare access, as women working multiple jobs cannot afford transportation, preventive care appointments, or treatment until conditions require emergency hospitalization.

For Nadia, economic marginalization and healthcare exclusion operated inseparably. She described wage discrimination: "In the factory where I used to work, there were Syrians and Turks, but the salaries we Syrians got were much lower. I used to get a weekly salary of 3,100 lira, and this was the lowest salary. As for the Turks, their salaries were higher, and they had insurance and compensation in case of harm or injury at work...Here we have no rights, and our rights are lost in work and such matters." Syrian workers received no workplace insurance, meaning workplace injuries resulted in medical expenses Nadia had to cover from discriminatory wages. Red Crescent excluded her: "I could not get the Red Crescent aid card. There are people who got it, but only those who have children under the age of eighteen. I was alone and caring for my elderly mother, and they did not give me an aid card. They

said: 'You are able to go out to work, so there is no aid for you.'" Despite caring for chronically ill elderly mother, Nadia failed to meet criteria requiring children under 18, leaving her without financial buffer for healthcare expenses.

Chronic disease costs became explicit in Nadia's account: "For me, my mother's health situation was very difficult; she has diabetes and high blood pressure, and she needs medicine secured all the time. They sometimes help us provide the medicine, but not always, and most of the time we buy it ourselves. My mother needs blood sugar test strips, and we buy them at our own expense; they do not give them to us for free." Medications were "sometimes" provided free but "not always," forcing purchases "most of the time" from discriminatory wages. Blood glucose test strips were never free, requiring ongoing out-of-pocket expenses. For Nadia's income, these costs proved devastating—the choice between test strips or food became routine, demonstrating how "free healthcare" still excludes poorest women when medication supply proves unreliable and essential monitoring equipment remains uncovered.

Ramia confirmed formal entitlements functioned for those with resources: "My husband had three eye surgeries in Mersin, and all the operations were free and fully covered." Three major surgeries provided completely free demonstrated Article 27's promises can materialize for complex procedures when patients navigate the system successfully. The fact that major surgeries remained fully covered while Nadia couldn't reliably access diabetes test strips reveals the system better serves acute dramatic medical needs than chronic conditions requiring ongoing supplies.

NGO Perspectives

P1 described financial support through government partnership: "Yes, we can provide financial support to them. However, we have a protocol with the Ministry of Social Affairs and Family...This support ranges from 6,000 to 13,000 Turkish lira per month, depending on the individual's situation. The amount is allocated for women who have children. For others, we can only provide economic support through our own resources." Support of 6,000-13,000 lira monthly (approximately $200-430 USD) provides meaningful assistance but remains highly selective—available only to "women who have children," excluding women like Nadia caring for elderly parents. This reflects gender-blind policy assuming all women requiring assistance are mothers, rendering invisible women with other caregiving responsibilities.

The funding crisis emerged clearly: "Funding has become a significant problem, with projects, donors, and overall support shrinking. Previously, we had a dedicated team for the shelter, including a social worker, psychologist, support staff, and security personnel...However, due to the reduction in resources, these roles have been downsized." Downsizing shelter staff, including the psychologist, directly affects healthcare access for GBV survivors. Healthcare services NGOs provided to fill state gaps now face elimination.

P1 described livelihood efforts: "Another priority is to enhance the livelihood sector to empower women. For instance, we operate a cooperative called Hamdam Cooperative, which focuses on food production...Currently, about 40 vulnerable women are part of Hamdam Cooperative, earning money and improving their financial independence." The cooperative provides income enabling women to afford healthcare costs beyond free services, yet the scale reveals limitations: 40 women participate while hundreds of thousands face economic barriers—demonstrating initiatives valuable for individuals cannot resolve systematic barriers.

Financial barriers operate at two levels: individual Syrian women lack resources to afford healthcare costs beyond formally free services, and NGO sector filling gaps faces funding collapse eliminating even inadequate supplementary services. The convergence of individual poverty and institutional resource scarcity creates compounded economic exclusion where neither state nor NGO services remain adequately resourced.

While financial barriers prevent women from affording healthcare costs, those who overcome economic obstacles often encounter a different barrier: discriminatory and hostile treatment from healthcare staff that transforms medical facilities into unwelcoming spaces actively deterring care-seeking.

6.1.3.4 Discrimination and Hostile Treatment in Healthcare Settings

Beyond structural barriers of language, geography, and finance, Syrian women encountered discriminatory attitudes and hostile treatment from healthcare staff that actively deterred care-seeking and transformed medical facilities into unwelcoming spaces.

Syrian Women's Experiences

Nadia experienced the most hostile treatment, perceiving complete exclusion from healthcare despite formal entitlements. "There is no healthcare," As mentioned earlier, she found clinic workers as arrogant and dismissive. They did not provide even basic compassionate care for patients. She felt there was systematic obstruction rather than support, indicating a total lack of concern from the institution for patient needs.

The arrogant, uncomfortable staff created an environment where Nadia felt actively obstructed rather than supported. Staff dismissiveness became explicit in their response to waiting patients: "If the doctor is busy or the system is not working, they tell us: 'If you want to wait, then wait, and if you do not want to, then go, goodbye.'" This hostile directive, essentially telling sick patients to leave if unwilling to wait indefinitely, demonstrates staff attitudes that treat Syrian women as burdens rather than patients deserving care.

Nadia identified racism as pervasive and constant: "Wherever you go, racism exists as long as we are Syrians and refugees. Racism always exists in general." This characterisation of racism as existing "wherever you go" and "always" indicates that discriminatory treatment was not exceptional but rather the consistent pattern Nadia encountered in healthcare settings. As the most marginalised participant, separated, lowest education level, no Turkish language skills, living in post-earthquake camps, Nadia experienced the harshest treatment, suggesting that discrimination intensifies for women with the fewest resources to challenge it.

Ramia, by contrast, characterised discriminatory treatment as less systematic: "In the hospital, there are some individual cases in which some people show a racist attitude, whether inside or outside the hospital, but in general the care was good." Her framing of racism as "individual cases" rather than systematic patterns reflects her position as the most educated, Turkish-speaking participant whose resources enabled her to navigate around discrimination that might deter others. The fact that her husband received three major eye surgeries "free and fully covered" demonstrates that the system can function for Syrian patients, yet the need to qualify this positive experience by acknowledging "some individual cases" of racist attitudes reveals that even well-resourced women encounter discrimination.

NGO Perspectives

P2 observed that discriminatory attitudes toward Syrian women extend across multiple service domains. She described how cultural stereotyping affects service delivery: "There are also certain prejudices against refugee women, especially those from Middle Eastern or North African countries, like Syria, Lebanon, or Palestine." These discriminatory attitudes manifest in healthcare settings, where staff may dismiss refugee women's health complaints as cultural exaggerations or assume their concerns are less deserving of serious attention, creating systematic barriers to receiving appropriate healthcare regardless of actual medical needs.

For sexual violence survivors, healthcare failures became particularly severe. "Following incidents of sexual violence, emergency departments do not routinely offer preventive services for pregnancy and sexually transmitted infections as a standard procedure, and evidence is not collected with due diligence," P2 explained. The absence of pregnancy prevention and STI prophylaxis following sexual assault represents medical negligence that compounds trauma with additional health risks. Poor evidence collection destroyed survivors' ability to pursue legal remedies. P2 further noted: "Despite the right of women in Turkey to terminate pregnancies within 10 weeks, they are often forced to continue the pregnancy due to denial of care in state hospitals." Healthcare providers denied legal abortion services, forcing women to continue pregnancies, representing reproductive coercion by medical institutions that should protect women's health and rights.

These discriminatory practices created environments where seeking healthcare exposed women to hostility, cultural stereotyping, denial of legally guaranteed services, and inadequate care, transforming medical facilities from spaces of healing into sites of discrimination that deterred future care-seeking.

While discriminatory treatment by state healthcare providers created hostile barriers, NGOs attempted to fill gaps by providing supplementary healthcare services, language support, and advocacy, though their capacity to compensate for systematic state failures remained severely limited by funding constraints and the scale of need.

6.1.3.5 NGO Gap-Filling Role in Healthcare Service Provision

While state healthcare facilities created barriers through language exclusion, geographic restrictions, financial costs, and discriminatory treatment, NGOs tried to bridge these gaps by providing extra healthcare services, helping people access state facilities, and offering health education. However, their efforts were limited by insufficient funding and capacity that did not meet the scale of need.

Syrian Women's Experiences

Faihaa successfully accessed healthcare services through a combination of state facilities and NGO supplementation. "Currently, I have been referred to physical therapy for a back problem, and there is physical therapy in the hospital itself," she explained. "There are also organisations that provide physical therapy centres with Syrians and translators. I also suffer from lack of sleep, so I was referred to an organisation that provides free psychological support, and I attend free psychological support sessions. The centre's name is 'Independent Doctors,' and it provides physical and neurological treatments in addition to psychological support sessions." The hospital provided basic physical therapy, yet NGOs like Independent Doctors supplemented this with additional physical therapy services staffed by Syrian providers and translators, addressing the language barrier that prevented effective communication in state facilities.

Faihaa's access to free psychological support through an NGO, rather than the public healthcare system, shows that mental health services for Syrian women mainly come from civil society organisations instead of the government. The referral system linking hospital care to NGO services provided a way for women like Faihaa to get complete care. However, this required enough education and social capital to understand and navigate these referral networks.

Haya's predominantly positive healthcare experience occurred primarily through state facilities rather than through heavy reliance on NGOs, yet she acknowledged the critical importance of the services NGOs provided to others. As mentioned earlier, Haya noted that healthcare services have been consistently accessible since her arrival, with hospitals providing free emergency care. She has had four childbirth operations

in Turkey since 2015, receiving careful attention throughout each delivery. Haya's four births with good care show that state healthcare facilities can deliver high-quality maternal services to Syrian women. Her success came from her Turkish language skills, arriving early before enforcement increased, a stable marriage, and living in Kahramanmaraş rather than in more dangerous areas. However, Haya also pointed out that other mothers could not access services without knowing Turkish, and that NGOs were vital for women who did not have her advantages.

Nadia, by contrast, received no support from NGOs despite being among the most vulnerable. "In general, they come to the camps, go around the containers, and take our names, phone numbers, and IDs, but we never see anything from them, and they never give us anything at all. There is absolutely no support of this kind, and we have never received any of it." NGOs visited post-earthquake camps to gather information but did not offer any follow-up services. This created feelings of exploitation, as it appeared to be data collection without help. This suggests that NGO services focus on accessible urban areas while neglecting marginalised women in remote camps. It may also indicate that the massive post-earthquake needs were too much for NGOs to handle. Nadia's total lack of access to both state healthcare, which was affected by language barriers, unfriendly staff, and financial issues, and NGO support left her without any way to obtain functional healthcare.

NGO Perspectives

P1 described a comprehensive, holistic approach to family support that included healthcare services. "Firstly, our approach is that all of the units are dependent on each other. Generally, we don't focus on just one person. We evaluate the entire family, considering their disabilities, problems, and vulnerabilities," P1 explained. "Our goal is to empower the family, so they don't need any external support. Maybe I can emphasise that we aim to empower families and women to become self-sufficient in the future." The organisation provided social counselling, legal services, child protection, women's welfare, shelter, early childhood services, psychological support, crisis support, physiotherapy, and livelihood programs, creating an integrated support system addressing multiple needs simultaneously. The inclusion of psychological support and physiotherapy as standard services demonstrates NGOs providing healthcare that state facilities fail to deliver adequately, particularly mental health services requiring Arabic-speaking providers. The emphasis on empowerment toward self-sufficiency rather than perpetual dependency reflects an approach that treats Syrian women as capable actors requiring temporary support to overcome structural barriers, rather than permanently dependent populations.

P1 held unique formal authority, distinguishing it from other NGOs: "We have collaboration with the government, including local and central governments. We can take formal measures. Officially, we have the authority to act. In 30 cases, only one NGO, our NGO, can formally take such measures," P1 stated. "We can take measures

for women if they face domestic violence or want to leave their homes and husbands. At that time, we can take steps to support the woman and refer her to a women's shelter. We can also provide economic, social, and psychological support for women in these situations." This quasi-governmental authority meant P1 could officially refer women to state-run shelters and initiate protective measures that other NGOs could only facilitate informally.

The psychological support linked with shelter referrals helped women fleeing violence access mental healthcare while also finding physical safety. The state system is supposed to provide these services, but it often makes them hard to reach due to language barriers, unwelcoming staff, and red tape.

P2 did not provide healthcare services directly but rather facilitated Syrian women's access to state healthcare facilities through advocacy and accompaniment. "Our organisation provides four main types of support: Social Support, Psychological Support, Legal Support, and Shelter Support. We take a holistic approach because the needs of women subjected to violence can vary greatly," P2 explained. "For health-related concerns, we refer women to hospitals. If public hospitals delay providing the necessary care, we actively follow up and we push certain organisations to fulfil their responsibilities." Rather than creating parallel healthcare services, P2 forced state institutions to provide care they were legally obligated to deliver, calling hospitals that delayed treatment, pushing officials to fulfil responsibilities, and holding institutions accountable. This advocacy role proved critical because individual Syrian women lacked the power to challenge institutional failures, while established NGOs could apply pressure and navigate bureaucratic systems.

P2 sometimes provided direct accompaniment: "In rare cases, we accompany women to specific organisations or police stations to ensure they are heard and supported." Physical presence of NGO staff ensured women received attention and services that might otherwise be denied, demonstrating that discrimination diminished when advocacy organisations witnessed interactions. The characterisation of accompaniment as "rare cases" rather than standard practice reveals capacity constraints; NGOs cannot accompany every woman to every appointment, forcing them to triage support toward the most critical situations.

P2 acknowledged severe limitations even in their specialised services. As mentioned earlier, when Arabic-speaking psychological support is unavailable in their network, they must refer women to other organisations or rely on voluntary interpreters for therapy sessions. An organisation with 35 years of experience specialising in violence against women could not provide psychological support in Arabic, forcing referrals to migration-focused organisations or cobbling together voluntary interpretation. Psychological therapy through untrained volunteer interpreters compromises therapeutic effectiveness and confidentiality yet represents the only option available for many Syrian women needing mental health support.

P3 focused on health education rather than direct healthcare provision, implementing sexual and reproductive health training programs. "Following the Turkish Family Planning Association's (TAPV) 13-week Women's Health Education Program, we implemented their Women's Sexual and Reproductive Health (CISUS) training program. This initiative equips participants with accurate information to support others in their communities," P3 described. The train-the-trainer model created peer health educators who could share information within Syrian communities in Arabic, compensating for the absence of accessible public health education. This approach acknowledged that formal healthcare facilities would not provide culturally and linguistically appropriate health education, requiring community-based alternatives. Yet this model places responsibility for health education on refugee women themselves rather than on healthcare institutions obligated to provide accessible information.

P3 described crisis response during the COVID-19 pandemic revealing complete state abandonment: "Since the early days of the pandemic, our association has been in communication with municipalities and social service units to ensure access to assistance for refugees and migrants. Initially, it was noted that support was limited to Turkish citizens, with no assistance available for refugees and migrants. Through advocacy efforts, limited support mechanisms were established for refugees. However, language barriers, illiteracy in Turkish, inability to use digital platforms, and limited communication outside the home made it impossible for refugees and migrants to access support. Our association, acting as a bridge between refugees and migrants and institutions, provided long-term support for those in need, especially for women with children." During a global health crisis, refugees faced complete exclusion from all support mechanisms until NGO advocacy secured "limited" access. Even after advocacy succeeded, language and digital barriers made support inaccessible, forcing P3 to serve as an intermediary, translating information, navigating digital systems, and connecting individual women to services. This demonstrates that during health emergencies, when healthcare access becomes most critical, the state entirely abandons refugees, leaving NGOs to fill a total vacuum with inadequate resources.

These NGO efforts, whether providing direct healthcare services (P1's physiotherapy and psychological support), facilitating access through advocacy and accompaniment (P2's hospital follow-up), or delivering health education (P3's reproductive health training), represented attempts to compensate for systematic state failures. Yet the scale remained grossly inadequate: P1's livelihood cooperative served 40 women while hundreds of thousands needed economic support enabling healthcare access; P2's GBV services required referring Arabic-speaking women elsewhere; P3 was closing its physical centre due to funding constraints. The gap between healthcare needs and available services, whether state or NGO-provided, remained unbridgeable for most Syrian women, with women like Nadia falling through all safety nets entirely.

6.1.4 Healthcare Access in Greece: Barriers in Practice

Interviews with four Syrian women in Greece, Nahla from the Athens suburbs, Najah from the Corinth Camp, Niveen from the Athens suburbs, and Walaa from Korinthos, along with three NGO representatives focused on refugee women's health and protection, highlighted consistent barriers to healthcare access. This occurred even though there are formal legal rights under Greece's asylum system. Their stories show how the four factors mentioned in Chapter 2.3 work together in real life. These factors turn formal healthcare rights into services that are hard to reach. This section looks at Syrian women's experiences through their own stories and the views of NGOs. It shows how inefficiencies in the bureaucracy, location challenges, poor infrastructure, and a lack of attention to gender in service design combine to keep women from getting the healthcare they need.

6.1.4.1 Language Barriers and Forced Dependency

The lack of reliable, professional Arabic interpretation services became a major obstacle for Syrian women trying to access healthcare on their own in Greece. Both Syrian women and NGOs noted that language barriers led to exclusion. This turned medical consultations into complex processes needing intermediaries, which impacted medical privacy and the quality of treatment.

Syrian Women's Experiences

Nahla, a 33-year-old teacher with a university degree living in the suburbs of Athens, described how language barriers continued to exist even though healthcare is supposed to be free. She said, "Healthcare is free, but access to it is very difficult. The nearest hospital is about a thirty-minute walk from the train station, and appointments are often scheduled far in advance. Translators are not permanently available, so we are forced to communicate in English or use the phone for translation." Because there were no permanent translators, women could not depend on professional interpretation. Nahla, who understood English because of her education, found it inadequate for complex medical discussions. Phone translation apps also failed to handle medical terms or support real-time conversations between doctors and patients that needed clarification and follow-up questions.

Nahla pointed out that language barriers became especially serious for women's health issues that needed privacy and cultural sensitivity. She said, "In general, the doctors are respectful, but the language constitutes a real barrier, especially in women's or psychological matters." she highlighted how language exclusion affected healthcare needs that are unique to women. These needs include reproductive health, maternal care, and mental health trauma caused by displacement or violence. All of these require careful communication that phone apps or broken English cannot provide. Describing language as "a real barrier" instead of a minor issue stressed how failures in

communication blocked access to the right care. This situation caused more than just frustration; it completely prevented treatment.

For Niveen, a 32-year-old single mother with a primary education who cares for a child with autism in the suburbs of Athens, language barriers combined with the lack of female translators made it hard to talk about sensitive health issues. She said, "Also, translators are not always available and are not necessarily female, and I feel embarrassed to talk about private health problems in front of a male translator." The phrase "not necessarily female" showed that when translators were available, they could be male. This forced women to choose between talking about personal health concerns with male interpreters or not seeking care at all. This gender aspect of language barriers particularly impacted conversations about reproductive health, sexual violence, or mental health. In these cases, cultural norms in Syria made it impossible for women to share information with male strangers, no matter their professional background.

Niveen explained that challenges in communication went beyond just the lack of available translators. She said, "Communication with doctors is generally difficult, and we are forced to use the phone to translate into Greek or to speak in English, but that is very difficult." Her use of the word "forced" suggested that women had no alternative; phone translation was the only choice when human translators were not available, despite being inadequate for medical consultations. Her admission that speaking English was "very difficult" showed that even women who knew some English struggled with medical terms. This led to situations where symptoms were described incorrectly, diagnoses were misunderstood, and treatment instructions were unclear.

Najah, a 25-year-old mother with secondary education from Corinth Camp, pointed out that the lack of translators leads to ongoing communication problems. She said, "In hospitals, there is respect for Syrian refugee women, but the biggest obstacle is language, since translators are not always available." Although medical staff treated them with respect, unlike some discriminatory experiences reported in Turkey, language barriers meant that this respect didn't ensure effective healthcare delivery. The phrase "not always available" suggested unpredictable access. Women couldn't know if translators would be there for their appointments, making it hard for them to plan consultations about sensitive health issues that needed interpretation.

Walaa, a 26-year-old single woman with a master’s degree in interior design, lives in Korinthos camp. She faced serious communication problems that kept her from seeking care. She said, "There are no translators or anything; we use the mobile for translation." Her statement about the lack of translators showed a consistent issue rather than occasional problems. Using mobile phones for translation became the standard method for all medical communication. This turned complex healthcare interactions into disjointed exchanges. Technology cannot convey the medical details,

cultural context, or emotional content that are crucial for mental health consultations or for discussing trauma.

NGO Perspectives

P4, Operations Manager at the international maternal health NGO, confirmed that language barriers were the main challenge her organisation aimed to tackle. "Since many of these women don't know the language, navigating the public healthcare system in Greece is complicated for them. We assist them in booking appointments, understanding the system, and translating test results." This description reflects a profound systemic failure. Without Greek language skills, the public healthcare system becomes nearly inaccessible. P4's organisation addressed this issue by offering language support. They assist with appointment booking in Greek, explaining healthcare procedures, and translating medical test results. This extensive support from the NGO highlighted the lack of state-provided language access; without NGOs providing these translation services, non-Greek-speaking women could not access care.

However, P4 recognised that even specialised maternal health NGOs faced limits in language skills "Language is another significant challenge. It's a huge barrier for both us and the women we work with. Greek is not an easy language to learn, and it takes time to become proficient. Most of the bureaucracy—such as paperwork—is in Greek, which makes it very difficult for them to navigate the healthcare system, handle bureaucratic processes, or find jobs." This acknowledgement showed that language barriers impacted even NGOs that were designed to support refugee women. The complexity of Greek meant these women couldn't quickly gain functional language skills. As a result, they remained dependent on intermediaries for many years.

P5, a Social Worker at the NGO focused on integration, described language barriers as major challenges that need organised responses. "We have a holistic program designed to address the diverse needs of women. That's why we have these seven strands of intervention. Alongside these activities, we also have the support of translators and cultural mediators who speak languages such as Arabic and French. This ensures that no one feels excluded." P5's organisation hired dedicated translators and cultural mediators as permanent staff. They understood that meaningful participation in programs required more than occasional interpretation; it needed consistent language access in all services. The focus on ensuring that "no one feels excluded" showed how language barriers created not just practical challenges but also made women feel unwelcome or unable to engage fully.

P6, the Project Manager at the women's NGO focused on gender-based violence, explained how her organisation's feminist method relies on language accessibility. "Our approach is based on a human-rights framework, with the survivor placed at the centre of all processes. We always work in parallel with survivors, maintaining a focus

on their individual needs." Placing survivors "at the centre" became impossible when they could not express their needs. Language access was not just a practical need, but a vital requirement for delivering rights-based services. Without effective interpretation, the whole survivor-centred method failed, as professionals could not grasp individual needs or work well with beneficiaries.

These language barriers affected women from various educational backgrounds, from highly educated ones like Nahla and Walaa to those with only primary education, like Niveen. This showed failures in the system rather than just individual issues. P4 described language as "a huge barrier for both us and the women", highlighting how linguistic exclusion worked on different levels. It prevented women from getting care and limited even specialised NGOs' ability to offer proper support. When geographic barriers were added to the language issues, women encountered even more challenges in reaching healthcare services located far from where they lived.

These language barriers led to a basic form of exclusion, and other barriers added to this problem. Even for women who managed to get past language challenges with help from NGOs or by improving their English, being far from healthcare facilities and facing transportation issues added more difficulties. This was especially true for women in camps and remote areas.

6.1.4.2 Geographic Barriers and Service Accessibility

Geographic distance between camps and healthcare facilities, along with transportation challenges and lengthy appointment scheduling processes, became key barriers that kept Syrian women from getting timely medical care. Unlike Turkey's provincial registration rules that legally stopped intercity travel, Greece's geographic barriers worked through physical distance and poor transportation options, making healthcare practically unreachable, even though there were formal legal rights to access services.

Syrian Women's Experiences

Nahla described how geographic distance made getting healthcare a tiring challenge that required various ways to travel. "The nearest hospital is about a thirty-minute walk from the train station, and appointments are often scheduled far in advance." This simple statement highlighted multiple obstacles. Women first had to get to the train station, then walk thirty minutes from the station to the hospital. This journey was especially hard for pregnant women, those with young children, or women facing serious health issues.

Walaa expressed the serious challenges that camp residents face in getting hospital care. She said, "The medical situation is not good. There is difficulty booking an appointment at the hospital, and when I went and I was suffering from stomach pain they did not receive me at the hospital and they said you do not have an appointment

despite the fact that I had an appointment and a booking; they said it is not your appointment, the doctor is not present, and the hospital was very far, approximately two and a half hours." This long travel time from the Korinthos camp to the hospital created significant barriers for women with severe symptoms. Walaa's experience of making that trip in pain, only to be turned away for a confirmed appointment because "the doctor is not present," showed how geographic distance and administrative issues led to complete healthcare exclusion. The five-hour round-trip journey while in pain discouraged future attempts to seek care, turning geographic barriers into obstacles that actively kept women from accessing services they should have been able to receive.

For Niveen, geographic distance significantly impacted her ability to get specialised care for her child with autism. She said, "In the case of my child (autism), it took about six months to obtain a medical report and referral to a specialised care program, and then he was referred to one therapy session per week only, which is not enough." Although she did not mention the distance travelled, the six-month delay in accessing specialised assessment indicated that autism services were mainly located in urban centres far from her camp. The resulting single weekly therapy session, which is recognised as insufficient, highlighted how the geographic concentration of specialised services in distant locations meant that even when women managed to navigate months of bureaucratic processes, the care they received remained inadequate. Providers could not accommodate the travel burden needed for more frequent visits.

NGO Perspectives

P4 explained how the distance between camps and hospitals impacted pregnant women's access to regular prenatal care. "Pregnant mothers frequently miss their routine checkups during pregnancy because the camps are far from urban centres, like Athens, and there is no transportation available from the camps to the city." Without organised transportation, women had to depend on costly private rides or complicated public transit that required several connections. Both options were unfeasible for women who lacked financial resources or Greek language skills to navigate public systems. As a result, many women missed prenatal checkups that could have caught complications, leading them to arrive at hospitals only during labour, often with undiagnosed issues that risk the health of both mother and infant.

P4's organisation tried to address geographic barriers with targeted service delivery. They stated, "Additionally, we provide outreach services because many mothers need support after delivery. For instance, we help with weighing the baby, translating documents, and administering necessary injections. This outreach is offered during the first 40 days postpartum to minimize the need for them to leave home with a newborn." By developing home-based outreach services, they found that geographic barriers could be overwhelming for women with newborns who struggled to make long trips

to healthcare facilities. By bringing services to women's homes, P4's organisation recognised that expecting postpartum women to travel to faraway hospitals for routine infant care was unreasonable. However, this NGO's solution was limited to the first 40 days and specific services. Comprehensive healthcare still required women to somehow reach distant facilities.

P4 further identified that limited NGO access to camps worsened geographic barriers. This restriction hindered service delivery where it was most needed. "Another issue is access to the camps, which are often in poor condition. Pregnant mothers frequently miss their routine checkups during pregnancy because the camps are far from urban centres, like Athens, and there is no transportation available from the camps to the city. Furthermore, access to the camps is restricted. Only two or three NGOs, usually large ones, are allowed entry, and even they need special permission. Many grassroots NGOs are denied access." The limited access to camps for only a few large NGOs meant that smaller, specialised organisations could not provide services directly to camp populations. This made it impossible for women to get healthcare without travelling from camps to faraway urban facilities. As a result, decentralised service delivery, which could have overcome geographic challenges, was not an option.
This restriction reflects Greece's broader regulatory framework, which requires all NGOs focused on refugee protection to register in a government-controlled registry and obtain special permission to access camps (AIDA/GCR, 2025, p. 172). The state limits NGO access while failing to provide sufficient services, indicating a clear strategy aimed at controlling rather than protecting.

P5 confirmed that organising services in one location led to systematic exclusion. "We conduct activities such as yoga and movement therapy to encourage participants to take care of themselves. We also encourage community engagement by involving participants in community events and supporting their initiatives." While P5's organisation provided valuable programming, the location of these services limited access to them. Only women who could reach the organisation's urban centre could participate. This arrangement meant that camp populations remained excluded unless they could overcome transportation challenges.

These geographic barriers, including physical distance, poor transportation infrastructure, and limited access to NGO camps, led to systematic exclusion from healthcare that legal rights could not remedy. Coupled with the poor medical infrastructure and serious staffing shortages discussed in the next section, these barriers meant that even women who managed to reach healthcare facilities often found those services overwhelmed and unable to provide proper care.

6.1.4.3 Inadequate Medical Infrastructure and Staffing

Critical shortages of medical staff, long appointment waiting times, and a lack of specialised services led to systematic healthcare exclusion. This affected all Syrian women, but it hit hardest those with complex medical needs or chronic conditions that

required ongoing care. These capacity issues showed how institutions were underfunded, making formal healthcare rights nearly impossible to access.

Syrian Women's Experiences

Walaa's experience showed how staffing shortages led to medical emergencies from routine health issues. She said, “I developed psychological problems and stress, and the days of my menstrual period increased unusually, so I went and asked the doctor in the camp, and she said it could be a cervical infection, and she said you have two days, if it does not stop, go to consult a specialist doctor. I felt afraid and I was only complaining of the tension that caused that, so I went and searched on the internet and called relatives who are doctors and they told me it is hormonal fluctuations and there is no danger." The camp doctor's alarming suggestion of a potential cervical infection, followed by the instruction to wait two days to see a specialist, forced Walaa to depend on online research and her relatives for medical advice. This situation highlighted how inadequate camp medical staffing, lacking specialists who could provide immediate diagnoses, created unnecessary worry and health risks. Women had to wait for proper care while dealing with potentially serious conditions.

Walaa described her experience in the hospital as exhausting and frightening due to the diagnostic procedures. She said, "Specialist doctors should be provided. I was only suffering from a headache and insomnia, and I needed a painkiller, but they requested an MRI from me, and I was very afraid." The reaction to a simple headache, requesting an MRI instead of offering basic pain relief, showed that the medical staff was either operating beyond their ability or following overly careful protocols that traumatised patients. The difference between the needed care (pain medication) and what was offered (frightening imaging) highlighted how insufficient staffing of qualified specialists led to inappropriate and distressing medical experiences.

For Niveen, the shortcomings in infrastructure became painfully clear when trying to access specialised care for her child with autism. After waiting six months for an assessment, "he was referred to one therapy session per week only, which is not enough.", which was not enough. Niveen recognised this lack of support as insufficient and highlighted how the healthcare system failed to meet the needs of the refugee population. This was true even when women like her successfully navigated bureaucratic and geographic challenges to reach specialised services. Niveen expressed a desire for longer therapy programs for her child, specifically asking for more autism sessions and help with transportation when I asked about her wishes for support. "I wish for longer therapy programs for my child (more autism sessions and coverage for transportation), continuous financial support sufficient for housing and medicines, childcare services during courses, and the permanent presence of female translators in hospitals.)" This showed that the single weekly session was a capacity limitation rather than an appropriate treatment plan. The healthcare system simply could not provide more frequent care, even when it was medically necessary.

Najah's experience during pregnancy showed inconsistent service quality. "My delivery was very difficult, but the medical staff at the hospital treated me with kindness and great compassion." Even though Najah received caring support during a complicated delivery, describing the birth as "very difficult" pointed to possible shortcomings in prenatal monitoring or access to specialists that could have detected issues sooner.

NGO Perspectives

P4 noted that poor public hospital infrastructure prompted NGOs to fill important gaps in maternal healthcare. "While NGOs offering medical care do their best, they often lack the resources to provide all the essential tests required during pregnancy." This showed a serious infrastructure problem. NGOs, trying to help overwhelmed public healthcare systems, lacked the capacity to provide comprehensive prenatal testing. As a result, women went through pregnancies without important screenings that could catch complications. P4 recognised that while NGOs "do their best," they cannot provide "all the essential tests". This highlighted how inadequate infrastructure led to unequal healthcare. Even asylum seekers with formal legal status received low-quality prenatal care because neither the state nor NGO systems had enough capacity.

P4 explained how inadequate infrastructure affects maternal health outcomes. "As a result, mothers frequently miss critical follow-ups and important tests. This is a substantial challenge in ensuring proper health care for refugee women." The consistent absence of these follow-ups and tests meant that women showed up for delivery with undiagnosed conditions such as gestational diabetes, pre-eclampsia, and fetal abnormalities. Reliable infrastructure could have identified and managed these issues. This failure in infrastructure led to preventable health problems for mothers and infants in asylum-seeking populations.

P5 described how inadequate infrastructure leads to homelessness, which in turn further complicates healthcare access. "First of all, women, especially women refugees, face a lack of basic resources, and one of these is accommodation. Many refugees who arrived, you know, after crises became homeless and without shelters over their heads. This happens because the government lacks services to accommodate the needs of refugees. So, it's the NGOs that fill this gap due to the absence of sufficient initiatives and services from the government." By focusing on housing, P5 noted that women without stable homes could not maintain relationships with healthcare providers, store their medications properly, or attend follow-up appointments. This shows how failures in infrastructure across different areas contribute to healthcare exclusion.

P5 pointed out that the shelter infrastructure is insufficient. They said, "Shelters are not enough to accommodate the number of women and children. This is one of the biggest challenges we are facing. For example, right now, we have a family who has been living for weeks in public spaces. The mother is pregnant, and she has a one-year-old baby. It's really heartbreaking to see a family in such a situation." The

pregnant woman living in public spaces showed a complete failure of the infrastructure. The lack of shelter capacity pushed asylum-seeking women into homelessness during pregnancy. This made it hard to get prenatal care and created dangerous conditions for delivery.

These infrastructure problems included long delays for diagnoses, not enough therapy sessions, NGOs not being able to provide necessary medical tests, and limited capacity that hindered proper care. This showed a consistent lack of resources that impacted all Syrian women, no matter their individual situations. When this was combined with service design that ignored women's specific needs, these failures in infrastructure led to increased exclusion. As a result, formal healthcare rights became empty promises.

6.1.4.4 Gender-Blind Service Design and Cultural Insensitivity

Healthcare service design that did not offer female medical staff, childcare during appointments, or culturally appropriate procedures shows the fourth implementation factor: gender-blind institutional design. This design seems neutral, but it systematically excludes women. This pattern validates Boyd and Nowak's (2013) argument that gender-blind approaches cannot produce gender-neutral outcomes when operating within contexts of gender stratification and existing power hierarchies.

Syrian Women's Experiences

As mentioned earlier, Niveen explained how the lack of female translators led to difficult choices between getting care and keeping privacy around personal health issues. She said, “Also, translators are not always available and are not necessarily female, and I feel embarrassed to talk about private health problems in front of a male translator." The phrase "not necessarily female" highlighted that healthcare facilities did not make a consistent effort to provide appropriate interpreters for women's health consultations. This situation forced women to either share sensitive reproductive health issues, experiences of sexual violence, or gynaecological concerns with male interpreters or to skip care altogether. Syrian cultural norms made it nearly impossible to discuss such topics with unrelated men. As a result, the lack of female translators effectively excluded women from receiving reproductive healthcare, no matter the formal availability of services.

Nahla confirmed that language barriers are particularly serious when it comes to women's health issues. As noted earlier, while medical staff may be respectful, language barriers create profound obstacles, especially for women's health and psychological matters. The areas most affected by language barriers highlighted how gender-neutral service design, which offers translation without ensuring the translators are suitable for women, creates unequal access. While men can get healthcare through male translators without cultural issues, women discussing menstruation, pregnancy complications, sexual health, or trauma from gender-based violence encounter significant cultural challenges when only male interpreters are available.

As mentioned earlier, Niveen explained how the lack of childcare facilities prevented her from attending training courses and workshops held in Athens or other distant locations. While this barrier extended beyond healthcare to training programs, it revealed a structural pattern. Services designed without considering caregiving duties functioned similarly in healthcare settings. Women could not attend medical appointments, therapy sessions, or health education programs when no childcare was available. This forced mothers to choose between their own healthcare needs and supervising their children

NGO Perspectives

P4 explained that her maternal health organisation was created because public healthcare did not offer gender-sensitive reproductive care. She highlighted specific services that public healthcare regularly overlooked: "We also have a lactation consultant for one-on-one consultations. Our goal is to help these women breastfeed as much as possible and avoid resorting to expensive formula. We support them during pregnancy and through the breastfeeding journey." The specialised lactation support, postpartum guidance, and breastfeeding help provided by NGOs showed that the public healthcare system failed to recognise the need for specialised, culturally sensitive services beyond basic obstetric care. Public hospitals delivered babies but offered no assistance during the months of pregnancy preparation or postpartum care that influence maternal and infant health outcomes.

P5 identified childcare as essential for helping women participate. "Additionally, we provide childcare support for mothers who bring their children. While the mothers participate in activities, the children are taken care of and engaged in their own extra activities with teachers and facilitators. We have a dedicated space downstairs where children can take part in various activities led by teachers." The plan for creating a dedicated space with qualified teachers and facilitators showed the significant resources needed to support mothers. Public healthcare did not offer this support. As a result, mothers had to choose between their own healthcare needs and supervising their children, a choice that men rarely had to make.

P6 described her organisation's feminist methodology as fundamentally opposed to gender-blind approaches. She said, "The organisation's vision is to highlight and remove discrimination. Its mission is to empower women and address all forms of violence. The core of its actions lies in the prevention and treatment of violence." This clear emphasis on preventing violence and empowering women was lacking in public healthcare. Public healthcare treated all patients the same, without acknowledging how gender-based violence affected women's healthcare needs, safety concerns, and access to services.

P6 discussed gender-sensitive methodology: "What is important about our team is not only the significant experience it has but also its methodology. It follows a human rights methodology with the survivor at the centre and is always culturally sensitive to

the survivor or person at risk. We ensure the participation of our beneficiaries in all decisions made for them." This focus on involving beneficiaries in decision-making stands in stark contrast to public healthcare's standardised protocols, which often ignore individual women's cultural backgrounds, safety needs, and trauma histories.

These gender-blind service designs, such as the absence of female medical staff, lack of childcare provisions, poor safety infrastructure in camps, and failure to offer culturally appropriate healthcare guidance, showed that having formal services did not mean women could access care. The systematic nature of these issues required NGOs to set up separate service systems that offered gender-sensitive care. This revealed that gender-blindness in healthcare design was not just an oversight but a basic institutional failure to acknowledge women's unique needs.

6.1.4.5 NGO Gap-Filling Role in Healthcare Service Provision

State healthcare facilities created barriers through language exclusion, geographic distance, poor infrastructure, and gender-blind design. NGOs tried to fill these gaps by offering extra healthcare services, helping people access state facilities, and providing health education. However, their ability to make up for the state's repeated failures was greatly limited by a lack of funding, limited access to camps, and the vast need compared to the resources available.

Syrian Women's Experiences

Najah's pregnancy and delivery experience showed how NGO support was crucial for accessing even basic maternal healthcare. "When I arrived, the organisation Doctors Without Borders received me because I was pregnant, and they housed me in a hotel for eight months until I gave birth to my child. During that period, they helped me with medical check-ups, provided a translator, and followed my pregnancy." The fact that an international medical NGO welcomed Najah upon her arrival and offered housing, medical monitoring, translation services, and pregnancy follow-up highlighted the complete lack of state systems to support newly arrived pregnant asylum seekers. Without Doctors Without Borders' support, housing, healthcare, and interpretation, Najah would have faced pregnancy without prenatal care. This demonstrates that NGO services were not just additional support; they were vital healthcare resources that the state failed to provide entirely.

Najah shared her experience with the care she received: "There was a female doctor who visited the hotel twice a week with an ambulance to examine pregnant women. My delivery was very difficult, but the medical staff at the hospital treated me with kindness and great compassion. After childbirth, I continued with a psychologist in the camp who listens to women who have suffered from trauma or depression." The regular prenatal visits by female doctors, mobile medical services, and postpartum psychological support were all provided by NGOs rather than the government. The

ongoing psychological support after childbirth for women with trauma or depression showed how NGOs addressed mental health needs that public healthcare completely overlooked for refugee populations.

Najah confirmed that NGOs continued to support her after delivery. She said, "I dealt with Doctors Without Borders at the beginning of my pregnancy, and they were more than wonderful. After that, I dealt with the Red Cross, and they helped me in booking hospital appointments and sending translators with me." Her need for Red Cross help with "booking hospital appointments and sending translators" showed that accessing public hospitals, which should have been available to asylum seekers, was impossible without NGOs to guide women through the system. This highlighted how NGOs acted not just as service providers but as crucial facilitators. Without them, state healthcare became inaccessible.

Nahla described the help from organisations: "We receive food assistance from organisations that include basic items such as rice, sugar, and oil, and sometimes clothes for the children." This food and material support, even though it is not healthcare, allowed access to healthcare by providing nutritional security and freeing up limited financial resources for getting to medical appointments or paying for medication. The dependence on NGOs for basic needs showed how access to healthcare relied on a network of support services, all provided by NGOs, that tackled the economic barriers to seeking care.

Niveen explained how she accessed services: "I have been in contact with organisations that provide food assistance, and organisations that provide psychological support sessions and legal assistance. There are also therapy sessions for my son related to autism." The fact that autism therapy came through NGO connections instead of being part of public healthcare showed how specialised services relied completely on women's ability to reach the right organisations rather than on a reliable state system.

Walaa noted that psychological support came entirely from NGOs. She said, "Also, the psychological support from organisations was very good." This brief remark confirmed that asylum seekers relied on NGO services for mental healthcare instead of state provision. This shows that psychological support, which is vital for women dealing with trauma from displacement, uncertainty about asylum, and stress from adjusting, depended fully on the resources of the voluntary sector rather than a structured public healthcare system.

NGO Perspectives

P4 shared the maternal health services her organisation offered, which public healthcare often failed to provide. "We offer a range of programs tailored to the group's needs, such as: Reproductive literacy courses (not all participants take this, as it

depends on individual needs). Parenting classes based on responsive parenting principles. Holistic self-care programs. Postpartum support groups address the challenges mothers face after birth." The range of programs, reproductive health education, parenting classes, self-care, and postpartum support groups highlighted the significant gaps in public healthcare. While it provided medical procedures, it lacked education, emotional support, and opportunities for community-building to help women navigate motherhood while displaced. P4's organisation created a complete maternal health support system because the state provided none.

P4 shared how her organisation helps women interact with Greek healthcare: "We support them during pregnancy and through the breastfeeding journey. This is free support, not medical consultation, but guidance. Since many of these women don't know the language, navigating the public healthcare system in Greece is complicated for them. We assist them in booking appointments, understanding the system, and translating test results. We also prepare them for childbirth by explaining what to expect in Greek hospitals and helping them feel supported and not alone during their pregnancy." The service of explaining what to expect in Greek hospitals showed that without NGO support, women entered delivery rooms without understanding procedures, rights, or what would happen to them. This highlighted a breakdown in patient communication that public healthcare completely overlooked. The focus on helping women feel supported and not alone addressed the mental aspects of healthcare access that state systems never considered.

P4 pointed out a key limitation of her organisation’s extensive programming. She said, "We cannot accompany them inside the hospital after delivery. However, we offer online sessions to provide support while they are in the hospital." The lack of support for women during hospital stays showed legal or institutional restrictions that stopped NGOs from being present at their most vulnerable moments. The use of "online sessions" was an unsatisfactory solution. Women in hospitals without language skills or cultural understanding received phone support instead of in-person help. This highlighted the limits of NGOs in fully protecting women in state healthcare systems.

P5 described funding limits that impact service sustainability. "Honestly, we don't advocate for any specific changes in that area. The situation here is quite specific and challenging. Even larger organisations like the ICRC have difficulty addressing it. The number of refugees in Greece is very large, and we are a very small organisation." This recognition of being "very small" in relation to the need highlighted a fundamental limitation. NGOs could effectively support individual women, but they lacked the ability to tackle systemic exclusion that affects thousands. The fact that even "larger organisations like ICRC" faced struggles showed that the limited capacity of NGOs was not due to organisational failures. Instead, it reflected the challenge of making up for the shortcomings of state healthcare through voluntary sector efforts.

P6 explained how a lack of funding threatened even established services. "Funding limitations are a significant factor, not just for our team but for all organisations right now. Funding for refugees has been decreasing over the years, and I think we will also see this trend continuing in the coming years in Greece. This is a major factor that impacts all programs." This description of declining refugee funding as a trend over several years showed that NGO capacity was shrinking just when needs remained steady. This situation widened the gap between healthcare needs and available services. P6 linked funding to the provision of complete services: "Additionally, the lack of other services in urban settings and even more so inside the camps creates problems. It affects the methodology of a holistic approach. You cannot have a holistic approach if there are no services to which you can refer people." This highlighted how NGO effectiveness relied on a network of support services. When other organisations closed due to funding cuts, remaining NGOs could not fill all the gaps, fragment care and prevent women from getting the comprehensive support they needed.

P4 pointed out a structural barrier that limits the effectiveness of NGOs. She said, “The Greek laws make things more difficult for us. For example, as an organisation, we cannot access the refugee camps." This restriction on camp access meant NGOs could only help women who managed to get to urban centres. As a result, camp populations, who are often the most marginalised, were completely left out of NGO services. P4 went on to describe the situation: "Only two or three NGOs, usually large ones, are allowed entry, and even they need special permission. Many grassroots NGOs are denied access. This restriction, which has been implemented recently, makes it even harder to provide support to the mothers living in these camps." The recent introduction of stricter access controls reflected intentional policy choices. These choices prevented NGOs from filling gaps left by the state services. Consequently, camp populations remained reliant on inadequate state support while missing out on additional help.

These NGO efforts, which included providing maternal health services, facilitating hospital access, offering psychological support, and delivering health education, aimed to address systematic failures of the state. However, the scale was still grossly inadequate. Organisations served only dozens or hundreds, while thousands were in need. Funding constraints threatened the sustainability of their programs. Legal restrictions blocked camp access, and no amount of NGO intervention could replace comprehensive state healthcare systems that are designed to effectively serve refugee populations.

6.2 Education and Integration Access

Education and integration are closely related aspects of refugee protection. They go beyond just meeting immediate survival needs; they shape long-term life paths and social inclusion. For Syrian refugee women, access to education includes formal

schooling, language learning, vocational training, and recognising credentials. These are all vital paths to economic independence and social participation.

Integration, in this context, is about how refugees build stable lives in their new countries while keeping their cultural identities. It relies heavily on educational opportunities that help women navigate new social systems, find jobs, and make decisions for themselves. Unfortunately, the obstacles Syrian women face in getting an education also limit their chances for integration. This creates a cycle of exclusion where barriers to education lead to lasting effects on economic independence and social connections.

This section looks at how formal educational rights translate into actual access in Turkey and Greece. It uncovers systematic gaps in implementation that turn legal commitments into unreachable opportunities.

6.2.1 Turkey's Education and Integration Framework: Formal Rights, Systematic Exclusion

Turkey's legal framework grants educational rights to Syrian refugees who have temporary protection. However, the implementation shows ongoing barriers that mainly prevent women from accessing these rights. Article 28 of the Temporary Protection Regulation addresses educational opportunities, mandating that "education activities for foreigners under this Regulation shall be conducted inside and outside temporary accommodation centers under the control and responsibility of the Ministry of National Education" (Turkey, Temporary Protection Regulation, 2014, Article 28(1)). The article specifies that "language education, vocational courses, skills trainings and hobby courses addressing all age groups may be organized depending on the demand" (Turkey, Temporary Protection Regulation, 2014, Article 28(1)(c)).

This demand-based system creates the first barrier to implementation. Educational programs rely on stated demand rather than proactive needs assessment. This approach disadvantages women who face cultural restrictions, language issues, or caregiving duties that stop them from voicing their educational needs through formal channels. The phrase "may be organized depending on the demand" instead of mandatory provision changes education from a guaranteed right to a service that refugees must request through Turkish bureaucratic processes. For Syrian women with limited Turkish language skills, a lack of familiarity with educational institutions, or cultural limits on mobility, this demand-based model presents major obstacles to accessing programs that are theoretically available under Article 28.

6.2.1.1 Language Education as a Gatekeeping Mechanism

Turkish language instruction serves as the essential requirement for all future integration activities. However, the availability of language courses shows how services that seem available are often hard to access for women. Article 28(1)(c)

includes language education among services that "may be organized depending on the demand." This creates no requirement to provide consistent language instruction or any specific ways to ensure that women can access courses suited to their needs (Turkey, Temporary Protection Regulation, 2014, Article 28(1)(c)). The lack of childcare options in Turkish language programs, discussed in detail in Chapter 6.1, highlights how ignoring gender issues in service design systematically leaves mothers out of integration programs.

Provincial Directorates of National Education coordinate Turkish language courses through public education centres (Halk Eğitim Merkezleri), yet Article 28 contains no provisions ensuring gender-sensitive course design (Turkey, Temporary Protection Regulation, 2014, Article 28). Syrian women interviewed highlighted that the lack of childcare stops them from attending courses. Haya pointed out that "mothers cannot attend because of their children and the lack of childcare during lessons." This leads to a harmful cycle. Courses do not offer childcare, which keeps mothers from attending. Without learning Turkish, mothers struggle to get healthcare, navigate education, or find jobs. The system then blames women for not learning Turkish instead of confronting the structural issues that block language learning.

By 2024, even after more than ten years of Syrian presence in Turkey, significant gaps in Turkish language education remained. Many women could not gain the language skills needed to navigate healthcare, employment, or further education opportunities. In March 2019, the Turkish Red Crescent's Adult Language Training Programme, carried out with the Ministry of National Education and UNDP, offered Turkish language classes with hourly payment incentives to encourage attendance. (AIDA/GCR, 2021, p. 173). However, these payment-based attendance programs did address economic barriers, but they did not solve the key gender-related issues of childcare absence and cultural fit. These factors still stop women from participating, no matter the financial incentives.

6.2.1.2 Higher Education Access and Credential Recognition

For Syrian women who finished secondary school in Syria, getting into Turkish higher education involves bureaucratic challenges that the temporary protection framework does not fully address. Temporary protection beneficiaries can enter higher education after completing 12 years of basic education or obtaining equivalent Syrian credentials. However, admission depends on standardized university entrance exams (AIDA/GCR, 2025, p. 211). These rules mainly help those who arrived with complete documents and have families that can support further education. This system often leaves out women whose schooling was interrupted by displacement, those who lost documents during their escape, or those whose financial situations require them to find work right away.

Students who started their university education in Syria can apply to have their completed courses recognised in Turkey, but each university decides individually which courses to accept, and recognition can vary between departments. (AIDA/GCR, 2025, p. 211). This decentralised approach, along with the lack of a centralised framework for displaced persons, creates specific challenges for Syrian women. They often cannot provide the necessary documents, such as detailed course syllabi, official transcripts with institutional seals, or verification letters from Syrian universities. These are typically required for course-by-course evaluation.

In contrast, domestic students transferring between Turkish institutions find credential verification straightforward. Syrian women, however, must navigate a system that assumes they have access to institutional documentation from conflict-affected areas. In these regions, universities have been destroyed, records lost, or communication cut off. As a result, this decentralized system turns a routine academic process into a major hurdle for displaced populations, with no provisions for their unique situations.

Syrian women with university, professional, or technical qualifications often find that their credentials go unrecognised. This situation forces them into informal work. Article 28 outlines the issuance of education records and equivalency procedures for foreigners under temporary protection, but it does not provide a mechanism for validating learning or obtaining equivalency if original educational documents are unavailable (Turkey, Temporary Protection Regulation, 2014, Article 28).

Financial barriers make these challenges worse. A 2022 regulation introduced contribution fees for public higher education, but the criteria for exemptions are unclear (AIDA/GCR, 2025, p. 211). Even when tuition is waived, students still need to pay for transportation, books, and living expenses. These costs, especially, discourage women who face pressure to contribute to household income rather than spend years on unpaid education.

6.2.1.3 Vocational Training and Economic Integration

Article 28(1)(c) permits provision of "vocational courses, skills trainings" for temporary protection beneficiaries "depending on the demand" (Turkey, Temporary Protection Regulation, 2014, Article 28(1)(c)). However, the regulation does not set any requirements for analysing gender in sectoral training offerings, scheduling courses that accommodate caregiving responsibilities, or creating accessibility measures for women who face mobility or cultural constraints.

The intersection of vocational training access with employment permit requirements creates compounded barriers. As established in Chapter 5.1.1, Article 29 of the Temporary Protection Regulation establishes the framework for work permits (Turkey, Temporary Protection Regulation, 2014, Article 29), operationalized through the 2016 Work Permit Regulation which mandates that "work permit applications shall

be lodged by the employer" rather than by workers themselves (Turkey, Work Permit Regulation for Temporary Protection, 2016, Article 5(2)). This employer-dependent application process puts women at a disadvantage when it comes to getting jobs. Employers who are unwilling to hire Syrian women will not start the permit applications needed for legal employment.

Additionally, Article 8(1) limits foreigners under temporary protection to "ten per cent of the number of Turkish citizens working at the workplace," creating competition for limited formal employment opportunities (Turkey, Work Permit Regulation for Temporary Protection, 2016, Article 8(1)). These restrictions push Syrian women into informal jobs where they have no legal protections. Vocational training loses its value when unfair hiring practices stop women from getting the employer-sponsored work permits they need to use their skills. This shows how inconsistent implementation leads to systematic exclusion, even though formal programs exist.

6.2.1.4 Integration Programming and Social Cohesion Initiatives

Beyond formal education, integration includes social orientation, cultural familiarisation, and chances for community participation that help refugees feel included in Turkish society.

The regulation does not mention integration programming. This reflects the idea that the presence of Syrians is a short-term emergency; it does not see their situation as a long-term issue that needs proper integration strategies. This lack of attention creates policy gaps. Integration needs are overlooked because the legal framework views Syrian protection as temporary, even though their displacement has lasted over a decade.

The EU-Turkey Statement committed to accelerating the disbursement of funds from the Facility for Refugees in Turkey. It also aimed to gather more money for projects, especially in health, education, infrastructure, food, and other living costs for people under temporary protection (EU-Turkey Statement, 2016, para. 6). Municipal social cohesion initiatives, supported by the EU Facility for Refugees in Turkey, established community centres providing language classes and cultural orientation. By 2024, however, many socio-economic support programs faced sustainability challenges, and activities such as social cohesion projects and vocational training were scaled back as international donor priorities shifted and humanitarian funding fell from €43 million in 2022 to €13 million in 2024. (AIDA/GCR, 2025, p. 187).

The lack of gender mainstreaming in integration program design means that even existing initiatives do not tackle the specific barriers faced by Syrian women. Programs that provide language instruction without offering childcare, vocational training in fields where women encounter job discrimination, or community activities that require mobility, are restricted by cultural norms, end up systematically excluding women,

despite seeming open to everyone. This approach turns integration programming from a chance for inclusion into another way to exclude the most marginalised Syrian women.

6.2.2 Greece's Education and Integration Framework: EU Mandates, Implementation Failures

Greece's educational system for asylum seekers is designed to meet EU legal standards that guarantee access to education and integration programs. In reality, these rights are often hard to access, especially for Syrian women. EU rules permit asylum seekers to take part in vocational training, regardless of whether they are in the labour market. However, getting access to training that leads directly to employment depends on their ability to work.

Greece's educational framework for asylum seekers operates within EU legal requirements establishing rights to education and integration programming, yet implementation reveals systematic failures that transform these entitlements into inaccessible opportunities for Syrian women. Under the Reception Conditions Directive (2013/33/EU), EU member states can provide asylum seekers with vocational training irrespective of whether they have access to the labour market (EU, Directive 2013/33/EU, Article 16). This flexible framework allows member states to limit access to vocational training. This mainly impacts asylum seekers, as they face uncertain access to the job market due to inadmissibility procedures or long delays in asylum processing.

The Greek Asylum Code (Law 4939/2022) states that applicants can access vocational training programs under the same conditions as Greek nationals. (Greece, Law 4939/2022, Article 58(1); AIDA/GCR, 2023, p. 186). However, this formal equality overlooks the reality that Syrian women who fled without documents or whose papers were destroyed face significant barriers to accessing training programs. This situation pushes them into informal jobs, regardless of their qualifications. Implementation failures turn what should be available entitlements into opportunities that are out of reach for the most marginalised women.

6.2.2.1 Language Education Infrastructure and Accessibility

Greek language acquisition is essential for all integration activities. However, asylum seekers often say that the lack of Greek and/or English courses is a major barrier to integration (AIDA/GCR, 2025, p. 203). This shortage of language instruction creates fundamental exclusion that deepens barriers to healthcare, employment, and social participation. For Syrian women, the lack of accessible Greek courses turns educational rights into unattainable opportunities, leaving them unable to navigate systems, access services, or continue their studies.

The number of available language courses in urban areas creates significant barriers for women facing geographic limits, as discussed in Chapter 5.2.3. Syrian women stuck on islands due to Ministerial Decision 1140/2019 cannot reach mainland language programs, no matter how good the courses are or how many exist (AIDA/GCR, 2024, p. 184). Even women in mainland camps struggle with transportation. Many courses take place in urban centres that are hours away without organised transit. This makes regular attendance difficult for women who cannot afford transportation or have mobility issues due to caregiving responsibilities.

The lack of childcare options in language programs keeps mothers from gaining the language skills needed to navigate Greek systems, find jobs, or pursue further education. This gender-blind approach is similar to what has been seen in Turkey (Chapter 6.1.1), where courses do not consider women's caregiving roles. Women often have to choose between attending language classes and taking care of their children. This false choice shows the institutions' failure to create accessible programs, not the individual priorities of women.

When you consider the overall shortage of courses, the focus on faraway urban centres, and the absence of female instructors, language education becomes hard to access for Syrian women. These women need Greek language skills for protection and integration.

These language access barriers, absent childcare, urban-only locations, lack of female instructors, persist despite formal recognition that language is essential for integration. The failure to mandate gender-responsive course design in Turkey's Article 28 or Greece's asylum framework reflects insufficient political will to invest in integration programming accessible to mothers with caregiving responsibilities.

6.2.2.2 Credential Recognition and Higher Education Access

For Syrian women who completed their education in Syria, accessing Greek higher education or obtaining recognition of Syrian credentials presents bureaucratic obstacles that the asylum framework inadequately addresses. The European Qualifications Passport for Refugees (EQPR), developed by the Council of Europe, provides a mechanism for documenting qualifications when individuals lack original certificates (Council of Europe, 2017).

However, asylum seekers face significant practical difficulties in proving and recognising existing educational qualifications, as many lack original diplomas and cannot obtain copies in Greece despite EQPR's theoretical availability (AIDA/GCR, 2025, pp. 207-208). Syrian women who fled without credentials or whose documents were destroyed face absolute barriers to credential recognition, forcing them into informal employment regardless of actual qualifications.

6.2.2.3 Vocational Training and Labour Market Integration

The Reception Conditions Directive permits member states to allow applicants access to vocational training, regardless of their access to the labour market. However, training linked to employment contracts depends on whether applicants can work. (EU, Directive 2013/33/EU, Article 16).

The Greek Asylum Code states that applicants can access vocational training programs under the same conditions and requirements as Greek nationals. (Greece, Law 4939/2022, Article 58(1)). However, this formal equality framework ignores the significantly different circumstances asylum seekers face, particularly their inability to provide the required documentation for enrolment (AIDA/GCR, 2025, p. 204). Article 58(2) of the Asylum Code requires that procedures for assessing applicants' skills without documentation be set up through a joint ministerial decision. However, such a decision had not been issued by the end of 2024. (AIDA/GCR, 2025, p. 204).

The combination of vocational training and unclear asylum outcomes creates negative incentives. Syrian women who are undergoing inadmissibility processes under the Turkey safe third country framework (Greece, JMD 42799/2021) experience uncertain prospects for residence permits. Investing in vocational training does not make sense when these women cannot foresee whether they will stay in Greece long enough to use their skills or if they will be sent back to Turkey before finding job opportunities.

6.2.2.4 Integration Programs and Social Inclusion Initiatives

Beyond formal education, integration programming encompasses cultural orientation, employment support, and community participation opportunities, theoretically facilitating refugee inclusion in Greek society. Adult asylum seekers may attend educational programs run by state agencies, NGOs, and other organisations, including Second Chance Schools for adults who have not completed mandatory education and municipal Lifelong Learning Centres (AIDA/GCR, 2025, p. 207). The HELIOS project has been running since 2019. It offers help by combining accommodation assistance with language courses and support for employment. (AIDA/GCR, 2024, p. 27).

However, the sustainability and accessibility of integration programming is seriously affected by funding interruptions and geographic unevenness. In May 2024, cash assistance was halted for about ten months because of a lack of funding allocation. This left most asylum applicants unable to pay for basic living expenses, including medicine and transportation. (AIDA/GCR, 2025, p. 22).

Interpretation services, funded by the Asylum, Migration and Integration Fund (AMIF), stopped in May 2024 after the contract ended and payments were delayed. This greatly affected asylum seekers' ability to access services (AIDA/GCR, 2025, p. 73).

The deteriorating policy environment adds to existing structural barriers. The failures in implementation, funding interruptions, geographic restrictions, and access barriers show a broader decline in Greece's political will to protect refugees. Since 2019, Greece has adopted increasingly restrictive asylum policies, including stricter border controls, accelerated inadmissibility procedures under the safe third country framework, and geographic containment on the islands (AIDA/GCR, 2025). The rise of anti-migration sentiment, especially after the 2015-2016 refugee arrivals, has led to policies that focus on deterrence instead of protection. This political situation diminishes the ability of civil society through funding cuts and administrative limits. Meanwhile, government institutions find it hard to offer adequate services. As a result, Syrian women encounter reduced support systems while policies grow more restrictive. This reflects the patterns seen in Turkey, even with different legal frameworks.

6.2.3 Education and Integration in Turkey: Barriers in Practice

While the healthcare analysis revealed how language barriers, administrative obstacles, and institutional coordination failures obstruct Syrian women's access to medical services, these structural barriers compound in education and social integration. Language proficiency, legal status restrictions, and institutional capacity constraints create cumulative exclusion, particularly disadvantaging women seeking educational opportunities. This analysis examines four barriers: language as a foundational integration obstacle; legal and administrative restrictions; social discrimination and gender-specific safety concerns; and institutional support gaps amid restrictive policy environments.

6.2.3.1 Language Barriers as the Fundamental Integration Obstacle

Turkish language skills became the key factor affecting how well Syrian women integrate. In healthcare, interpretation services can help lessen language barriers. However, education and community integration need active language skills. The interviews show that without mandatory Turkish requirements, along with barriers that stop women from accessing language education, a cycle of isolation forms. This cycle prevents any chances for integration.

Syrian Women's Experiences

As mentioned earlier, Faihaa, a 56-year-old former English teacher from Gaziantep, described how despite completing multiple levels of Turkish language courses, she continued to face significant communication barriers beyond basic daily interactions. Her experience demonstrates that even educated women with teaching backgrounds and sustained effort to learn Turkish still encounter language obstacles in accessing services. This highlights that these barriers go beyond personal effort and reflect systemic inadequacies in language support infrastructure

Haya, a 31-year-old mother in Kahramanmaraş, showed how knowing Turkish helps with integration. She said, "I have never felt discrimination against Syrian refugees, and since I speak a little Turkish, the more I communicate with them in their language, the easier and smoother the interaction becomes." Her experience highlights how language acts as a shield against discrimination. Being able to speak Turkish turns potential conflicts into friendly exchanges. Her skills allowed her to participate in school activities that other Syrian mothers couldn't. She explained, "There are no translators in our children's schools. My son had a school performance today. I was the only Syrian mother there because I am the only one who speaks Turkish." This situation reveals how language barriers can lead to educational exclusion across generations.

Syrian mothers who do not speak Turkish cannot take part in their children's schooling, track their educational progress, or advocate for their needs. This leads to ongoing disadvantages that not only impact the mothers but also affect their children's educational paths and chances for integration.

Conversely, Nadia, 37, in Hatay, reported complete isolation. She said, "I never learned Turkish, not a single letter." This has led to exclusion from healthcare, jobs, and basic transactions. Her complete lack of language skills shows the impact of barriers that keep someone from learning a language. Ramia, a 55-year-old university graduate, pointed out that language is her main barrier to employment. She said, "I have been searching for a job since 2016, but I have not found any opportunity. They do not use English much here, so I had to learn Turkish despite my age." Ramia's situation shows that even having a university degree and knowing English is not enough without Turkish. Her mention of learning "despite my age" highlights how age and refugee status combine to make things even harder.

Caregiving responsibilities hinder language acquisition. Haya explained, “Every year, opportunities are available for Syrian women to learn Turkish. However, I find it difficult to join these courses because I am busy with my children. I had time to study before having my children." This shows how language exclusion affects women. While courses may be officially offered, women with caregiving duties often cannot access them. The phrase "I had time to study before having my children" highlights how motherhood transforms educational opportunities into challenges due to a lack of childcare support and the belief that domestic responsibilities take precedence over the need to integrate.

NGO Perspectives

NGO professionals identified language barriers as a major obstacle to accessing services. A social welfare director (P1) explained the linked vulnerabilities: "women often cannot go out to work because they are stuck at home. They also cannot reach out to people for legal counselling and other support. They live in isolation, and that's

why they don't learn Turkish. Because of this, they are unable to access support mechanisms." This shows that language exclusion creates a self-perpetuating cycle: isolation stops language learning, which then keeps them isolated. Without Turkish, women cannot access support programs meant to help them: "If they don't know Turkish, it's much more difficult. They struggle to communicate and may end up isolating themselves."

The lack of mandatory requirements is a serious policy failure. P1 stated, "Learning Turkish is not mandatory for refugees, which creates significant challenges. Without a requirement to learn the language, many choose not to, which hinders their ability to socialise with Turkish people". However, describing this as refugees "choosing not to" learn overlooks structural barriers, such as caregiving responsibilities, economic pressures, and inaccessible course formats. Voluntary language education leaves out women facing the greatest obstacles. This turns integration into a privilege that is only available to those with enough time and support systems.

P3's feminist organisation stated, "Language barriers, illiteracy in Turkish, inability to use digital platforms, and limited communication outside the home made it impossible for refugees and migrants to access support." Rising anti-refugee sentiment weakens investment in language programs. P1 noted, "When discussions arise about sending refugees away, some families decide not to send their children to school, thinking, 'If we send them to school for six or twelve years, they may not gain anything in the long term.'" Language education is connected to legal security and pathways for integration.

While language barriers constitute the foundational obstacle, their effects compound with legal and administrative structures that systematically restrict Syrian women's educational and employment access. Even linguistically capable women confront bureaucratic obstacles and restrictive frameworks that transform temporary protection into permanent precarity.

6.2.3.2 Legal and Administrative Barriers to Education and Employment

Turkey's temporary protection framework creates systematic barriers that limit Syrian women's access to education and the job market. Requirements for provincial registration, changing university fee policies, work permits tied to employers, and biased bureaucratic practices turn formal rights into unreachable benefits. This situation disproportionately impacts women.

Syrian Women's Experiences

Educational access barriers emerged due to changes in policies regarding university fees and school registration. Faihaa explained the significant shift "Universities used to be free three or four years ago for those who have temporary protection, and it was only required to pay small fees like Turkish citizens. But since three or four years ago, we have been treated as foreigners, and I had to pay large sums for my daughter's

university education." This policy change turned higher education from an accessible option into a very costly one. It shows that temporary protection offers no safety against changes in policies.

Bureaucratic discrimination in school registration created immediate obstacles. Faihaa reported, "My daughter was in the eighth grade, but they registered her in the fifth grade in the Turkish school. We went to the Directorate of Education, and my daughter stayed a month and a half without school because of the racist employee's mistakes." This unjust grade demotion shows how the biases of individual officials can disrupt a student's education, forcing a qualified student back three years.

Provincial registration restrictions increase educational barriers by limiting mobility. As Faihaa explained earlier regarding the travel permit system, obtaining permits is difficult and depends heavily on bureaucratic discretion. She illustrated this with an educational example: "For example, my daughter had a university exam in Istanbul, and she was under 18, so they allowed me to accompany her." Requiring bureaucratic approval to attend university entrance exams demonstrates how geographic restrictions function as direct educational barriers.

Employment barriers were even more limiting. Ramia summarised, "Job opportunities are very limited. My son is an architect but works on a delivery motorcycle, and my daughter graduated from Cinema and Television but cannot find a job here, while in Istanbul, there are more opportunities, but we cannot travel there." This highlights overlapping barriers: professional qualifications losing value, geographic restrictions blocking access to the job market, and resulting in underemployment. An architect working in food delivery shows a clear mismatch between qualifications and opportunities.

Faihaa emphasised citizenship requirements. "Work is a great hardship now; many jobs only accept those who hold Turkish citizenship, even in organisations." The discretionary nature of administrative processes came up as a consistent theme. "It depends on your luck with the employee, whether they are tolerant toward Syrians or not." This turns rights into privileges based on officials' attitudes.

NGO Perspectives

NGO professionals identified the employer-based work permit system as a major barrier to formal employment. P2 explained that the system is "inherently restrictive" because employers must apply for foreign nationals instead of letting individuals apply on their own. This dependency means that even highly qualified Syrian women, like Ramia's children who have university degrees in architecture and cinema, cannot access formal jobs without first convincing an employer to handle the bureaucratic procedures for them.

The system gives employers control over the economic participation of refugees. This creates a risk of exploitation and helps explain why educated professionals often find themselves in informal work or jobs that don't match their qualifications. The 10:1 employment quota adds to these challenges. P2 mentioned that for every foreign worker, "there must be at least ten Turkish nationals employed." This requirement "creates significant obstacles, as many workplaces don't meet this ratio." As a result, most refugees cannot access formal employment, no matter their skills, since few businesses can maintain the needed ratios.

P2 observed that employers "often only hire foreigners with highly unique skills or qualifications that no Turkish national can fill—a rare scenario." It explains the paradox that Syrian women described. They hold professional qualifications and are willing to work, yet they find formal employment completely out of reach. This situation forces them into “lower wages, no legal protections, and exploitation."

The connection between job barriers and educational investment is evident in long-term outcomes. If Syrian women and their children cannot turn their educational qualifications into formal jobs because of legal barriers, their motivation to invest in Turkish language classes, university degrees, or professional training drops significantly. P2's note that successful employment stories happen "not due to the legal system working effectively, but because women struggled much more than anyone else" confirms that personal success requires exceptional effort to overcome systemic issues rather than reflecting on how well the system functions.

The worsening policy environment harms both education and job opportunities. P2 pointed out that when the government tried to take control of migration management from NGOs, it became unsustainable due to rising anti-migration feelings. This shift weakened civil society's ability to provide support, and government institutions did not have the resources to fill the gap. As a result, legal barriers prevent formal employment and educational progress. At the same time, the support systems that once helped women handle these challenges are shrinking. This leaves Syrian women with fewer resources to deal with increasingly strict conditions.

The deteriorating policy environment compounds structural barriers. P2 observed: "In Turkey, the government initially retreated from migrant-related issues such as healthcare, education, and protection, leaving NGOs to take on these responsibilities for a long time. When this became unsustainable and anti-migration sentiment grew in Turkey, the government tried to reclaim these spaces." This shift weakens civil society capacity, and government institutions do not have the resources to replace them. As a result, Syrian women face less support, all while policies become more restrictive.

Beyond legal frameworks and administrative procedures, Syrian women's integration experiences are mostly shaped by social interactions, discriminatory attitudes, and

safety concerns specific to their gender. These factors influence whether they can safely access the educational and job opportunities that their legal status allows.

6.2.3.3 Social Discrimination, Gender-Specific Barriers, and Safety Concerns

Syrian women's integration experiences show how social discrimination and gender-related challenges limit their participation in education, access to jobs, and movement within their communities. These social barriers demonstrate how interpersonal dynamics and safety concerns fundamentally shape whether Syrian women can exercise nominally available rights.

Syrian Women's Experiences:

Integration experiences varied significantly depending on Turkish language ability and personal attitudes. As mentioned earlier, Haya's skill in Turkish helped her feel "part of Turkish society," without facing any discrimination. Her language skills turned potentially negative encounters into positive interactions.

Conversely, Nadia reported, "The local people never treat us as part of this community, and they always make us feel that we are a burden on them and that we should leave Turkey." This ongoing exclusion prevents integration, no matter how hard refugees try. Faihaa described ongoing neighbourhood racism. Her neighbour expressed "annoyance and hatred on her face, never greeting or smiling". However, Faihaa's continued friendliness eventually led to some small improvement.

Yet Faihaa also noted variability. "My friend's Turkish neighbours are very kind; they love her and help her because she is poor and her husband is ill." Some neighbours express hatred, while others provide crucial support. This creates unpredictable social environments. Ramia identified appearance as a factor in discrimination. "When we wear clothes similar to Turkish style, the less discrimination there is." This puts the burden of acceptance on Syrian women instead of tackling discriminatory attitudes.

Safety concerns in public spaces created significant barriers to education and employment access. Ramia shared how harassment affected her family's participation: "My daughter was harassed in the market, and we asked for help and called the police, but there was clear negligence and no follow-up." This lack of institutional response affects women's willingness to access education or work opportunities. Fear of harassment without protection limits Syrian women's mobility and ability to participate in integration programs.

Employment contexts amplified discrimination experiences. As Nadia described earlier from her factory work experience, Syrian workers received systematically lower wages than Turkish workers performing the same jobs and lacked the insurance or injury compensation that Turkish workers received. This wage discrimination, along with the lack of legal protections for insurance and injury compensation, shows

how informal employment exposes most Syrian women to exploitative conditions. They often work in this sector because of barriers in the formal job market. Nadia's experience confirms that even when women manage to find work despite these legal obstacles, discriminatory treatment still makes economic integration uncertain.

NGO Perspectives

NGO professionals documented systematic discrimination in various areas. P3 reported that women "shared instances of being talked about behind their backs and subjected to derogatory remarks in the streets, workplaces, schools, neighbourhoods, and even their apartment buildings". Hate speech in all social settings, including educational environments, serves as a continuous backdrop affecting Syrian women's daily lives.

P1 identified early marriage after dropping out of school as a common pattern. "They tend to drop out of school and don't receive an education. After that, early marriage often follows. When they marry early, they cannot participate in social activities, and they cannot advocate for themselves." NGO professionals see this sequence creating lasting paths that limit integration options for young Syrian women. They connect gender-related vulnerabilities directly to educational exclusion.

Integration programs show limited success. P1 described solidarity groups choosing "families living in the same neighbourhood, street, or apartment buildings" so Turkish and Syrian women "can interact, ask each other questions, and support one another" after meetings. This neighbourhood-based approach has "significantly improved" social cohesion where it has been used, but programs are still limited compared to the widespread discrimination present.

The discrimination and safety barriers that Syrian women experience happen within a wider context of reduced support from institutions. NGOs providing vital integration services face funding cuts, government restrictions, and worsening policy conditions that restrict their ability to tackle these ongoing challenges.

6.2.3.4 NGO Support Mechanisms and Institutional Constraints

NGO support systems are crucial for helping Syrian women access education, skills training, and integration services. However, reduced funding, government control over migration management, and growing anti-refugee attitudes limit organisational capacity just when needs increase.

Syrian Women's Experiences

Syrian women shared different experiences, from valuable opportunities to total organisational failure. Haya described her successful access to training: "I joined educational courses in the camp, including a Turkish language course and a

preparatory course for university, since I had a high school diploma but did not complete my studies. I also attended a hairdressing course. There were also sewing courses and various other training programs for Syrians." Her story shows that NGOs offer vocational training along with language and academic support when available.

Ramia accessed more limited support. She said, "I received support in learning the Turkish language through free courses, and I heard about assistance provided to widows and orphans, such as housing and financial aid." While some women receive language training, overall support is still limited to certain groups. Structural barriers limit accessibility even when programs are available. Haya pointed out, "Although there are always many free Turkish language courses offered by the government and organisations," the absence of childcare provisions prevented mothers from attending, reinforcing the cycle of exclusion that trapped Syrian women without language skills. Categorical eligibility creates arbitrary exclusions. Haya noted, "We contacted some organisations to get assistance, but they provide it based on cases, and often the assistance is directed to widows or orphans."

Most severely, Nadia described a total failure in organisation. She said, "They come to the camps, go around the containers, and take our names, phone numbers, and IDs, but we never see anything from them, and they never give us anything at all." Nadia's judgment was clear: "There is absolutely no support of this kind." Her total exclusion, despite living in camp conditions with documented needs, shows how gaps in capacity leave the most vulnerable women without the support they need.

NGO Perspectives

P1 explained that solidarity groups offer six months of education. This covers "communication skills, managing new relationships, and understanding what constitutes a safe relationship,". They also provide training in livelihood skills. The organisation moved toward participatory design: "We ask the women what they need and which programs would be suitable for them." P1 emphasised strategies based in neighbourhoods. They chose families from "the same neighbourhood, street, or apartment buildings" so that they "can recognise and support each other in the market or their local community". When anti-refugee protests happened, "Turkish women from the program visited refugee women to show solidarity... saying, "We are with you; we don't want you to leave Syria again because we are friends."

P1 described education initiatives. They said, "We recently started a mentor program where university students support high school students" They also mentioned livelihood cooperatives where women "receive professional cooking training over three to six months.". P3 implemented workshops with "120 refugee and local women... focusing on Dialogue and Solidarity Workshop, Legal Workshop, Feminism and Feminist Principles Workshop." Women became community leaders. They noted,

“women who completed our initial feminist workshop programs became trainers within their own communities."

However, resource constraints hurt programming. P1 acknowledged, 'Funding has become a significant problem, with projects, donors, and overall support shrinking.' P2 detailed, 'funding opportunities are severely limited for the entire civil society in Turkey.' Political shifts are redirecting funds to 'public authorities and ministries, rather than independent organisations.' P3 faced an operational crisis: 'We are preparing to close our Migrant Women's Solidarity Centre.' P3 explained that Turkish law requires organisations to have a physical office space, but funders exclude rent from their budgets, creating a structural impossibility where legal requirements exceed available resources.

P2 explained the policy context. "The government initially retreated from migrant-related issues such as healthcare, education, and protection, leaving NGOs to take on these responsibilities. When this became unsustainable and anti-migration sentiment grew, the government tried to reclaim these spaces." However, government institutions do not have the capacity to effectively replace NGO services.

This combination creates a systematic infrastructure collapse. The gap between organisations serving Haya and the complete lack of support for Nadia shows how funding limits lead to uneven service delivery, leaving the most vulnerable without help. Institutional instability weakens integration and education programs that NGOs try to maintain with fewer resources.

6.2.4 Education and Integration in Greece: Barriers in Practice

The healthcare barriers Syrian women face in Greece are part of a larger issue of exclusion. Access to education and social integration create their own unique challenges, influenced by Greece's camp system, slow asylum processes, and limited resources in a country still recovering economically. Four main obstacles stand out: the Greek language is nearly impossible to master under current conditions, asylum seekers remain in legal limbo for years, camp conditions are dangerous and isolating, and the support system has many gaps, such as no childcare, programs that are too far away, and services that are stretched too thin. It is clear that having rights on paper means little when every practical way to use them is blocked.

6.2.4.1 Language as a Barrier to Integration and Self-Sufficiency

Learning Greek was the biggest challenge described by women. In Turkey, knowing Turkish impacted how well people could integrate. Similarly, in Greece, language plays a crucial role, but with its unique features. Doctor's appointments might have translators, but true integration means being fluent. This includes finding a job, navigating the bureaucracy, and engaging with the community. The situation is similar to what Syrian women experienced in Turkey. They faced a cycle where poor or

inaccessible courses hindered language learning. Without language skills, every other opportunity stays closed.

Syrian Women's Experiences

Most of the women were highly educated, and some had teaching degrees, yet they struggled to learn a new language under tough conditions. Nahla, who previously taught children in Syria, made several attempts to learn: "I attended Greek language courses through a non-governmental organisation... but it did not lead to an actual job opportunity. I would like to work in the future in my field as a teacher, but that requires a certificate equivalency and mastering the language." Having a university degree means nothing if you can't prove it in Greek. Walaa, who has a master's in interior design, expressed her frustration plainly: "If you want to learn the language, you must go by your own effort, register at a school." When an organisation finally offered classes, they only lasted "15 days, but it was not sufficient."

The language barrier prevents women from navigating the systems designed to help them integrate. Niveen explained how "the long bureaucratic procedures and the lack of translation made access to services slow and exhausting." Nahla mentioned that "there are still difficulties in some procedures due to the language." This lack of understanding means that legal rights, like those to education, credential recognition, and social services, remain theoretical when women cannot comprehend the forms, requirements, or rejections. Walaa pointed out that local Greeks "respect you when they see that you are educated and cultured," showing that education through language skills can change how people view you. However, this leads to another problem: to be seen as educated, you need language skills that insufficient courses do not provide.

For women like Walaa, the real pain is seeing professional qualifications lose their value. "My life is being wasted in the camp, one year, two years, and the studies I studied go to nothing." Without Greek, her degree is just paper. The harsh alternative is exploitation disguised as employment: "working off the books 5 hours for 20 euros, very little and exploitative. That means they do not give us our rights like any Greek salary." She knows exactly what's happening to her, but language barriers and a lack of a legal work permit leave her with no other options.

NGO Perspectives

NGO professionals recognised that language barriers greatly shape integration paths, but their responses are limited by the same structural issues women encounter. P5 described their approach: "We provide English and Greek language classes, as well as other languages requested by the participants. On a daily basis, we have women and children attending our activities." The organisation also highlighted the importance of cultural accessibility: "We have the support of translators and cultural mediators who speak languages such as Arabic and French. This ensures that no one feels excluded.

P6 identified the main issue: "Language barriers, illiteracy in Turkish, inability to use digital platforms, and limited communication outside the home made it impossible for refugees and migrants to access support."

P5 described the childcare barrier directly: "We provide childcare support for mothers who bring their children. While the mothers participate in activities, the children are taken care of and engaged in their own extra activities with teachers and facilitators." This support exists at this Network, but it is still uncommon. Most organisations offering language courses do not provide any assistance like this.

What emerges is a two-tier system. Women who can arrange their lives around limited operating hours, live close enough to programs, or have childcare support can access language education. Meanwhile, Walaa learns about a "15-day" course "outside the camp and a little far and getting there is not easy." Single mothers like Niveen, whose child needs specialised care, cannot attend, even if they wanted to. Classes exist on paper, technically meeting formal requirements, but for women limited by geography, caregiving, or lack of transportation, these classes might as well not exist. Integration becomes a privilege based on circumstance, not potential or effort.

Even for women who can overcome language barriers, a second major challenge arises. The long and unclear asylum process prevents them from accessing both education and jobs.

6.2.4.2 Legal Status Uncertainty and Its Impact on Educational/Employment Access

Beyond language barriers, the long asylum process causes systematic exclusion from educational and job opportunities. The lengthy waiting periods, often lasting over two years, change what should be temporary uncertainty into lasting instability. This situation prevents any chance of achieving self-sufficiency and integration.

Syrian Women's Experiences

The psychological and practical toll of waiting years for asylum decisions appears frequently in women's stories. Najah, a 25-year-old mother living in Corinth Camp, described her relief when uncertainty finally ended. "I received the approval for my asylum request only two weeks ago, after waiting for more than two years. It was very joyful and relieving news for me and my family. The legal residence gave us a sense of safety after a long period of fear of deportation or rejection." She spent two years unable to plan, work legally, or invest in education that might become meaningless if she faced deportation. The phrase "fear of deportation or rejection" explains how legal uncertainty stops progress. Why learn Greek intensively if you might be sent back? Why pursue credential recognition if you have no legal right to stay?

Walaa's account showed how being stuck in an asylum, combined with isolation in the camp, leads to complete stagnation. After arriving in early 2024, she shared, "I have done all the interviews, and there is no response so far. Since the beginning of 2025 I am waiting for the answer. I always go to the administration, and there is no answer." Her frustration grew as she thought about her qualifications "It is very difficult to wait to obtain residency from the state, and the future is unknown. My life is being wasted in the camp, one year, two years, and the studies I studied go to nothing." A master's degree holder is now reduced to counting wasted time. The cycle of going to administration, asking, and receiving no response creates a Kafkaesque situation where educated women see their professional identities fade while bureaucracy moves slowly.

The impact of legal uncertainty on employment is evident. Walaa explained what occurs when desperation encounters opportunity: "If there was a restaurant job or working off the books, 5 hours for 20 euros, very little and exploitative. That means they do not give us our rights like any Greek salary. In my view, this is exploitation." She understands the situation well. Employers offer much lower wages because asylum seekers lack legal protections, the ability to voice complaints, and other job options. This legal uncertainty allows for economic exploitation.

Even basic integration activities depend on legal status. As Niveen noted earlier, lengthy bureaucratic procedures combined with translation gaps make accessing services exhausting. Nahla emphasised that professional work "requires certificate equivalency and mastering the language", but the credential equivalency procedures demand stable legal status. Women cannot pursue the qualifications necessary for integration while their right to remain is uncertain.

NGO Perspectives

NGO workers confirmed that legal uncertainty directly blocks educational and job opportunities. P5's organisation "provides English and Greek language classes". However, Syrian women who complete these programs cannot use their new qualifications until decisions are made. Learning Greek intensively or pursuing vocational certificates only prepares them for a future that may take years to arrive.

P5 pointed out how changing policies increases this uncertainty. "The political climate in Europe is often quite anti-migrant and anti-refugee, especially with many governments leaning toward the far right. These governments typically lack policies or sentiments that support the integration of migrants and refugees." For women like Walaa and Najah, who have already been waiting over two years with applications pending, this creates a difficult choice. They must decide whether to keep investing in integration activities without the ability to work, or to accept that the outcomes of their asylum applications will determine if their years of effort were worth it. Organisations

can provide training programs, but they cannot offer the legal certainty that turns training into real job opportunities.

Beyond the bureaucratic barriers of legal limbo, women's daily experiences in camps and communities show another aspect of education and integration challenges. This includes the issue of safety and belonging.

6.2.4.3 Safety Concerns and Community Relations in Integration Spaces

While asylum procedures decide what women can legally do, the places where they wait, such as camps with poor security and communities with mixed reception, influence what they can actually do. Safety issues in camps and complicated relationships with local communities create another barrier that affects women's ability to seek educational opportunities and participate in integration activities.

Syrian Women's Experiences

Camp security failures became a major concern affecting women's ability to move and participate in programs. Najah recounted an incident that changed her feeling of safety: "I was exposed to a harassment incident inside the camp some time ago. It was at night, while I was going to the bathroom, that a young Syrian man in the camp approached me and started touching me and harassing me. I screamed loudly, then the security and my husband came, and the police were called." Although she decided not to press charges after the harasser apologised publicly, the incident highlighted serious issues: "After the incident that happened to me, I became more cautious and do not go out alone in the evening." This limitation affects access to evening classes or activities that might take place after dark.

Relationships with local Greek communities show complex dynamics that influence integration. Walaa noticed differences in how different generations respond. "The Greek people are mostly kind people. The majority of the older people, the elderly, are kind. I have seen the elderly as kinder, whereas the youth section is a bit different. The group who are around 30 and above, up to forty, they have a kind of racism against Syrian refugees." This demographic variation means integration experiences can depend on who do they meet in schools, workplaces, or public areas. Walaa emphasised that cultural presentation is important: "Some people may be surprised when they see you in a headscarf, but the majority respect you when they see that you are educated and cultured, and that is a very nice thing; they support that. They look at you as if you are a fighter." Being seen as educated can change attitudes, but this requires the educational opportunities and language skills that other obstacles can hinder.

Nahla's experience was very different. She described her treatment as overwhelmingly positive: "I feel safe with the neighbours. People are mostly respectful, and there are no major security problems. In public places as well, I have not been subjected to any

harassment, even though I wear a hijab. Only a very small number look with curiosity or treat me with a lack of welcome, but they are a small minority." Her integration into a suburban Athens neighbourhood, compared to living in a camp, likely influences her experiences. Najah shared similar thoughts: "As for the Greek local people, their treatment is good and very respectful. I have not experienced any discrimination from them; on the contrary, many of them treat refugees with kindness and friendliness, especially in hospitals or when shopping."

NGO Perspectives

NGO workers recognised safety as a fundamental integration prerequisite. P5 emphasised that their programs aim "to promote agency and resilience by engaging them in activities designed to develop what we call 'life strategies.' This is part of our integration program, which equips them with tools to navigate new environments effectively." Yet these strategies assume women can safely navigate environments in the first place. P6 noted the importance of safe spaces: organizations work to create environments where "women know they are not alone, that we are all in this together as part of a movement." However, creating safe organisational spaces cannot compensate for unsafe camp conditions that restrict women's mobility and participation.

The contrast between camp danger and community kindness creates a paradox; women feel unsafe in the spaces designated for their protection, yet relatively safe in communities where integration should occur. This suggests that camp-based accommodation itself constitutes a barrier, isolating women in insecure facilities distant from the communities and educational opportunities they need to access.

Camp-based isolation compounds these safety concerns with a fourth critical barrier, the absence of basic support structures that make participation in integration programs practically impossible.

6.2.4.4 Structural Service Gaps and Accessibility Challenges

Even when women break through language barriers, handle legal uncertainty, and feel secure enough to seek integration, gaps in services still pose a major challenge. The lack of childcare, the distance between camps and programs, the shortage of specialised services, and limited funding all systematically keep women from accessing the programs meant to help them integrate.

Syrian Women's Experiences

The childcare barrier is likely the most common obstacle keeping mothers from accessing educational opportunities. Nahla highlighted the difficulty of participation: "I wish there were real job opportunities after the training courses, such as connecting trainees with employers, and that nurseries or safe places for children would be

available while mothers attend lessons, because this is one of the biggest challenges we face." Without childcare, educational programs become options only for women without children or those who have family support.

Najah shared her frustration: "I also wish that organisations would provide simple job opportunities for women inside the camp, such as sewing or cooking, so that they can support their families." Her idea of camp-based opportunities shows an understanding that geographic distance creates a barrier. If programs can't come to the camps, mothers there cannot access them.

Geographic accessibility makes the childcare problem worse. Walaa talked about trying to access courses "There is an Italian organisation that runs educational courses, but it is outside the camp and a little far and getting there is not easy." The phrase "not easy" explains the challenge. Women have to arrange transportation, ensure their safety while travelling alone, and justify time away from caregiving responsibilities, all to reach programs that may last only weeks. Niveen articulated how distance intersects with caregiving and economic barriers: "Many of the available jobs are low-paid (seasonal agricultural work, simple labour) and are not enough to cover my family's needs or the costs of caring for my sick child." The concentration of training programs in Athens or other distant locations, combined with absent childcare provisions, meant mothers could not access these opportunities regardless of their availability.

NGO Perspectives

NGO professionals recognised these structural gaps and pointed out their own capacity issues. P4 explained their operational limitations: "Currently, we're only open three days a week—Tuesday, Wednesday, and Thursday—which further limits our capacity to support a large number of women." Limited hours mean women have to fit their busy schedules into our restricted times.

P5 described their integration approach: "We have several programs. After the inflow of refugees in late 2015, we created the Integration Pathway Program, which has seven strands of intervention. First of all, we have a literacy program. We provide English and Greek language classes." Beyond language instruction, P5 highlighted skills development: "we focus on skills and capacity building. We conduct basic computer training, leadership training, cooperative training, and creative writing sessions."

P6 highlighted how funding uncertainty threatens educational continuity. As mentioned earlier, funding limitations affect all organisations, and refugee funding has decreased steadily over the years. As funding goes down, organisations have to cut language classes, reduce training programs, or eliminate services altogether.

Chapter 7 Discussion

7.1 Healthcare Access: Implementation Gaps Across Contexts

7.1.1 Turkey: Four-Factor Analysis

The experiences of Syrian women and observations from NGOs highlight that access to healthcare in Turkey involves systematic implementation gaps that create exclusion rather than sporadic failures. Article 27 of the Temporary Protection Regulation states that Syrian women are entitled to the same free healthcare services as Turkish citizens. This includes primary care, emergency services, hospital treatment, medications, and support for reproductive health (Temporary Protection Regulation, 2014, Art. 27). However, this formal legal entitlement is often out of reach for most women. The four implementation factors discussed in Section 2.3 work together to turn healthcare rights into empty promises. The most marginalised women, like Nadia, face complete exclusion even when they have a valid legal status.

7.1.1.1 How Barriers Intersect and Compound

The five documented barriers, language exclusion, geographic restrictions, financial costs, discriminatory treatment, and inadequate NGO capacity, do not operate independently; they intersect to create greater exclusion. A woman dealing with just language barriers might bring family members as interpreters, which sacrifices medical confidentiality. However, when language barriers combine with geographic restrictions, even this limited solution fails. A non-Turkish-speaking woman cannot travel to find an Arabic-speaking specialist because she cannot get the necessary travel permit. The permit system also fails when officials cannot communicate with applicants to assess their medical needs.

Financial barriers compound these obstacles. Even Turkish-speaking women in well-served provinces cannot access care if they cannot afford indirect costs, transportation, time away from wage labour, or supplies like Nadia's mother's blood glucose test strips that remain uncovered despite medicines being theoretically "free." For women like Nadia earning 3,100 lira weekly with no workplace insurance, any cost beyond completely free services becomes prohibitive. Discriminatory treatment adds another layer: Nadia's experience of "very arrogant" workers who told sick patients “, If you want to wait, wait; if not, go", transforms healthcare facilities from healing spaces into sites of humiliation. This hostile treatment interacts with language barriers, and staff more easily dismiss patients they cannot communicate with, making linguistic exclusion an enabler of discrimination.

The most vulnerable women face all five barriers simultaneously. Nadia, separated, minimal education, no Turkish, living in post-earthquake camps, earning discriminatory wages, caring for chronically ill mother, experienced language exclusion, geographic immobility, financial impossibility, hostile treatment, and zero

NGO support. This accumulation created total exclusion, where her formal legal entitlement became meaningless. In contrast, Haya, Turkish speaking, married, early arrival, favourable location, accessed excellent maternal care, including four births with "great care in every detail." This differential experience demonstrates that healthcare access depends not on formal legal rights, which both women possessed equally, but on the accumulation of protective factors enabling navigation of a system designed without consideration for refugee women's barriers.

7.1.1.2 Implementation Factor 1: Bureaucratic Inefficiencies as Exclusion Mechanisms

Bureaucratic inefficiencies operated not as neutral administrative gaps but as active exclusion mechanisms. The absence of any legal requirement for Arabic interpretation exemplifies exclusion by omission. This exemplifies Acker's (1990) insight that organisational structures maintain the appearance of bureaucratic neutrality while embedding gendered assumptions. The regulation's silence on interpretation services constructs an 'abstract Syrian refugee' presumed capable of navigating Turkish healthcare systems, a capability reflecting male refugees' greater mobility and time for language acquisition, while systematically disadvantaging women whose displacement patterns and caregiving responsibilities limit integration opportunities.

Article 27 mandates free healthcare but remains silent on language access (Temporary Protection Regulation, 2014, Art. 27), allowing hospitals to claim translators exist while providing none when women arrive. This transforms medical consultations requiring clear symptom description and treatment comprehension into impossible challenges. Faihaa, despite completing multiple Turkish course levels, found medical terminology exceeded her competency, and the hospital's promised translators never materialised, forcing her to use her son as interpreter and sacrifice privacy for gynaecological and reproductive health matters.

The travel permit system exemplifies bureaucratic exclusion through discretionary implementation. Permits are "very difficult" to obtain and depend on "the employee and your luck," as Faihaa described, transforming healthcare access into an arbitrary system where the ability to reach specialists depends on which official processes applications rather than medical necessity. The theoretical availability of permits for "confirmed medical appointments" creates a bureaucratic paradox: women need specialist appointments to justify permits yet cannot travel to obtain appointments without permits. This bureaucratic circularity makes specialised care in other provinces functionally inaccessible.

7.1.1.3 Implementation Factor 2: Geographic Disparities Creating Healthcare Deserts

Geographic disparities operated through uneven service distribution and provincial registration requirements, trapping women in locations regardless of service availability. This geographic immobility reflects gendered patterns that feminist institutionalists identify as institutional mechanisms of exclusion. Provincial registration systems assume refugee mobility, the ability to relocate for services, navigate bureaucratic travel permits, and maintain livelihoods across moves, capabilities that reflect male life patterns (Acker, 1990). Syrian women face limited mobility because of childcare duties, cultural norms that restrict women from travelling alone, and financial reliance on informal jobs. This creates geographical barriers that effectively act as gender-based exclusions, even though they appear to be neutral residency rules.

Specialised medical services, Arabic-speaking providers, and advanced facilities are concentrated in major cities, meaning women registered in smaller provinces face systematically inferior access. Some cities like Iskenderun remain "completely forbidden," creating absolute geographic exclusion regardless of medical need; if specialised treatment exists only in forbidden cities, that care becomes entirely unreachable.

Provincial registration combined with intercity travel restrictions created healthcare deserts that women could not escape. As Ramia stated earlier, the absolute prohibition on intercity movement trapped women in their registered provinces. Services available in a woman's registered province determine her healthcare access for years; if that province lacks the specialists she needs, she simply cannot receive that care. The two-to-three-month wait for information update appointments compounds barriers. If a woman's protection card needs to be updated before accessing healthcare, her access is suspended during bureaucratic limbo.

Address registration rules show how administrative systems clash with healthcare needs. The requirement to register fingerprints within one month of changing addresses, with deportation as the penalty for missing the deadline, makes it risky to relocate for healthcare. Haya's neighbours, who have a disabled child and likely moved for medical reasons, faced deportation for not meeting the fingerprint deadline. This example highlights how strict registration rules can lead to losing all access to healthcare at the very time when medical needs prompted the move.

Inconsistent medication provision transformed "free medicine" into unreliable access. Nadia reported her mother's diabetes and hypertension medicines were "sometimes" free but "not always," forcing purchases "most of the time" from discriminatory wages. Essential supplies like blood glucose test strips were never covered, creating ongoing costs Nadia couldn't afford, demonstrating how bureaucratic inconsistency in

implementing Article 27's medication provisions makes chronic disease management impossible for the poorest women.

7.1.1.4 Implementation Factor 3: Limited Institutional Capacity and Resource Scarcity

Limited institutional capacity showed through significant constraints on both state facilities and NGO services. P2's recognition that even her well-established feminist organisation cannot offer psychological support in Arabic forces referrals or reliance on unpaid interpreters. This highlights serious capacity issues. When organisations with decades of women's advocacy experience lack Arabic-speaking mental health professionals, the gap between needs and available services widens. Providing psychological therapy through untrained voluntary interpreters undermines effectiveness and confidentiality, yet it remains the only choice for many Syrian women requiring mental healthcare.

This capacity scarcity operates as gendered exclusion because institutional resource allocation reflects gendered priorities about which services are deemed essential (Chappell, 2006). Implementation depends on administrative capacity and access to information (Brown Weiss & Jacobson, 2000), for refugee integration specifically, effective implementation requires coordination across multiple stakeholders, municipalities, welfare agencies, employment services, and qualification providers (Busengdal et al., 2023; Hooper et al., 2017). For Syrian women, this lack of coordination worsens their specific service needs. They require reproductive healthcare, trauma counselling for survivors of gender-based violence, and childcare programs. These needs depend on specialised resources that are often overlooked in refugee response plans that focus more on male-oriented protection needs.

The NGO funding crisis threatened even the inadequate existing services. P1 described "significant" funding problems and "shrinking" donor support, resulting in downsized shelter staff, including the elimination of the dedicated psychologist position. P2 attributed "severely limited" funding to international donors shifting toward Ukraine and Palestine, and right-wing government policies redirecting funds from independent NGOs to government ministries, meaning services designed for refugee women lost resources while discriminatory government institutions gained funding. P3 announced closing the Migrant Women's Solidarity Centre due to financial constraints, with Turkish law requiring physical office space while funders exclude rent from budgets, creating a structural impossibility where legal requirements exceed available resources.

Scale limitations are very significant. P1's livelihood cooperative supports 40 women, but hundreds of thousands struggle with economic barriers to healthcare. This small scale, compared to the need, shows that NGO efforts, while helpful for individual participants, cannot overcome the broader systemic barriers to healthcare access.

The funding collapse demonstrates how political decisions shape protection outcomes. Turkey's defunding of NGOs without building government capacity (P2), donor shifts to Ukraine and Palestine (P2), and exclusion of rent from budgets (P3) reflect political choices about resource priorities, not inevitable scarcity.

7.1.1.5 Implementation Factor 4: Gender-Blind Service Design Creating Systematic Female Exclusion

Gender-blind service design created barriers that appeared formally neutral but systematically excluded women. Turkish language courses offered without childcare provisions assumed learners lacked caregiving responsibilities, an assumption reflecting male patterns while excluding mothers. This directly exemplifies Boyd and Nowak's (2013) central argument that gender-blind approaches cannot achieve gender-neutral outcomes when embedded in contexts of gender stratification. The institutional design of language courses reflects what Acker (1990) termed organisational structures built around assumptions of workers, here, learners unencumbered by domestic responsibilities. As Haya observed, the absence of childcare meant mothers "cannot attend" language courses, creating a vicious cycle where the system blames women for not learning Turkish rather than addressing structural barriers preventing language acquisition, what Chappell (2006) identifies as institutions naturalising gendered exclusion through formally neutral practices.

Financial assistance criteria demonstrated a gender-blind design. Red Crescent requirements for children under 18 excluded women like Nadia caring for elderly mothers, reflecting assumptions that women needing support are mothers rather than diverse caregivers. Ministry protocols providing 6,000-13,000 lira monthly only to "women who have children" similarly assumed motherhood as the sole vulnerability indicator, rendering invisible women whose precarity stemmed from other caregiving responsibilities or economic marginalisation.

The healthcare system's interpretation failure structurally disadvantaged women more than men due to gendered communication around intimate health. When language barriers forced women to use male family members as interpreters, they lost confidentiality for reproductive health, gynaecological conditions, violence experiences, and mental health issues—creating impossible choices between accessing care and maintaining privacy around matters that Syrian norms made difficult to discuss with male relatives.

7.1.1.6 The Gap Between Rights and Reality: Human Rights Violations

Article 27 promises healthcare access equivalent to that of Turkish citizens, yet this formal entitlement transformed into an inaccessible promise through compounding implementation failures, creating systematic exclusion (Temporary Protection Regulation, 2014, Art. 27). International human rights law establishes that the right to

health includes not merely provision but accessibility, requiring physically accessible, economically affordable, non-discriminatory services (CESCR, General Comment No. 14, 2000, para. 12(b)). The International Covenant on Economic, Social and Cultural Rights, which Turkey ratified in 2003, obligates states to ensure "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" without discrimination (ICESCR, 1966, Art. 12, p3). Turkey's implementation violates these obligations across all accessibility dimensions that General Comment 14 establishes (CESCR,General Comment No. 14, 2000, para. 12).

Non-discrimination fails when refugee women encounter unfriendly staff who tell them to "go" if they are not willing to wait indefinitely. Physical accessibility fails when provincial registration holds women back, regardless of whether services are available. Travel permits depend on officials' choices instead of medical need. Economic accessibility fails when providing medication is inconsistent, and monitoring supplies is not covered, forcing women to buy them with low wages.

Information accessibility fails when there is no legal requirement for interpretation, and health education is not available in Arabic. For the most vulnerable women facing multiple barriers, formal rights lose all meaning. Nadia had valid temporary protection but encountered total exclusion at every turn. Her belief that "there is no healthcare" despite formal promises highlights the disconnect between policy and reality. When language barriers hinder communication, staff are unfriendly, women must provide their own interpreters, and seeking care leads to humiliation instead of healing, the existence of formal services does not matter.

The healthcare exclusion noted here reflects state policy choices instead of unavoidable limits. Choices include not requiring interpretation, keeping provincial registration that hinders healthcare mobility, using financial aid criteria that exclude various household structures, putting up with rude and discriminatory staff, and allowing NGO funding to fail. All these decisions put administrative convenience, immigration control, and cost savings above human rights obligations. These actions go against Turkey's ICESCR commitments (ratified in 2003) and turn Article 27's healthcare guarantees into empty promises for the most vulnerable Syrian women who need protection the most.

7.1.2 Greece: Four-Factor Analysis

The experiences of Syrian women and observations from NGOs show that access to healthcare in Greece involves systematic implementation gaps that create exclusion rather than sporadic failures. Greece's asylum framework, which follows EU rules on reception conditions and healthcare access, formally guarantees Syrian asylum seekers' healthcare rights that are equal to those of Greek nationals. The Reception Conditions Directive (2013/33/EU) mandates that asylum seekers "receive the necessary health care which shall include, at least, emergency care and essential

treatment of illnesses and of serious mental disorders. " (Article 19(1)), Article 21 requires special attention for vulnerable groups, including single parents with minor children and pregnant women. (EU, Directive 2013/33/EU). The Greek Asylum Code (Law 4939/2022) specifically identifies certain gender-related categories as vulnerable, such as pregnant women, single parents caring for minor children, and individuals who have experienced torture, rape, or other severe physical, psychological, or sexual abuse, including survivors of female genital mutilation. (AIDA/GCR, 2023, p. 107).

However, these legal rights are mostly out of reach for many Syrian women. The four factors mentioned in Section 2.3 work together to turn healthcare rights into empty promises. The most marginalised women, such as those in remote camps without Greek language skills or stable housing, experience total exclusion even though they have valid asylum seeker status and official healthcare rights.

7.1.2.1 How Barriers Intersect and Compound

The five documented barriers, language exclusion, geographic distance, inadequate infrastructure, gender-blind service design, and limited NGO capacity, do not operate independently; they intersect to create compounded exclusion. A woman facing language barriers might get by with phone translation apps, but this often hurts communication quality and medical confidentiality. When language barriers combine with geographic distance, even this insufficient solution falls short. A woman who doesn’t speak Greek, living in a camp two and a half hours from the nearest hospital, cannot effectively use phone translation after an exhausting journey. She arrives only to find the doctor is not there, despite her confirmed appointment, just as Walaa experienced.

Geographic barriers make infrastructure problems worse. Niveen waited six months for her child's autism assessment, a delay caused by a lack of specialised services and their focus in faraway urban centres. When she finally got care, the one weekly therapy session was not enough because the overloaded system could not offer more frequent appointments. Ignoring gender differences in service design added to these challenges. Women needing reproductive healthcare often encountered male translators or no translation at all, faced isolation from female doctors, and dealt with appointment systems that offered no childcare support.

The most vulnerable women faced all five barriers at once. Women in camps had limited education, no Greek language skills, and were caring for children or disabled family members. They also lacked economic resources, which led to their complete exclusion. For them, formal legal entitlements became meaningless. In contrast, women with protective factors, like early arrival that allowed Doctors Without Borders to support Najah or educational backgrounds and English skills for Nahla, received much better care. This difference shows that healthcare access does not depend on the

formal legal rights that all asylum seekers have. Instead, it relies on the resources that help people navigate a system that does not consider the unique challenges faced by refugee women.

7.1.2.2 Implementation Factor 1: Bureaucratic Inefficiencies as Exclusion Mechanisms

Bureaucratic inefficiencies often act as deliberate exclusion mechanisms rather than mere administrative shortcomings. The absence of consistent interpretation services further reflects exclusion through neglect. The replication of this pattern in Greece's EU-compliant asylum system validates feminist institutionalism's core premise that gendered institutional operations transcend specific legal frameworks (Chappell, 2006). Despite fundamentally different protection regimes, Turkey's temporary protection versus Greece's asylum system, both construct 'abstract refugees' presumed capable of institutional navigation without language support (Acker, 1990). This convergence shows that gender-based exclusion methods function at the institutional level. They do not arise from specific policy choices. This confirms what feminist institutionalists point out about the ongoing presence of gendered norms in various institutional settings.

While the Reception Conditions Directive requires access to healthcare (EU, Directive 2013/33/EU, Article 19), it does not create a similar requirement for language access services. This allows facilities to say that services are "available" while offering no way for non-Greek speakers to access them.

Nahla's experience revealed compounding bureaucratic barriers: hospitals were "a thirty-minute walk from the train station" with "appointments often scheduled far in advance" and "translators not permanently available." Women had to use public transportation, walk long distances, wait weeks or months for appointments, and then communicate through phone apps when the promised translators didn't show up.

Walaa's experience of travelling two and a half hours for a confirmed appointment only to be turned away because "the doctor is not present" demonstrated how bureaucratic issues combined with geographic barriers. The five-hour journey, especially while dealing with serious symptoms, led to such discouragement that women chose not to seek care in the future. This turned administrative problems into obstacles that blocked access to healthcare.

The asylum status determination process created more bureaucratic barriers. As discussed in Chapter 5.2.1, vulnerability assessments for identifying pregnant women needing special care took place separately from the asylum processing, often after initial negative decisions. (AIDA/GCR, 2023, p. 109). This bureaucratic disconnect meant Syrian women went through asylum procedures without proper medical

support. They only received vulnerability recognition after undergoing processes that should have included protective measures.

7.1.2.3 Implementation Factor 2: Geographic Disparities Creating Healthcare Deserts

Geographic disparities operated through uneven service distribution and camp location policies that trapped women in areas regardless of healthcare availability. Geographic containment through Ministerial Decision 1140/2019 exemplifies how implementation mechanisms transform into gendered exclusion regardless of intent. As Freedman (2015) documented, refugee women face particular mobility constraints due to cultural norms, childcare responsibilities, and security risks—constraints that geographic restrictions compound absolutely. Syrian women carry a heavy burden of caregiving. Because of this, being unable to move geographically prevents them from accessing healthcare. Pregnant women cannot reach hospitals on the mainland, and mothers struggle to get specialised paediatric care. This situation shows how containment, which seems administratively neutral, acts as a form of gender discrimination. Feminist institutionalists see it as an institutional mechanism disguised as a bureaucratic requirement.

The distance from camps to hospitals made it hard to access regular care. P4 noted that "pregnant mothers frequently miss their routine checkups during pregnancy because the camps are far from urban centres, like Athens, and there is no transportation available from the camps to the city". This shows how geographic isolation turned prenatal care from a formal right into a service that is almost impossible to access. Without organised transportation, women had to depend on costly private transport or difficult public transit trips. This led to missed checkups and undiagnosed complications until delivery.

Specialised services focused mainly on Athens created significant barriers for camp populations. Niveen's six-month wait for an autism assessment showed not just staffing shortages but also the concentration of developmental specialists in urban areas that camps cannot reach. Restrictions on camp access made geographic barriers worse by stopping service delivery that could happen outside the cities. P4 stated that "only two or three NGOs, usually large ones, are allowed entry, and even they need special permission. Many grassroots NGOs are denied access". This revealed a clear policy that prevents organisations from providing services to camp populations, forcing all healthcare access to go through women travelling from camps to far-off urban facilities.

7.1.2.4 Implementation Factor 3: Limited Institutional Capacity and Resource Scarcity

Limited institutional capacity revealed serious staffing shortages, crowded facilities, and failing infrastructure that removed access to healthcare. As noted in Chapter 5.2.2, by 2024, medical staff shortages reached crisis levels. Mainland camps reported only one doctor for over 500 people, and some facilities did not have any medical staff at all. (AIDA/GCR, 2025, p. 22). The suspension of interpretation services in mid-2024 exemplified how capacity constraints actively worsened over time (AIDA/GCR, 2025, p. 20). Instead of tackling language barriers, the system removed the poor interpretation that was present. This showed that limitations in capacity were a result of policy decisions regarding how resources were distributed, not of unavoidable restrictions.

NGO capacity limitations showed that voluntary sector compensation for state failures is not possible. P4's acknowledgement that NGOs "often lack the resources to provide all the essential tests required during pregnancy" highlighted how even specialised maternal health organisations could not fully replace public healthcare. The funding crisis that threatens NGO sustainability shows a loss of capacity rather than growth. P6, as noted earlier, "funding for refugees has been decreasing over the years, and I think we will also see this trend continuing in the coming years in Greece". This pointed out that NGO capacity was declining at the same time needs remained steady. P5's description of pregnant women living in public spaces illustrated complete infrastructure failure, where even an emergency shelter was unavailable. This forced homelessness and made any healthcare access impossible.

Resource scarcity operates as gendered exclusion because, as Mackay et al. (2010) argued, institutions shape outcomes differently for gendered actors depending on their institutional power. While coordination difficulties are universal implementation challenges (Busengdal et al., 2023; Brorström & Diedrich, 2022), Syrian women face these failures more than others. Their specific healthcare needs, such as reproductive services, maternal care, and trauma support, require resources that are often overlooked when institutions distribute limited capacity. The halting of interpretation services shows how decisions about resource distribution reflect gender priorities. When capacity decreases, women's unique needs are seen as less important, while basic services cantered on men are maintained. This highlights how scarcity can serve as a means of gender-based exclusion in institutions.

7.1.2.5 Implementation Factor 4: Gender-Blind Service Design Creating Systematic Female Exclusion

Gender-blind service design-built barriers that seemed neutral but systematically left out women. The lack of childcare options in healthcare settings assumed that patients did not have caregiving tasks, reflecting male patterns while excluding mothers. The

identical pattern across Turkey and Greece, services designed without childcare, interpretation, or female staff considerations, validates Boyd and Nowak's (2013) argument that gender-blind approaches produce gender-stratified outcomes regardless of formal legal context. Both systems construct healthcare services around what Acker (1990) termed the 'abstract worker,' here manifested as an 'abstract patient' presumed to access care independently, speak institutional languages, and lack caregiving responsibilities.

This pattern illustrates what feminist institutionalists describe as the enduring presence of gendered organisational logic within different institutional settings (Chappell, 2006). It shows that the systematic exclusion of Syrian women from services that are, in theory, ‘available’ is not due to shortcomings in the law, but rather to institutional structures that embed male-oriented assumptions into the way services are designed and delivered.

As Niveen observed, the absence of childcare facilities prevented her from attending medical appointments, therapy sessions, or health education programs. Women struggled to access healthcare when service design failed to accommodate their caregiving responsibilities.

The lack of female medical staff and translators for sensitive consultations showed a clear disregard for how Syrian cultural norms affected healthcare access. Niveen articulated this barrier explicitly: "translators are not always available and are not necessarily female, and I feel embarrassed to talk about private health problems in front of a male translator." Women needing reproductive health consultations, discussions about sexual violence, or mental health care could not communicate with male translators or providers. However, the system did not provide female staff in a consistent way. This made women decide between sharing personal health issues with culturally unsuitable male intermediaries or not getting care at all.

7.1.2.6 The Gap Between Rights and Reality: Human Rights Violations

The Reception Conditions Directive promises healthcare access for asylum seekers. However, failures in implementation turn this official right into an unrealised promise. (EU, Directive 2013/33/EU, Article 19). International human rights law establishes the right to health as more than just having medical services available; it also means people must be able to reach and use those services easily, afford them, and access them without facing discrimination (CESCR, General Comment No. 14, 2000, para. 12(b)). Under the International Covenant on Economic, Social and Cultural Rights, states are required to guarantee that all individuals can enjoy the best possible level of physical and mental health, without discrimination (ICESCR, 1966, Art. 12).

Greece's practices violate these obligations in all areas of accessibility. Physical accessibility is lacking when camps are located hours away from hospitals without any

transportation, when geographic restrictions prevent women from accessing islands that lack specialised services, and when women travel for hours only to be turned away. Economic accessibility is at risk when housing instability forces pregnant women into homelessness, when cuts to NGO funding eliminate access to necessary prenatal testing, and when women cannot afford transportation to distant facilities. Information accessibility fails when interpretation services are suspended. It also fails when health education is not available in Arabic. Women struggle when they enter the delivery rooms without knowing what will happen to them. Non-discrimination fails when male translators are assigned for sensitive women's health consultations, despite cultural barriers.

The healthcare exclusion described here is a result of policy choices, not unavoidable limits. These choices include stopping interpretation services, restricting NGO access to camps, placing camps far from healthcare facilities without transportation, not requiring female medical staff for women's health services, allowing poor shelter conditions that force pregnant women into homelessness, and letting NGO funding fail. These decisions prioritise administrative convenience, cost reduction, and migration control over human rights obligations, violating both the Reception Conditions Directive's healthcare guarantees (EU, Directive 2013/33/EU, Article 19) and the Asylum Code's recognition of vulnerable groups requiring special protection (Greece, Law 4939/2022; AIDA/GCR, 2023, p. 107).

7.1.3 Comparative Analysis: Convergent Barriers Across Different Legal Systems

The experiences of Syrian women in Turkey and Greece highlight a surprising contradiction. Despite having different legal systems, Turkey's group-based temporary protection and Greece's individualised EU asylum system, Syrian women encounter similar patterns of healthcare exclusion. This analysis shows that the factors in implementation are more important than the legal structures when it comes to actual healthcare access. This finding supports the main question of why different protection systems lead to similar outcomes for Syrian women.
Both countries systematically failed to provide proper Arabic interpretation, making healthcare a nearly inaccessible service.

7.1.3.1 Language Exclusion as Universal Barrier

Article 27 of Turkey’s 2014 Temporary Protection Regulation guarantees healthcare access for individuals under temporary protection, but it does not require the provision of interpretation services. (Turkey, Temporary Protection Regulation, 2014, Article 27) As a result, most hospitals operate mainly in Turkish, creating language barriers in practice. Faihaa's experience illustrates this issue. Despite completing several Turkish language courses, she struggled with medical terminology. Promised hospital translators never showed up, so she had to rely on her son as an interpreter during gynaecological consultations. By 2024, interpreter shortages became so bad that

patients had to hire translators by the hour, even for medication services. (AIDA/GCR 2025, p. 218).

Greece's Reception Conditions Directive similarly mandated healthcare access without corresponding language provisions (EU, Directive 2013/33/EU, Article 19). Nahla described hospitals where "translators are not permanently available, so we are forced to communicate in English or use the phone for translation" as inadequate solutions for complex medical discussions. The suspension of interpretation services in mid-2024 made language barriers worse instead of improving them (AIDA/GCR 2025, p. 20), demonstrating how capacity constraints led to service elimination rather than improvement.

This convergence across legal systems confirms what Chappell (2006) identified as the persistence of gendered institutional norms despite formal policy design. Neither systems provide Arabic interpretation, not because of specific legislative choices, but because institutional design reflects assumptions about refugees' capabilities. As Acker (1990) noted, these assumptions make male life patterns appear as universal norms while ignoring women's unique circumstances.

The gendered dimension proved identical across contexts: Both systems failed to provide female interpreters for women's health consultations, creating serious cultural barriers. As Niveen articulated earlier, the inconsistent availability of female translators forces Syrian women to choose between discussing sensitive health issues with male interpreters or avoiding care entirely. This lack of attention to gender in interpretation made women choose between discussing reproductive health through male intermediaries or not seeking care at all. This pattern continued despite differences in the legal systems.

7.1.3.2 Geographic Restrictions Creating Parallel Immobilities

Geographic barriers operated through different mechanisms but led to the same outcomes: Syrian women were trapped in areas regardless of healthcare availability. Turkey's provincial registration system required travel permits for moving between cities. Faihaa noted that getting these permits was "very difficult" and depended on "the employee and your luck." Some cities, like Iskenderun, were "completely forbidden," resulting in total geographic exclusion. The requirements for address registration added more obstacles. Haya described neighbours with a disabled child who faced deportation for missing the one-month fingerprint deadline after moving. This showed how strict administrative rules clashed with the need for access to healthcare.

Greece's island containment policies and remote camp locations created functionally equivalent immobility without formal travel permit systems. Ministerial Decision 1140/2019 confined asylum seekers to their islands of entry (AIDA/GCR 2024, p. 184). While mainland camps were located hours from healthcare facilities, Walaa's two-and-a-half-hour journey from Korinthos camp to the hospital, only to be turned

away despite a confirmed appointment, mirrored Faihaa's difficulty in accessing specialists in off-limits cities. P4 confirmed that "camps are far from urban centres, like Athens, and there is no transportation available," which makes prenatal checkups routinely inaccessible.

Both systems focused on specialised services in major urban centres, which limited women's mobility. This resulted in healthcare deserts. In Turkey, provincial restrictions and in Greece, camp isolation, prevented Syrian women from accessing specialised gynaecological care, trauma treatment, or chronic disease management.

7.1.3.3 Financial Barriers Despite "Free" Healthcare

Both countries promised free healthcare, but they set up economic barriers that left out the poorest women. Turkey's Article 27 promised free services. However, the supply of medication was inconsistent, so women often had to buy medicines with their low wages, "most of the time", just like Nadia. After 2019, registered beneficiaries had to pay fees for primary care, and the way these fees were implemented led to unpredictable costs (AIDA/GCR 2025, p. 214). Nadia's mother's blood glucose test strips were not covered, even though diabetes medications were supposed to be free. This showed how incomplete coverage led to extra expenses that women couldn't afford.

Greece's asylum seekers experienced financial exclusion due to housing instability and transportation costs. The halt of cash assistance for most of 2024 (AIDA/GCR 2025, p. 22) left asylum seekers unable to afford basic needs such as medication and transportation. P5 described pregnant women living in public spaces because there was not enough shelter capacity. This situation made it impossible for them to access healthcare. As P4 mentioned earlier, even NGOs attempting to provide prenatal care lack resources for essential pregnancy testing. As a result, even extra services from NGOs could not compensate for the failures of the public system.

The convergence is stark. Formal healthcare rights became unaffordable when women could not afford indirect costs, such as transportation, medication, and stable housing to ensure continuous care. Differences in the legal system did not matter when poverty created firm obstacles.

7.1.3.4 Gender-Blind Service Design as Systematic Female Exclusion

Both systems created services based on assumed male refugee experiences while overlooking barriers specific to women. Turkey's Turkish language courses, which impacted Syrian women's access to healthcare, offered no childcare, systematically excluding mothers from language acquisition opportunities that Syrian women identified as critical for accessing services. Red Crescent assistance required children under 18, which excluded women like Nadia who care for elderly mothers. This

reflects an assumption that vulnerable women are only mothers instead of a range of different caregivers.

Greece mirrored these gender-blind assumptions. Training programs and workshops concentrated in distant urban centres lacked childcare provisions, systematically excluding mothers from participation. P5's organisation made sure to have dedicated childcare spaces with qualified teachers because public systems provided none. This shows how NGOs recognised and tackled gender-specific challenges that state systems completely ignored.

The lack of female medical staff for sensitive consultations was widespread. Turkey's regulations had no rules for gender-sensitive procedures. In Greece, vulnerability identification systematically failed, as vulnerable women were only recognised after receiving initial negative asylum decisions (AIDA/GCR 2023, p. 109). This shared issue turned women's reproductive healthcare needs into overlooked concerns within both legal systems.

7.1.3.5 Divergent Elements Within Convergent Outcomes

Discrimination Patterns: Overt vs. Systemic

The main difference appeared in the discrimination experiences. In Turkey, Nadia faced openly hostile treatment. Staff were "very arrogant" and told sick patients, “If you want to wait, wait; if not, go." P2 recorded ongoing unequal treatment where police asked refugee women for physical proof of violence, but not from Turkish citizens. There was also cultural stereotyping that dismissed domestic violence as normal for Middle Eastern women.

Greece's discrimination was more about neglect than open hostility. Najah observed "respect for Syrian refugee women” from hospital staff, but this respectful treatment existed alongside significant access barriers. Greek healthcare let down Syrian women due to poor infrastructure, suspended services, and geographic isolation, rather than clear discriminatory attitudes. This difference shows that while open discrimination adds to barriers, structural neglect creates similar exclusion in different ways.

NGO Roles: Gap-Filling vs. System Facilitation

NGO functions differed in strategy as they tried to address state failures. In Turkey, organisations offered direct services like P1's physiotherapy and psychological support, as well as P3's reproductive health education. They created alternatives when state systems were not available. Turkish NGOs developed service infrastructure to fill the gaps left by state healthcare.

Greek NGOs mainly helped people access state systems. P4 concentrated on "booking appointments, understanding the system, and translating test results" instead of

providing direct medical care. P2 worked on hospital follow-up, "actively push[ing] certain organisations to fulfil their responsibilities". This difference highlighted varying gaps: Turkey's hostile healthcare environment needed parallel services, while Greece's overwhelmed infrastructure needed navigation help. Still, both NGO approaches tackled the same underlying issue, which was that state healthcare systems did not meet the needs of Syrian women.

The Implementation Gap as Cross-System Constant

This comparative analysis supports the feminist institutionalist framework. Despite having different legal structures, Turkey's group-based temporary protection and Greece's individualised asylum procedures, Syrian women face similar patterns of exclusion.

This overlap shows that gendered operations in institutions continue across various policy frameworks. This supports the main idea of feminist institutionalism, which is that institutions maintain gendered norms through both formal and informal practices. (Chappell, 2006) . The four implementation factors, bureaucratic inefficiencies, geographic disparities, limited capacity, and gender-blind design, operate through interconnected formal and informal practices that perpetuate gendered norms (Chappell, 2006), reflecting what Acker (1990) identified as gendered organisational structures that appear neutral while embedding male-normative assumptions. This framework demonstrates how gender-blind institutional approaches systematically disadvantage women (Boyd & Nowak, 2013).

7.2 Education and Integration Access: Implementation Gaps Across Contexts

7.2.1 Turkey: Four-Factor Analysis

The experiences of Syrian women and observations from NGO representatives reveal that access to education and integration opportunities in Turkey operates through systematic implementation gaps rather than sporadic failures. Article 28 of the Temporary Protection Regulation establishes that foreigners under temporary protection shall have access to educational activities, including language education, vocational courses, and skills training (Temporary Protection Regulation, 2014, Art. 28). Yet this formal legal entitlement remains inaccessible for most Syrian women. The empirical barriers documented, language exclusion, legal restrictions, social discrimination, and inadequate NGO capacity, result from the four implementation factors identified in Section 2.3: bureaucratic inefficiencies, geographic disparities, limited institutional capacity, and gender-blind service design. These factors intersect to transform educational rights into hollow promises, with the most marginalised women, like Nadia, experiencing complete exclusion despite possessing a valid legal status.

7.2.1.1 How Barriers Intersect and Compound

The documented barriers, bureaucratic inefficiencies, geographic disparities, limited institutional capacity, and gender-blind service design combine to create compounded exclusion. Language barriers interact with caregiving responsibilities and the lack of childcare in language programs, creating what interview participants described as a double bind: women need language skills to access services, but cannot gain those skills because program design ignores their caregiving responsibilities.

Legal barriers make these challenges worse. Even Turkish-speaking women with professional qualifications struggle to find formal employment because employers must apply for work permits, and many are unwilling to deal with the bureaucratic process. Faihaa's daughter, despite having a university degree, "cannot find a job here, while in Istanbul, there are more opportunities, but we cannot travel there.". Geographic limitations turn professional credentials into useless papers. Social discrimination adds another issue. Ramia's daughter has faced harassment in the marketplace, with police showing "clear negligence and no follow-up,". This trauma makes it difficult for her to access public spaces where educational opportunities are available.

The most vulnerable women face all barriers at the same time. Nadia had no Turkish skills, lived in camp conditions, earned low wages, and felt completely abandoned by organisations. She experienced total exclusion. Her legal rights under Article 28 became meaningless. In contrast, Haya learnt Turkish early with help from her family, which allowed her to take care of her children. She described her successful participation in courses and training. This shows that access to education depends on having protective factors, not just formal legal rights.

7.2.1.2 Implementation Factor 1: Bureaucratic Inefficiencies as Educational Gatekeeping

Bureaucratic inefficiencies operated as active gatekeeping mechanisms. The demand-based provision in Article 28, mandating services "may be organized depending on the demand," assumes refugees possess cultural capital and language skills to articulate needs through Turkish bureaucratic channels (Temporary Protection Regulation, 2014, Art. 28(1)(c)). For Syrian women with limited Turkish proficiency or cultural restrictions, expressing "demand" becomes insurmountable.

This replicates the bureaucratic gatekeeping documented in healthcare access, where institutional design constructs an 'abstract refugee' assumed to navigate Turkish systems without interpretation support, a pattern reflecting the gendered organisational logic feminist institutionalists identify (Acker, 1990).

Provincial registration turns geographic location into educational fate. Faihaa's need for travel permits to take her daughter to university exams shows how administrative

procedures view educational mobility as a privilege that needs approval, not a basic right. The discretionary nature, it's "very difficult and depends on the employee and your luck", means access relies on officials' attitudes instead of actual educational need.

University fee policy changes exemplify retroactive elimination of access. Faihaa described that "Universities used to be free, but since three or four years ago, we have been treated as foreigners, and I had to pay large sums." This transformation prices education out of reach. School registration procedures show how individual discretion disrupts trajectories. Faihaa's daughter, despite being in eighth grade, was "registered in the fifth grade," requiring appeals while she "stayed a month and a half without school because of the racist employee's mistakes."

7.2.1.3 Implementation Factor 2: Geographic Disparities Creating Educational Deserts

Geographic differences arose from uneven service distribution along with mobility restrictions. Job opportunities and specialised training are mostly found in urban centres. As a result, women in smaller provinces have consistently worse access. Provincial registration with travel limits created educational deserts that women could not leave.

These mobility constraints function the same way in education and healthcare. They keep Syrian women in certain locations, no matter whether services are available. This immobility has a greater impact on women who have caregiving responsibilities. Ramia's comment, "My son is an architect but works on a delivery motorcycle, and my daughter graduated but cannot find a job here, while in Istanbul, there are more opportunities, but we cannot travel there," highlights how being stuck in one place turns qualifications into useless credentials.

Course concentration in urban centres creates transportation barriers that particularly disadvantage women in camps. Registration rules create conflicts between geographic stability and opportunity. The fingerprint requirement within one month of moving, along with the risk of deportation as a penalty, makes relocating for education extremely risky. Women must choose between getting an education and keeping their legal status. The uneven distribution of NGO services makes these gaps worse. P1's neighbourhood groups only reach certain areas. P3's programs help 120 women, providing significant support, but they cannot solve the scale issue.

7.2.1.4 Implementation Factor 3: Limited Institutional Capacity and Resource Scarcity

Limited institutional capacity showed up as serious issues with both state infrastructure and NGO services. P1 noted that "funding has become a significant problem, with projects, donors, and overall support shrinking". P2 described funding as "severely

limited" because right-wing policies are shifting resources from independent NGOs to government ministries without improving their capacity.

The NGO closure crisis threatened existing services. P3's announcement of closing the Migrant Women's Solidarity Centre, "Turkish law requires us to have a physical office space, but funders exclude rent from budgets", shows structural problems. The limitations of scale are staggering. P1's cooperative, which supports 40 women, cannot meet the needs of the hundreds of thousands who require vocational skills.

State infrastructure shows similar limitations. The lack of mandatory Turkish requirements, along with insufficient voluntary program capacity, means language education relies on availability rather than need. P2 noted that international donors "shifted their focus to Ukraine and Palestine". At the same time, government efforts to "reclaim these spaces" without capacity development means services disappear precisely when integration becomes most critical.

As in healthcare, limited resources often remove services that meet women's specific needs. This shows how restrictions act as gendered barriers when organisations prioritise services based on male norms.

7.2.1.5 Implementation Factor 4: Gender-Blind Service Design Creating Systematic Female Exclusion

Gender-blind service design created barriers that seemed neutral but systematically excluded women from educational opportunities. The demand-based provision model in Article 28 states that language education and vocational courses "may be organized depending on the demand" (Turkey, Temporary Protection Regulation, 2014, Art. 28(1)(c)). This model assumed that women with limited mobility, language barriers, or cultural restrictions on independent interaction with government offices had the necessary cultural capital and familiarity with institutions. This "demand" requirement changed education from a guaranteed right into a service that women had to navigate bureaucratic systems to access, leaving out those who faced structural barriers to doing so.

This exemplifies the principle that gender-blind service design produces gender-stratified outcomes (Boyd & Nowak, 2013). Whether in healthcare or education, organisations often assume that participants are free of responsibilities. This systematically leaves out women who have caregiving duties.

Educational programming schedules showed a disregard for the availability of learners based on gender. Vocational courses, Turkish language classes, and skills training programs took place during the day. They did not account for women's caregiving responsibilities, informal work hours, or cultural barriers that limit evening movement. Syrian women like Haya identified that while courses were technically available, mothers could not participate due to caregiving responsibilities that program design

completely ignored. This statement also applied to educational programs, where the lack of childcare options revealed an assumption that learners did not have caregiving duties. This view, based on a male perspective, systematically excluded mothers.

The employer-based work permit system was officially gender-neutral but created educational barriers for women. They could not access vocational training because discriminatory hiring practices stopped them from getting employer sponsorship, which is required for legal employment. P2 explained that employers must "initiate applications for foreign nationals rather than allowing individuals to apply independently". This meant that even women who finished vocational training could not use their skills when employers declined to handle the bureaucratic process for Syrian women. As a result, vocational education became meaningless for women dealing with hiring discrimination.

7.2.1.6 The Gap Between Rights and Reality: Human Rights Violations

Article 28 promises access to education, but this promise has become difficult to fulfill due to ongoing failures in implementation. These failures have led to systematic exclusion (Temporary Protection Regulation, 2014, Art. 28). International human rights law states that education must be available, accessible, acceptable, and adaptable. This means institutions need to be physically accessible, participation must be affordable, content should respect cultural differences, and programs need to be flexible (CESCR, General Comment No. 13, 1999, para. 6). The International Covenant on Economic, Social and Cultural Rights, which Turkey ratified in 2003, requires states to make sure that education allows all individuals to participate effectively without discrimination (ICESCR, 1966, Art. 13).

Turkey's practices violate these obligations in all areas of accessibility. Physical accessibility fails when provincial registration confines women, regardless of service availability, when travel permits are optional, and when course locations require long commutes for mothers. Economic accessibility fails when university fees become too high, when work permit systems block legal jobs needed to pay for education, and when assistance does not include women caring for family members who are not children. Acceptability fails when courses do not provide childcare, when environments allow harassment, and when authorities push women to reconcile with abusers. Adaptability fails when programs are inflexible, offering courses that do not fit caregiving schedules, providing training in fields where discrimination prevents jobs, and maintaining service models that exclude women who cannot express their needs.

For the most vulnerable women facing multiple barriers, formal rights become meaningless. Nadia, with valid status, experienced total exclusion, no language acquisition, no access to training, no credential recognition, and complete organisational abandonment. This systematic educational exclusion reflects deliberate

state policy choices that prioritize administrative convenience, immigration control, and cost containment over human rights obligations, violating Turkey's obligations under the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966, Art. 13), which Turkey ratified in 2003, and transforming Article 28's guarantees (Turkey, Temporary Protection Regulation, 2014, Art. 28) into hollow promises for the most vulnerable Syrian women who need protection most

7.2.2 Greece: Four-Factor Analysis

The four thematic barriers examined, language exclusion, legal status uncertainty, safety vulnerabilities, and structural service gaps, reveal systematic failures in Greece's protection framework for Syrian refugee women. Using the four-factor implementation gap framework from feminist institutionalism analysis demonstrates how gender-neutral policies create gendered exclusion through their operation. These failures turn Greece's international and EU obligations on refugee education and integration into empty commitments for the most marginalised women.

7.2.2.1 How Barriers Intersect and Compound

The documented barriers, including language barriers, legal uncertainty, safety issues, and service gaps, create a deep form of exclusion that reliably blocks paths to integration. Language barriers overlap with long asylum processes and caregiving duties, creating what Syrian mothers described as impossible barriers to participation. Without Greek language skills, women struggle to navigate asylum procedures or have their credentials recognised. However, without childcare, they cannot attend language classes. Without certainty in their legal status, putting time and effort into intensive language study feels like a risk.

Legal limbo intensifies every other barrier. Walaa, despite having a master's degree, cannot pursue credential equivalency during asylum procedures. As she expressed earlier, years pass in camps while her education becomes increasingly irrelevant. Geographic isolation in camps increases this exclusion. Programs exist in Athens, but women in the Korinthos camp cannot reach them. Safety concerns add another layer. After Najah's harassment incident, as she "became more cautious and do not go out alone in the evening," This restricts her access to any programs that require evening attendance or early departure.

The most vulnerable women face many barriers at once. Niveen, a single mother with an autistic child, needs specialised services, childcare to attend courses, transportation to distant programs, and language skills to navigate systems. Unfortunately, she lacks access to all of these. Her legal status does not remove her exclusion. In contrast, Nahla, who lives in suburban Athens and has family support and community connections, progresses more successfully. This shows that integration relies more on protective factors and geographical luck than just formal legal rights.

7.2.2.2 Implementation Factor 1: Bureaucratic Inefficiencies as Integration Gatekeeping

Bureaucratic inefficiencies act as barriers that turn temporary asylum processes into obstacles that can last for years. The lengthy waiting times, which can exceed two years in many cases, effectively block access to education and jobs. Najah's experience illustrates this. She received asylum approval just "only two weeks ago, after waiting for more than two years." During that time, she felt "fear of deportation or rejection." These multi-year bureaucratic delays mirror the exclusion tactics seen in healthcare. In this system, administrative processes turn temporary protection into endless uncertainty, regardless of the service domain

The administrative system assumes that asylum seekers can manage Greek bureaucracy while denying them the language skills and legal certainty they need. As Niveen described earlier, lengthy bureaucratic procedures without adequate translation support create exhausting barriers to service access. This lack of clarity especially affects women with caregiving responsibilities or specific needs who cannot spend a lot of time on administrative tasks. Walaa's repeated visits to the camp administration, "I always go to the administration and there is no answer", show how discretionary processing turns asylum procedures into random waiting times without transparency or options for appeal.

The credential equivalency process shows how bureaucracy can create barriers. Nahla explained that to work as a teacher, it "requires certificate equivalency and mastering the language," However, the equivalency process requires both language proficiency and legal status, which asylum procedures do not provide. This creates a cycle of exclusion. Women need their credentials recognised to work professionally, but they cannot pursue this recognition without the legal stability and language skills that years of waiting for asylum keep them from. Unlike the geographical barriers created by Turkey's provincial registration, Greece's long asylum procedures create temporal barriers. Time itself becomes a problem as women see months turn into years while their qualifications drift further away from practical use.

7.2.2.3 Implementation Factor 2: Geographic Disparities Creating Isolation and Exclusion

Geographic disparities in Greece show up clearly compared to Turkey because of the camp-based accommodation system that physically separates women from chances to integrate. While Turkey's provincial registration limited movement, Greece's camp sites create separation from language classes, job training, and job opportunities that are mostly found in cities. Walaa described the courses as “outside the camp and a little far and getting there is not easy," This geographic isolation intensifies the mobility constraints documented in healthcare access, where camp locations keep women away from these services, whether they are medical or educational.

Camp placement decisions shape integration paths. Women in Corinth, the suburbs of Athens, or other camp locations have very different access to services based on choices made without their input. Niveen pointed out that "training courses and workshops are often held in Athens or distant places," making it hard for camp residents without transportation or freedom of movement. The term "distant places" highlights how geography turns available services into missed chances. A language course may exist in Athens, but for a woman in a camp an hour away without transportation, it might as well not exist.

This geographic isolation, combined with failures in camp infrastructure, results in. The same spaces that keep women from opportunities for integration also expose them to safety risks, which further limit their mobility. As Najah described earlier, safety incidents forced her to limit her evening mobility, further restricting her access to programs. This highlights how poor camp security adds barriers to accessing programs that require evening attendance or early morning departure. The camp system, which is supposed to offer temporary protection, instead creates a form of confinement that hinders integration.

NGO service distribution worsens geographic inequalities. P4 mentioned operational limitations, stating, "We're only open three days a week, Tuesday, Wednesday, and Thursday." Limited hours and specific locations mean women must manage complicated schedules with restricted availability at certain sites. P5's network provides a wide range of services, including childcare. This is an exception that shows what is possible with enough resources, but it also highlights the general issue of geographic inaccessibility for most women.

7.2.2.4 Implementation Factor 3: Limited Institutional Capacity and Resource Scarcity

Limited institutional capacity results from both shortcomings in state infrastructure and restrictions in NGO funding. This situation creates a service landscape that struggles to meet the educational and integration needs of Syrian women. The mismatch in scale becomes clear in the admissions of organisations. P4 noted, "Even larger organisations like ICRC have difficulty addressing it. The number of refugees in Greece is very large, and we are a very small organisation." This honest assessment shows a system where even well-designed programs assist only a small fraction of women in need of support.

As in healthcare, resource scarcity shows how institutions prioritise. When capacity decreases, services that meet women's specific needs, such as childcare-integrated programs and female instructors, are cut first. P6 highlighted a broader trend: "Funding for refugees has been decreasing over the years." As international donor focus moves elsewhere and European political climates become less welcoming to refugees, organisations that offer integration services face serious funding threats.

The limit on NGO access to camps compounds these capacity constraints by preventing specialised organisations from providing services in areas where they are most needed. Article 78 of Greece's Asylum Code (Law 4939/2022) requires all NGOs involved in refugee protection to register in a government-controlled registry and get permission before accessing camps, Reception and Identification Centres, and detention facilities (AIDA/GCR, 2025, p. 172). As P4 described, only two or three large NGOs are allowed entry, and even they require special permission. This regulatory framework creates a paradox: the state limits humanitarian access while failing to provide adequate services within the camps. Smaller organisations that could offer gender-specific psychological support or culturally appropriate services cannot reach camp populations. The outcome is not better service coordination; instead, it leads to greater isolation and less protection for Syrian women in remote camps. This pattern demonstrates how states prioritise migration control over protection provision, and restricted NGO access serves containment objectives rather than service delivery optimisation.

The temporary, project-based nature of language education shows its capacity limits. Walaa described an organisation that “came and ran language courses for 15 days, but it was not sufficient." Fifteen-day courses offer exposure, not real education. They meet reporting requirements by showing that services were provided, but they do not deliver the thorough, ongoing instruction needed for real language proficiency. This project-based approach treats language education as additional programming rather than as essential infrastructure. This reflects both funding limits and policy decisions about resource use.

State capacity limitations show through regular under-provision of essential services. Unlike Turkey, where provincial capacity varied, Greece faces overall resource scarcity due to ongoing economic challenges and large refugee populations. The lack of mandatory language education, systematic translation services, and enough specialised support, such as Niveen's child, who receives autism therapy once a week, which is not enough for progress, reflects an infrastructure that cannot meet integration needs effectively. As P5 noted, Europe’s "political climate is often quite anti-migrant and anti-refugee." This shows that capacity limitations stem from deliberate political choices about resource allocation, not unavoidable constraints.

7.2.2.5 Implementation Factor 4: Gender-Blind Service Design Creating Systematic Female Exclusion

Gender-blind service design is most evident in the lack of childcare options in educational and integration programs. This significant gap leaves mothers out of nearly all opportunities. Nahla identified this as "one of the biggest challenges we face", the need for "nurseries or safe places for children to be available while mothers attend lessons." Najah also expressed a wish for "organisations to provide simple job opportunities for women inside the camp, such as sewing or cooking." She recognised

that without services that support mothers' caregiving duties, mothers can't access those services.

The combination of childcare-blind design in healthcare facilities and educational programs in both countries validates the principle that gender-blind institutional approaches produce systematically gendered exclusions (Boyd & Nowak, 2013)

The gender-blindness relies on assumptions about when learners are available. Language classes held during the day, vocational training that requires steady attendance, and integration programs that need regular participation all assume that learners do not have caregiving duties. Syrian mothers like Niveen articulated that absent childcare provisions made it impossible to pursue both work and education simultaneously, turning caregiving responsibilities into insurmountable barriers to integration. The policy framework views education and training as individual activities instead of family-centred ones that need to consider caregiving situations.

7.2.2.6 The Gap Between Rights and Reality: Human Rights Violations

Greece's obligations under the Reception Conditions Directive (2013/33/EU, Article 16) and the Greek Asylum Code (Law 4939/2022, Article 58) establish formal rights to education and vocational training for asylum seekers. International human rights law requires that education be available, accessible, acceptable, and adaptable (CESCR, General Comment No. 13, 1999, para. 6). The evidence reveals systematic failures across all dimensions.

Physical accessibility fails when camps are located far from services, when no transportation exists, and when safety concerns restrict movement. The geographic containment system discussed in Chapter 5.2.3, particularly Ministerial Decision 1140/2019 restricting island-to-mainland movement, prevents women from reaching language programs regardless of their quality or availability (AIDA/GCR, 2024, p. 184). Economic accessibility fails when asylum procedures prevent legal employment necessary to afford participation costs, when cash assistance halts for ten months, leaving women unable to afford transportation (AIDA/GCR, 2025, p. 22), and when no childcare support exists.

Acceptability fails when translation services end due to funding interruptions (AIDA/GCR, 2025, p. 73), when courses last only weeks, and when programming ignores women's caregiving contexts. Adaptability fails when schedules cannot accommodate caregiving responsibilities, when Article 58(2)'s required procedures for assessing skills without documentation remain unissued by the end of 2024 (AIDA/GCR, 2025, p. 204), and when service design assumes learners without constraints.

For women facing multiple barriers at the same time, such as single mothers in camps, women with children who need specialised care, and those without family support,

formal rights feel completely theoretical. Niveen, despite having legal status, cannot access language courses because she lacks childcare. Walaa, who is highly educated, watches her qualifications lose value during years of waiting for asylum without any recognition of her credentials. Najah, even after getting asylum approval, deals with camp conditions that limit her mobility and safety. These women have formal rights under the Reception Conditions Directive and the Greek Asylum Code. However, systematic failures in implementation, such as geographic restrictions, funding cuts, and missing procedures, turn those rights into empty promises. The difference between Greece's legal obligations and what is actually accessible shows that formal rights don't mean much when the systems in place consistently exclude the most vulnerable women who need protection the most.

7.2.3 Comparative Analysis: Convergent Barriers Across Different Legal Systems

The educational and integration experiences of Syrian women in Turkey and Greece reveal the same paradox observed in healthcare: despite fundamentally different legal frameworks, Turkey's Temporary Protection Regulation versus Greece's EU asylum system, Syrian women encounter strikingly similar patterns of exclusion from educational opportunities and integration pathways. This comparative analysis demonstrates that implementation gaps, not legal architecture, determine whether Syrian women can access education and achieve integration. Four convergent barriers emerged across both contexts: language education inadequacy, legal uncertainty blocking investment, geographic isolation from opportunities, and gender-blind programming excluding mothers.

7.2.3.1 Language Education as a Gatekeeping Mechanism

Both countries recognised language skills as crucial for integration, but they consistently did not offer enough language instruction for Syrian women. Turkey's Article 28 allows for language education "depending on the demand" (Temporary Protection Regulation, 2014, Art. 28(1)(c)), resulting in a voluntary system instead of a required one. This demand-based approach assumes that Syrian women have the cultural knowledge, mobility, and language abilities to express their needs within Turkish bureaucratic systems, which is exactly what they lack.

Greece's framework similarly establishes rights without ensuring accessibility. Despite asylum seekers reporting that "the lack of Greek and/or English courses is a major barrier to integration" (AIDA/GCR, 2025, p. 203), Systematic language instruction is still missing. Walaa's experience in Greece, where courses lasted "15 days, but it was not sufficient", reflects Haya's observations in Turkey about the short duration and limited capacity of the courses.

The gendered aspect was the same: neither system offered childcare during language classes, which excluded mothers. Syrian women in both Turkey and Greece identified childcare barriers as the primary obstacle preventing their participation in language education. Niveen in Greece articulated this exclusion: "There are no childcare facilities to enable me to attend; therefore, I cannot work or study." As a result, language education, which should be available to everyone, is only accessible to women who do not have caregiving responsibilities or who have family support that allows them to attend.

7.2.3.2 Legal Uncertainty Creating Educational Paralysis

Both countries kept Syrian women in a long legal limbo, which hindered their educational opportunities. Turkey's provincial registration system and employer-based work permit led to situations where even educated women like Ramia spent years unable to find employment despite continuous efforts since 2016. As Faihaa described earlier, sudden policy changes transformed university access, with fees introduced that reclassified Syrians as foreigners, cutting off previously free education.

Greece's long asylum processes caused a standstill due to timing rather than geography. Najah waited "more than two years", living in constant "fear of deportation or rejection." Walaa felt her qualifications going "to nothing" during the extended uncertainty. The processes for recognising credentials, which require stable legal status and language skills, create ongoing barriers. Article 58(2) of Greece's Asylum Code requires procedures to assess skills without documents. However, a decision had not been issued by the end of 2024 (AIDA/GCR, 2025, p. 204), leaving women unable to confirm their qualifications.

Both systems ask women to invest in education and training. At the same time, they do not provide the legal certainty needed to make those investments sensible. Why commit to intense language study when deportation is still a risk? Why pursue credential equivalency when asylum outcomes are unclear? The situation is clear: legal uncertainty turns educational rights into risks that women cannot afford to take.

7.2.3.3 Geographic Isolation Creating Educational Deserts

Geographic barriers operated through different mechanisms in Turkey's provincial registration and Greece's camp-based accommodation. However, both led to similar isolation from educational opportunities. Turkey's system needed travel permits to move between provinces. Faihaa pointed out how this was up to chance, saying it was "very difficult and depends on the employee and your luck." Ramia's children, even with their qualifications, could not move freely. She said, "In Istanbul, there are more opportunities, but we cannot travel there."

Greece's geographic containment through Ministerial Decision 1140/2019 and remote camp locations created parallel immobility. Walaa described courses as "outside the

camp and a little far, and getting there is not easy." As Niveen noted earlier, training opportunities held in distant locations create impossible logistics for camp residents without reliable transportation.

Both systems focused educational resources in urban centres and limited women's mobility, which created educational deserts. In Turkey, P1's neighbourhood-based programs reached only a few areas, while P3's services supported just 120 women. In Greece, P4 operated only "three days a week, Tuesday, Wednesday, and Thursday." Meanwhile, P5's extensive Network programs with childcare were rare. The gap between need and capacity was the same. Even well-designed programs only serve a small percentage of women in need of support.

7.2.3.4 Gender-Blind Service Design as Systematic Exclusion

Both countries created integration programs based on the idea that learners do not have caregiving responsibilities. This setup resulted in services that mainly benefited men. In Turkey, vocational training and language courses were held during the day, which did not fit the realities many women faced. The model for providing services based on demand overlooked that some women, due to limited mobility, language barriers, or cultural norms around interacting independently with government offices, cannot express their needs through official channels.

Greece reflected these gender-blind ideas. P5's Network showed that providing childcare is possible. "While the mothers participate in activities, the children are taken care of", but this remains an exception rather than the norm. Most Greek programs, similar to those in Turkey, view the exclusion of mothers as unavoidable instead of a design flaw that needs fixing. Nahla's wish for "nurseries or safe places for children would be available while mothers attend lessons" mirrors the same wishes expressed by Turkish mothers.

7.2.3.5 Divergent Elements Within Convergent Outcomes

Safety Concerns: Camp Infrastructure vs. Public Space Harassment

The main difference appeared in safety issues that impacted educational attendance. Turkey's discrimination showed up as public harassment and discrimination by employers. Ramia's daughter experienced harassment "in the market," while the police displayed "clear negligence and no follow-up." This situation created fear around using public educational spaces. Discriminatory behaviour from neighbours and in the workplace contributed to a hostile atmosphere.

Greece's safety concerns focused on poor camp infrastructure instead of public hostility. Najah's harassment incident happened within the camp by another Syrian, not a Greek national. The problem was "weak lighting and insufficient security" in the camp facilities, which limited evening movement. Ironically, local Greek communities

often showed kindness. Najah mentioned receiving "good and very respectful" treatment, while Nahla felt "safe with the neighbours." The real danger was in the spaces meant for protection, not in the communities where integration should happen.

NGO Roles: Direct Services vs. Coordination and Referral

Turkish NGOs offered direct educational services. P1's literacy cooperative supported 40 women. P3 provided vocational training for 120 participants. They aimed to fill gaps in state services by offering alternatives. However, funding crises put their continuity at risk. P3 faced potential closure because of the requirements of "physical office space, but funders exclude rent from budgets."

Greek NGOs acted more like facilitators and coordinators. P4 helped women deal with bureaucracy instead of offering direct education. P5's Network provided services like "literacy program" and "skills and capacity building," but emphasised referrals, stating, "we refer cases to them when we are unable to provide the necessary assistance." P6 concentrated on identifying vulnerabilities and referral pathways instead of direct service delivery.

Both approaches faced the same fundamental problem: NGO capacity cannot replace systematic state provision. Whether they provide direct services or help people access services, organisations reach only small numbers of women who need support. Funding uncertainty also threatens even these limited efforts.

The Implementation Gap as Cross-System Constant

This comparative analysis shows that gaps in implementation, rather than legal frameworks, shape Syrian women's access to education and their integration paths. Turkey's Article 28, which guarantees educational access, and Greece's Law 4939/2022, which establishes asylum seekers' rights to vocational training, lose their significance when implementation processes consistently leave out the most vulnerable women.

The four factors for implementation work the same in different contexts. Bureaucratic inefficiencies create gatekeeping through demand-based provisions, discretionary processing, and a lack of procedures. Geographic differences isolate women due to provincial restrictions or camp locations. Limited institutional capacity leads to poor language programs, not enough NGO outreach, and mismatches in scale. Gender-blind service design excludes mothers by not offering childcare, having unsuitable schedules, and not providing female staff.

The convergence shows that formal legal entitlements, whether temporary protection or asylum rights, lose value when bureaucratic systems assume cultural knowledge that women do not have. Geographic policies keep women from accessing opportunities. Resource shortages prevent proper support. Service design overlooks

the realities of caregiving duties that women face. Syrian women in both countries have formal educational rights, yet they face systematic exclusion. Their qualifications become useless, language skills remain out of reach, and integration paths are obstructed by barriers that their legal status should eliminate.

The gap between rights and reality reveals that protection frameworks fail not because of inadequate laws, but because implementation transforms formal entitlements into inaccessible promises for women facing compounded barriers of language exclusion, legal uncertainty, geographic isolation, and gender-blind programming.

7.3 Cross-Cutting Synthesis: The Implementation Gap Framework

7.3.1 The Four Factors as Structural Constants

The comparison of healthcare and education access in Turkey and Greece shows a clear pattern. Four factors consistently hinder Syrian women's access to rights, despite differences in legal frameworks. These factors are bureaucratic inefficiencies, geographic disparities, limited institutional capacity, and gender-blind service design. They operate as structural constants rather than incidental failures.

This convergence validates feminist institutionalism's core premise that gendered institutional operations transcend specific policy frameworks (Chappell, 2006). The replication of identical exclusion mechanisms, bureaucratic language omissions constructing 'abstract refugees' (Acker, 1990), geographic immobility constraints, capacity failures prioritizing male-normative services, and gender-blind design producing gendered outcomes (Boyd & Nowak, 2013) across both Turkey's temporary protection system and Greece's EU asylum framework demonstrates that it is institutions themselves, not merely policies, that maintain gendered exclusions through structures reflecting male life patterns.

Bureaucratic inefficiencies worked the same way everywhere by excluding people through omission. Turkey's Temporary Protection Regulation requires access to healthcare and education (Articles 27 and 28) but does not address language needs. This lets systems claim services are available while making them hard to reach for non-Turkish speakers (Turkey, Temporary Protection Regulation, 2014). Greece's Reception Conditions Directive shows a similar pattern. It sets healthcare rights without including interpretation requirements (EU, Directive 2013/33/EU, Article 19).

In both countries, the lack of required language support turned formal entitlements into empty promises for Arabic-speaking women. The similarities also appeared in discretionary processing. Turkey's travel permit system, where access relied on "the employee and your luck," as Faihaa said, reflected Greece's vulnerability assessments that happened after, not during, asylum procedures (AIDA/GCR, 2023, p. 109). Bureaucracies in both countries assumed Syrian women possessed the linguistic competency and institutional familiarity they systematically denied them.

Geographic disparities created parallel immobilities despite different mechanisms. In Turkey, provincial registration kept women in certain areas, regardless of available services. They needed travel permits that were often denied (AIDA/GCR, 2025, p. 218). In Greece, Ministerial Decision 1140/2019 restricted asylum seekers to islands without specialised services. Meanwhile, mainland camps were hours away from urban centres with healthcare and education (AIDA/GCR, 2024, p. 184). The result was the same: women could not access the services that were officially available. Both Turkey's clear limits on intercity travel and Greece's implicit isolation through remote camps made geographic location a key factor in access.

Limited institutional capacity showed similar issues in both places, with a lack of interpreters, crowded facilities, and struggling NGO funding. In Turkey, by 2024, large city hospitals faced a severe interpreter shortage. This forced patients to hire translators by the hour, even for medication-related services (AIDA/GCR, 2025, p. 218). In Greece, state-funded interpretation services were completely suspended in mid-2024 (AIDA/GCR, 2025, p. 20).

NGO capacity proved inadequate in both countries. Turkish organisations faced "shrinking" donor support. P3 announced its closure because funders excluded rent from budgets. Greek organisations reported that "funding for refugees has been decreasing over the time ", as P6 noted. The scale mismatch was stark. P1's cooperative supported 40 women, while hundreds of thousands needed assistance. This situation shows how voluntary sector efforts could not make up for state failures.

Gender-blind service design worked the same way by assuming that learners and service users did not have caregiving responsibilities. Turkish language courses provided no childcare, which left mothers out, as Haya noted. Greek programs showed similar assumptions. Niveen could not access training because she said, "There are no childcare facilities to enable me to attend." This pattern supports Boyd and Nowak's (2013) argument that gender-blind institutional approaches cannot produce gender-neutral outcomes. Service delivery systems built on the assumption of participants without external constraints, which Acker (1990) described as organisational structures shaped by male norms, systematically exclude women whose caregiving responsibilities remain unacknowledged and unsupported by institutions.

Neither country provided female medical staff for sensitive consultations. This forced Syrian women to choose between their privacy and access to healthcare. In Turkey, financial assistance did not include women who cared for elderly relatives. It assumed only mothers needed support. Meanwhile, Greece's methods for identifying vulnerable individuals did not connect with the asylum processing. This happened too late to offer proper accommodations during interviews (AIDA/GCR, 2023, p. 194). These decisions focused on male refugee experiences and left women out.

7.3.2 How Factors Interact and Compound

The four implementation factors did not operate independently but compounded to create multiplicative rather than additive exclusion. This interaction transformed individual barriers into systemic traps where addressing one factor provided no access if others remained.

This multiplicative interaction reflects what Chappell (2006) identifies as institutions operating through interconnected formal rules and informal practices that perpetuate gendered norms. The buildup of bureaucratic, geographic, capacity, and design barriers shows that gendered institutional practices cannot be fixed with solutions that tackle just one barrier. Feminist institutionalism shows that a complete change in institutions is necessary.

Language barriers and geographic limitations created double immobility. A Syrian woman who spoke no Turkish and lived in a province without Arabic-speaking specialists could not navigate the travel permit system to seek care elsewhere. The process itself required knowledge of Turkish. Faihaa took several Turkish courses, but medical terminology was beyond her understanding. The hospital's promised translators never showed up, so she had to rely on her son for gynaecological consultations. When this language issue was combined with provincial registration, even this limited solution fell short. She needed travel permits that required knowledge of Turkish to reach Arabic-speaking doctors in other provinces.

Financial barriers and bureaucratic inefficiencies kept the poorest women from accessing "free" services. Nadia's mother could get diabetes medications for free under Article 27, but inconsistent availability meant that Nadia bought them "most of the time" with her low wages of 3,100 lira weekly (Turkey, Temporary Protection Regulation, 2014, Art. 27). Blood glucose test strips were not covered at all, adding ongoing costs that she could not manage. When these financial struggles were mixed with geographic limitations, Nadia could not travel for better options, and discrimination from "very arrogant" staff who told sick patients “, If you want to wait, wait; if not, go," the result was complete healthcare exclusion for women with valid legal status.

Gender-blind design and legal uncertainty halted educational investment. Syrian women facing two-year asylum processes could not commit to credential recognition, which needed stable legal status and language skills that waiting periods denied them. Najah's "fear of deportation or rejection” during her long wait made investing in intensive language study feel risky because her right to stay was unclear. This legal limbo, combined with the lack of childcare in language courses, left women like Niveen with tough choices. They could either pursue essential language skills needed for asylum procedures without childcare support or take care of their responsibilities and remain unable to navigate their own asylum cases.

The interaction patterns showed why partial solutions did not work. Providing Arabic interpretation without addressing transportation costs still left some women without access, as they could not afford to reach the facilities. Offering language courses without childcare still leaves out mothers. Giving legal status without ensuring geographic mobility kept women stuck in areas that lacked services. The four factors acted as a connected system, where all needed to be addressed at the same time for meaningful access.

7.3.3 From Individual Barriers to Systemic Exclusion

The movement from individual barriers to systemic exclusion occurred when implementation gaps transformed from addressable obstacles into structural features of protection systems. This transformation happened through three mechanisms: normalisation of exclusion, administrative reproduction, and policy entrenchment.

Normalisation happened when repeated failures became expected instead of exceptional. When interpretation services were suspended in 2024, it was seen not as a crisis needing urgent action but as a setback due to limited resources (AIDA/GCR, 2025, p. 20). When travel permits were often denied, it became just "how things work," instead of a breach of healthcare access rights. Syrian women like Nadia began to think "there is no healthcare," even though they had formal rights. This shows how ongoing failures made exclusion feel normal until the lack of access seemed permanent rather than fixable.

Administrative reproduction embedded exclusion in daily bureaucratic practices. Turkey's demand-based provision in Article 28 states that services "may be organized depending on the demand." This institutionalised barriers by requiring women with limited Turkish skills, mobility constraints, and cultural barriers to express their needs through the very systems that excluded them (Turkey, Temporary Protection Regulation, 2014, Art. 28(1)(c)). Greece's vulnerability procedures occurred after initial asylum decisions instead of during them, making exclusion a routine part of the process (AIDA/GCR, 2023, p. 109). These administrative choices reproduced exclusion automatically without needing active discrimination. The normal functioning of the system led to the marginalisation of Syrian women.

Policy entrenchment happened when temporary measures turned into permanent structures. Turkey's provincial registration started as a way to manage the population. It later became a barrier to healthcare since specialised services were focused in certain cities. Greece's island containment, established under Ministerial Decision 1140/2019 to handle arrivals, led to lasting educational gaps. Women faced prolonged asylum processes while stuck on islands that lacked services (AIDA/GCR, 2024, p. 184). Temporary measures were put in place without considering their effects on gender, which solidified into long-term barriers.

The shift from individual to systemic became clear when the most privileged Syrian women succeeded, while the most marginalised faced total exclusion despite having

the same legal status. Haya, who spoke Turkish and received support from her family, arrived early and accessed "great care in every detail" for four births. In contrast, Nadia, living in post-earthquake camps without Turkish language skills and facing low wages, experienced complete healthcare exclusion. Both women held valid temporary protection status and had the same legal rights under Article 27. The difference was not in their legal entitlements but in the protective factors that helped them navigate the system. When legal status means nothing for actual access, exclusion becomes systemic rather than individual.

7.4 Theoretical Implications

The comparative analysis reveals a critical theoretical insight: implementation gaps operate at the level of institutional logic rather than legal design. These findings advance feminist institutionalist scholarship by demonstrating empirically how gendered institutional mechanisms transcend formal policy architectures. Chappell (2006) theorised that institutions perpetuate gendered norms through both formal rules and informal practices. The Turkey-Greece comparison provides concrete evidence.

Identical exclusion patterns, such as language barriers without interpretation requirements, geographic immobility, resource scarcity that favours male-oriented services, and gender-blind design, arise even though Turkey's Temporary Protection Regulation (2014) works very differently from Greece's EU-compliant Law 4939/2022. This shows that gendered exclusion comes from how institutions operate, not from specific policy choices.

The evidence confirms Acker's (1990) insight about organisational structures embedding male-normative assumptions while maintaining claims of neutrality. Both systems construct "abstract refugees" presumed capable of navigating bureaucracies without language support, accessing services without childcare, and maintaining mobility unrestricted by caregiving or cultural constraints. These assumptions reflect male refugee experiences naturalised as universal norms, rendering women's distinct circumstances systematically invisible.

Most significantly, the findings demonstrate what Boyd and Nowak (2013) established: gender-blind approaches cannot produce gender-neutral outcomes within contexts of gender stratification. Formal legal equality, with both countries promising equal access to healthcare and education, coexists with systematic gendered exclusion. This happens because the systems in place rely on assumptions about refugee abilities that favour male life patterns.

The childcare challenges Haya in Turkey and Niveen in Greece described show how similar their situations are. Neither woman could attend language courses because of their caregiving duties. This situation illustrates how services that seem neutral can lead to very different impacts based on gender.

The four-factor framework reveals how implementation gaps work as interconnected mechanisms. This explains why legal reform by itself cannot fix protection failures without changing how institutions operate. Improving one factor, such as providing interpretation services, still leaves women out when geographic restrictions, financial barriers, or gender-blind design do not change. The multiplicative nature of exclusion, where Haya's protective factors enabled access while Nadia's compounded vulnerabilities created total exclusion despite identical legal status, demonstrates how institutions produce differentiated outcomes for gendered actors (Mackay et al., 2010) based not on formal rights but on the accumulated barriers each woman faces.

These findings have implications that go beyond the experiences of Syrian women. They suggest that refugee protection systems around the world may create similar gender-based exclusions, no matter what legal frameworks are in place. The ongoing gaps in implementation across various policy contexts show that achieving fair protection for women involves more than just improving formal rights. It also requires a complete rethink of the institutional principles that guide how protection systems work.

Chapter 8 Conclusion

This dissertation investigated how implementation gaps between legal entitlements and actual access to healthcare and education affect Syrian refugee women in Turkey and Greece between 2015 and 2025. Through comparative analysis of two distinct protection systems, Turkey's temporary protection framework and Greece's EU asylum system, and empirical investigation of Syrian women's lived experiences alongside NGO institutional perspectives, this research provides comprehensive answers to its central questions.

8.1 Answered research questions

Main Research Question: How do implementation gaps affect Syrian refugee women's access to healthcare and education?

The comparative analysis demonstrates that implementation gaps function as systematic mechanisms of exclusion that transform formal legal entitlements into inaccessible promises for Syrian refugee women. These gaps operate through four interconnected factors: bureaucratic inefficiencies, geographic disparities, limited institutional capacity, and gender-blind service design. Rather than representing incidental failures or resource constraints, these implementation factors constitute structural features of refugee protection systems that produce gendered exclusion regardless of legal framework architecture.

In healthcare, Syrian women in both countries possess formal legal rights to comprehensive medical services. Turkey's Temporary Protection Regulation Article 27 mandates free primary and emergency healthcare, including reproductive health support (Turkey, Temporary Protection Regulation, 2014), while Greece's implementation of the Reception Conditions Directive guarantees asylum seekers

necessary healthcare, including emergency care and essential treatment (EU, 2013/33/EU, Article 19). Yet systematic implementation failures made these entitlements meaningless for the most vulnerable women. Bureaucratic inefficiencies appeared through language barriers without interpretation requirements, discretionary processing of travel permits and vulnerability assessments, and administrative systems that assumed linguistic and institutional skills that Syrian women were systematically denied. Geographic disparities created immobility through Turkey's provincial registration restrictions requiring permits for intercity movement (AIDA/GCR, 2025, p. 218) and Greece's Ministerial Decision 1140/2019 confining asylum seekers to islands without specialised services (AIDA/GCR, 2024, p. 184).

Limited institutional capacity revealed itself through interpreter shortages, forcing women to hire translators hourly for medical consultations (AIDA/GCR, 2025, p. 218) and the complete suspension of state-funded interpretation services in Greece by mid-2024 (AIDA/GCR, 2025, p. 20). Gender-blind service design left out mothers by lacking childcare options, forcing reliance on male family members or children as translators during sensitive consultations. The models for delivering services assumed refugees did not have caregiving responsibilities.

In education and integration, similar patterns emerged despite different legal frameworks. Turkey's Article 28 establishes educational access "depending on demand" (Turkey, Temporary Protection Regulation, 2014), creating gatekeeping mechanisms that disadvantage women facing cultural restrictions or mobility constraints. Greece's Law 4939/2022 provides vocational training rights to asylum seekers, yet multi-year bureaucratic delays, with women waiting over two years for asylum decisions, created temporal barriers where legal uncertainty prevented credential recognition and educational investment.

The demand-based Turkish system and Greece's long asylum processing both relied on familiarity with institutions and language skills that the implementation processes denied to women. Geographic isolation due to provincial restrictions in Turkey and camp-based living arrangements in Greece kept women away from educational opportunities found in cities. Limited institutional capacity showed up through fifteen-day language courses that offered exposure but not proficiency (Walaa's testimony) and NGO programs that reached a few dozen when thousands needed help. Gender-blind design systematically excluded mothers by not providing childcare in language courses, scheduling classes during the day when mothers had caregiving duties and treating education as an individual pursuit rather than a family-centred activity that needed to consider caregiving situations.

The implementation gap framework reveals that these four factors operate multiplicatively rather than additively, creating compounded exclusion where addressing single barriers provides no access if others remain (Chappell, 2006). A Syrian woman who cannot speak Turkish lives in provinces without Arabic-speaking medical staff. She cannot afford transportation to available facilities and is restricted from travelling due to provincial registration. This leads to a complete lack of

healthcare access, even though she has valid legal rights. Faihaa's situation illustrates this issue. She took several Turkish courses, but she still struggled with medical terms. Hospital translators did not show up, forcing her to rely on her son for gynaecological visits. The combination of provincial registration and language barriers also blocked her from seeing Arabic-speaking doctors in other provinces. She needed a travel permit to do so, but it required Turkish language skills. Similarly, mothers without childcare help, living in camps far from language courses, face two-year waits for asylum, which prevents their credentials from being recognised. They are also excluded from programs designed without considering gender. This creates significant integration challenges, no matter their formal educational rights.

The interaction patterns show why partial solutions do not work. Providing Arabic interpretation without addressing transportation costs still leaves out women who cannot afford to reach facilities. Offering language courses without childcare still excludes mothers. Granting legal status without ensuring geographic mobility keeps women stuck in areas that lack services. These factors operate as an interconnected system requiring simultaneous address for meaningful access, reflecting Chappell's (2006) insight that institutions operate through interconnected formal rules and informal practices, but are demonstrated here through Syrian women's lived experiences.

Sub-question 1: What specific barriers prevent Syrian women from accessing healthcare and education despite formal legal entitlements?

After completing the research, I managed to identify specific barriers in both protection systems. Language issues led to total exclusion. Turkish and Greek healthcare and education systems operated only in their respective languages and did not offer regular interpretation. Syrian women faced challenges during medical visits, relying on their children to translate gynaecological problems (Faihaa's experience). They booked appointments with help from neighbours (AIDA/GCR, 2021, p. 178) or avoided services altogether because of communication difficulties. Geographic barriers further restricted movement. Provincial registration systems required travel permits that were often not granted (Faihaa described "the employee and your luck"). Policies that kept people on islands limited access to trauma centres and specialised services on the mainland, regardless of medical needs.

Financial barriers extended beyond formally free services to include transportation costs and gaps in medication availability, forcing out-of-pocket purchases. For instance, (Nadia buying diabetes medications despite Article 27 provisions) Interpreter hiring costs also made free healthcare financially out of reach for many. Discrimination appeared in the form of hostile treatment from state healthcare providers. ("very arrogant" staff telling sick patients to wait or leave, per Nadia) There was also employer reluctance to sponsor work permits, which blocked access to legal jobs. Public harassment, like the incident involving Ramia's daughter's market harassment which created fear around accessing services.

In education, barriers included the lack of childcare provisions that prevented mothers from participating, as noted in Haya and Niveen's testimonies. Credential recognition processes required legal stability and language skills, which asylum procedures blocked (AIDA/GCR, 2025, pp. 207-208). Demand-based service provision under Turkey's Article 28 put women at a disadvantage. They struggled to navigate the complicated request processes (Turkey, Temporary Protection Regulation, 2014, Article 28). Additionally, living in camps isolated women from urban educational centres, creating geographic gaps where available services were practically unreachable (Niveen and Walaa's experiences). The convergence of these barriers across healthcare and education domains demonstrates that implementation gaps operate as cross-system constants rather than sector-specific failures.

Sub-question 2: How do NGOs attempt to bridge protection gaps, and with what effectiveness?

NGOs attempted to compensate for state failures through direct service provision by advocating and educating about health. In Turkey, organisations offered physiotherapy and psychological support with providers who spoke Arabic. (P1's services supporting 40 women). They also accompanied women to hospitals to ensure service provision (P2's follow-up with delayed public hospitals). Additionally, they provided training in sexual and reproductive health (P3's implementation of 13-week CISUS programs).

In Greece, NGOs provided mobile prenatal care with female doctors. (Doctors Without Borders' hotel accommodation and pregnancy monitoring for Najah). They helped book hospital appointments and offered translation services through the (Red Cross services). They also provided postpartum psychological support that was missing from state healthcare and offered maternal health education, including parenting and self-care programs (P4's comprehensive services).

However, NGO effectiveness remained limited by issues with unstable funding, legal restrictions, and structural barriers. Organisations served dozens or hundreds of people, while hundreds of thousands needed support. P1 helped 40 women, and P3 reached 120 participants. Funding crises threatened continuity; P3 faced closure because rent was not included in budgets, and P6 reported a drop in refugee funding. Legal restrictions kept Greek NGOs from accessing camps where the most marginalised women lived (P4's testimony).

Structurally, the capacity of the voluntary sector was not enough for population-level protection needs. While NGOs offered essential support for individual women, such as Najah's pregnancy care from Doctors Without Borders and Faihaa's psychological support from Independent Doctors, their overall impact was limited by systemic issues that were beyond their control. Even large international organisations have "difficulty addressing" the scale of need (P5).

Sub-question 3: What explains similar protection outcomes despite different legal and political systems?

The comparative analysis reveals that implementation factors, rather than legal frameworks or governance systems, affect protection outcomes for Syrian refugee women. Despite significant differences between Turkey's temporary protection system and Greece's EU asylum process, including group-based versus individual status determination and differences between non-EU and EU member states, Syrian women in both countries encountered strikingly similar challenges in healthcare and education.

This convergence validates feminist institutionalism's core premise that gendered institutional operations transcend specific policy architectures (Chappell, 2006). Both systems constructed "abstract refugees" presumed capable of navigating bureaucracies without language support, accessing services without childcare, and maintaining mobility unrestricted by caregiving or cultural constraints (Acker, 1990). These assumptions reflected male refugee experiences naturalised as universal norms, rendering women's distinct circumstances systematically invisible. Gender-blind approaches produced systematically gendered exclusions within contexts of gender stratification (Boyd & Nowak, 2013), with formal legal equality coexisting with systematic exclusion because implementation relied on assumptions about refugee capabilities that privileged male life patterns.

The four-factor framework operated identically across both countries despite different mechanisms (Chappell, 2006). Bureaucratic inefficiencies were excluded through omission, with Turkey's Temporary Protection Regulation (Articles 27, 28) and Greece's Reception Conditions Directive (EU, 2013/33/EU, Article 19) both mandating service access without requiring interpretation. Geographic disparities created parallel immobilities through Turkey's provincial registration requiring travel permits often denied (AIDA/GCR, 2025, p. 218) and Greece's Ministerial Decision 1140/2019 restricting asylum seekers to islands (AIDA/GCR, 2024, p. 184). Limited institutional capacity manifested through interpreter shortages forcing hourly translator hiring in Turkey (AIDA/GCR, 2025, p. 218) and the complete suspension of state-funded interpretation in Greece (AIDA/GCR, 2025, p. 20), alongside shrinking NGO funding in both contexts. Gender-blind service design systematically excluded mothers through absent childcare, with Haya in Turkey and Niveen in Greece both unable to attend language courses due to caregiving responsibilities (Boyd & Nowak, 2013; Acker, 1990).

The explanation for similar outcomes despite different systems lies in institutional logic rather than legal design (Chappell, 2006). Protection failures stem from how institutions implement formal entitlements through gendered assumptions, resource allocation priorities, and service design choices that systematically disadvantage women, producing differentiated outcomes for gendered actors (Mackay et al., 2010) and transforming rights into inaccessible promises for women facing compounded barriers unacknowledged by protection systems.

While this research identifies four primary implementation factors, bureaucratic inefficiencies, geographic disparities, limited institutional capacity, and gender-blind

service design, these mechanisms operate within a broader political context that shapes their persistence. Political will, or the lack thereof, functions as the underlying force that allows these implementation gaps to remain unaddressed. As Crisp (2018) documents, many governments have adopted restrictive measures in recent years, closing borders to refugees, detaining asylum seekers without due process, and forming agreements aimed at exclusion and deportation.

Both Turkey and Greece show a global trend toward stricter refugee policies. Turkey's EU-Turkey Statement in 2016 changed protection systems through return measures and border control. Greece's Law 4636/2019, codified in the current Asylum Code (Law 4939/2022), introduced accelerated inadmissibility procedures and geographic containment measures through Ministerial Decision 1140/2019 (AIDA/GCR, 2024).

The growth of anti-migration feelings in both countries, as reported by NGO workers, has created political climates where addressing gender-related protection gaps is not a priority. This political situation explains why similar implementation challenges persist across different legal systems. Without ongoing political support to turn legal rights into accessible services, formal rights remain empty promises.

The deeper significance of this convergence lies in what it reveals about the relationship between legal reform and institutional change. Laws can be amended, directives transposed, and entitlements expanded, yet if the informal norms, resource priorities, and gendered assumptions embedded in implementing institutions remain unchanged, protection outcomes for refugee women will continue to converge around exclusion regardless of the legal architecture above them. This suggests that the persistent implementation gaps documented in Turkey and Greece are not failures of law but failures of political will: both states have had structural incentives, domestic anti-migration pressures, border management imperatives, and shrinking refugee funding that have led them to tolerate rather than correct the gap between formal entitlements and accessible services. Gendered gaps are especially likely to persist because the very gender-blind institutional logic that produces them also renders them invisible to systems not designed to see them.

8.2 Comparative Framework and Limitations

Regarding the comparative question of whether Turkey's protection of refugee women is more successful than Greece's, this research demonstrates that such comparisons are methodologically problematic when both systems produce systematically similar exclusionary outcomes despite different legal frameworks. Rather than one system being 'better,' the evidence shows convergent barriers across both contexts, with the key difference being that Turkey's exclusion operates through overt discrimination while Greece's operates through systemic neglect. This reframing moves beyond simplistic success-failure comparisons to examine how institutional mechanisms produce gendered exclusion, regardless of the legal architecture, a finding with significant implications for refugee protection systems globally.

8.3 Recommendations

This research reveals that protection failures stem from implementation mechanisms rather than inadequate legal frameworks. The four-factor framework demands simultaneous intervention across multiple institutional levels. These recommendations emerge directly from the experiences of Syrian women and NGO perspectives, prioritising practical solutions grounded in protection realities.

8.3.1 Mandatory Language Access Infrastructure

Language barriers are the biggest obstacle stopping Syrian women from getting formal entitlements. Turkey and Greece must require Arabic interpretation in all healthcare facilities, schools, and administrative offices that serve refugee populations. As P3 noted, language barriers make services "impossible" to access, not just difficult.

Turkey's existing Article 27 healthcare provisions remain meaningless without interpretation and implementation. Turkey should establish dedicated interpretation units within its health ministries, hiring professional Arabic-speaking interpreters as permanent staff, with enforcement mechanisms in place to ensure service delivery. Greece must bring back state-funded interpretation services that were suspended in 2024. Both countries should focus on hiring female Arabic-speaking interpreters for women's health consultations. This approach addresses the cultural barriers Niveen mentioned when she had to "talk about private health problems in front of a male translator." Using trained medical interpreters, rather than family members or volunteers, ensures both medical accuracy and patient privacy. Faihaa's dependence on her son for gynaecological consultations shows how current practices invade women's privacy and compromise the quality of care.

8.3.2 Integration of Childcare Provisions in Service Design

Gender-blind service design systematically excludes mothers from language courses, vocational training, healthcare appointments, and asylum procedures. Haya and Niveen, living in different countries, shared the same frustrations about inaccessible education due to the lack of childcare. Nahla emphasised that "nurseries or safe places for children" need to be standard offerings in all programs that support refugee populations.

All language courses, vocational training, and educational initiatives should include on-site childcare with qualified staff as mandatory program components. Greece must replicate the P5's Network model, providing dedicated childcare spaces as standard rather than exceptional practice. When educational rights and healthcare access depend on mothers' ability to arrange childcare on their own, systems turn formal entitlements into privileges that are only available to women with family support or financial resources.

8.3.3 Elimination of Geographic Mobility Restrictions

Provincial registration requirements in Turkey and island containment policies in Greece create similar systems of geographic immobility that prevent women from accessing available services. Faihaa's description of travel permits, which "depends on the employee and your luck," shows how discretionary geographic control turns healthcare access into random administrative decisions.

Turkey should reform provincial registration restrictions under Article 33(2)(a) to enable freedom of movement for healthcare and education access. Greece must reverse the implementation of Ministerial Decision 1140/2019's island containment, allowing asylum seekers to access mainland healthcare facilities, educational programs, and specialised services. For women facing domestic violence, restrictions on movement limit their options to escape, leaving them trapped in dangerous situations.

8.3.4 Adequate Resourcing and Sustainable NGO Funding

NGO capacity cannot replace systematic state support. P3's upcoming closure, caused by rent being left out of donor budgets, and P6's note that "funding for refugees has been decreasing over the years", show a pattern of defunding while needs stay the same. The scale mismatch, with P1 helping 40 women while hundreds of thousands need support, shows that even well-designed NGO programs only reach a small part of the populations that need help.

Both Turkey and Greece must increase funding for healthcare and education, specifically for services aimed at refugees. This includes interpretation services, specialised healthcare providers, and culturally sensitive programs. International donors need to commit to multi-year funding cycles to support NGO sustainability. Greece should remove legal barriers that keep grassroots NGOs from accessing camps, as documented by P4. However, more funding for NGOs cannot replace the need for building state capacity. State systems must improve their ability to provide accessible and gender-sensitive services, rather than continually assigning protection responsibilities to underfunded civil society organisations.

8.3.5 Proactive Vulnerability Identification and Gender-Sensitive Processing

Current systems require Syrian women to navigate complex bureaucratic procedures at a time when displacement, trauma, language barriers, and caregiving responsibilities make this nearly impossible. Both countries should actively screen for vulnerability during the initial contact with protection systems. This process should identify pregnant women, mothers with young children, survivors of gender-based violence, women with disabilities, and single mothers who need special procedures. Identifying vulnerability should automatically lead to necessary changes in procedures, such as assigning female interviewers, ensuring interpretation, and providing childcare during appointments.

8.3.6 Credential Recognition and Legal Status Clarity

Syrian women with professional qualifications face ongoing barriers to getting their credentials recognised. They need stable legal status, language skills, and documentation that displacement often destroys. Both countries should set up easy-to-access credential recognition processes for asylum seekers during their protection applications, not afterwards. As Najah pointed out, educational and job opportunities in camps acknowledge that being isolated makes it hard to access programs in distant urban areas.

Greece should improve asylum processing capacity to achieve six-month decision timeframes, preventing indefinite legal uncertainty that disadvantages women's integration prospects. Turkey should implement regularisation procedures providing pathways to permanent residence for Syrians demonstrating long-term integration, operationalising the permanence already implicit after ten-plus years of continuous protection.

These recommendations recognise that protection failures stem from implementation mechanisms, not legal inadequacy. Addressing bureaucratic inefficiencies, geographic disparities, capacity limitations, and gender-blind design simultaneously creates conditions for formal rights to materialise as accessible services. Partial interventions addressing single barriers while leaving others intact will not produce meaningful access, as the four factors operate as interconnected systems requiring comprehensive institutional reform.

8.3.7 Political Commitment and Accountability Mechanisms

Addressing implementation gaps requires sustained political will supported by accountability frameworks. Both countries should set up independent monitoring bodies that can evaluate protection outcomes for refugee women. These bodies should publish annual reports on implementation failures and enforce corrective measures when gaps persist, even with formal legal commitments in place.

8.4 Reflections and Limitations

This research recognises several limitations that affect the scope and generalizability of its findings. The sample size offers valuable qualitative insights but is relatively small: eight Syrian women (four in Turkey, four in Greece) and six NGO representatives (three in each country). This limited sample does not reflect the full range of Syrian refugee women's experiences across various provinces, cities, camp settings, economic situations, and family structures. Women in rural areas, those in remote camps that researchers could not reach, and those completely cut off from NGO networks are not adequately represented in this study.

The research focuses on healthcare access and educational opportunities. without considering other important areas, such as housing security, job conditions, and legal representation. This limited focus allows for detailed analysis, but it cannot cover all

the rights violations faced by Syrian women. The study also examines only two host countries, Turkey and Greece. This restricts conclusions about whether the patterns of gaps in support are similar in other refugee-hosting countries around the world.

Finally, the political sensitivity of refugee research potentially influenced both institutional access and participant responses, as women may have self-censored certain criticisms or experiences due to concerns about jeopardising their legal status or relationships with service providers. Yet these methodological constraints cannot diminish the significance of what Syrian women were finally able to share.

This research journey was transformed fundamentally in December 2024 when the Assad regime fell. When I reached out again to Syrian women who had previously declined participation. I was surprised to find them suddenly open to speaking; their initial reluctance had stemmed from fears about speaking openly under Assad's shadow. This shift revealed how political circumstances shape not only refugee protection but also the very possibility of documenting protection failures.

The eight Syrian women who participated in this study demonstrated remarkable resilience, navigating systems designed without consideration for their realities while maintaining their dignity and hope for a better future. Their willingness to share painful experiences, Nadia's complete exclusion, Faihaa's privacy violations, and Niveen's struggles accessing autism care for her child represent an act of courage that honours all Syrian women facing similar barriers in silence.

This research contributes to growing evidence that refugee protection failures stem not from inadequate legal frameworks but from how institutions implement formal rights. The four-factor implementation gap framework provides analytical tools that are applicable beyond Syrian displacement contexts, potentially illuminating gendered exclusion patterns in refugee protection systems globally. Future research should examine whether these implementation factors operate similarly across different refugee populations, host countries, and protection regimes, ultimately advancing feminist institutionalist scholarship while improving lived protection outcomes for displaced women worldwide.

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Chapter 10 Appendix

10.1 NGOs Representatives Interview Guide

General Questions

1. Can you describe your organisation's mission and its approach to protecting the rights of refugee women?
2. What are the primary challenges your organisation faces in protecting refugee women?
3. How does your organisation collaborate with other NGOs and international organisations to enhance the protection of refugee women?

Program and Policy Implementation

4. Can you provide examples of specific programs or initiatives your organisation has implemented to protect refugee women?
5. How does your organisation ensure that its programs are culturally sensitive and address the specific needs of refugee women?
6. What measures does your organisation take to ensure that refugee women are aware of their rights and the available resources?

Legal and Advocacy Work

7. How does your organisation engage in advocacy to influence policy changes at the national and international levels regarding the protection of refugee women?
8. Can you discuss any successful legal interventions or cases your organisation has been involved in to protect refugee women?

Health and Safety

9. What strategies does your organisation employ to address health and safety concerns specific to refugee women?
10. How does your organisation support refugee women who are victims of violence or exploitation?

Empowerment and Integration

11. How does your organisation support the empowerment and integration of refugee women into local communities?
12. Can you share any success stories of refugee women who have benefited from your organisation's programs?

Monitoring and Evaluation

13. How does your organisation measure the impact and effectiveness of its programs aimed at protecting refugee women?

Challenges and Recommendations

14. What are the most significant gaps in the current protection mechanisms for refugee women that you have identified?
15. What recommendations would you make to improve the protection of refugee women at the international level?
16. How do external factors, such as political climate and funding limitations, impact your organisation's ability to protect refugee women?

Future Directions

17. What are your organisation's future plans or upcoming projects focused on the protection of refugee women?

18. How do you see the role of NGOs and international organisations evolving in the context of the international migration crisis?
19. What innovative approaches or partnerships is your organisation exploring to better protect refugee women?

10.2 Syrian Women Refugee Interview Guide

Background

1. Can you tell me about yourself, since when you have been in Turkey/Greece, and what is your current living situation?

2. When you first arrived, where did you stay, and how has your situation changed over time?

3. What is your current legal status in the country? How long did it take to obtain it, and how has this status affected your daily life?

Access to Services and Legal Protection

4. What has your experience been like in accessing healthcare here?

5. How has your legal status affected your access to work, education, or training?

6. How do you meet your basic needs, such as housing, food, and other essentials? (Through government services, NGO support, self-reliance, or support gaps)

7. As a woman, have you faced specific difficulties in legal procedures or accessing services? (such as documentation, interviews, reporting violence, and gender-related barriers)

8. If you were subjected to harassment, discrimination, or violence, do you know how to seek help? Have you ever tried to?

Safety and Gender-Based Experiences

9. How safe do you feel in your daily life here – in your housing, in public places, and when accessing services?

10. Have you experienced harassment, discrimination, or violence here because you are a refugee?

11. What are your biggest safety concerns and daily challenges now?

12. Do you have people you trust to talk to about your difficult experiences and get support? (Other refugee women, family, NGO workers, local friends)

Support from NGOs and Organisations

13. Which organisations have you been in contact with, and which were the most or least helpful? Why?

14. What types of support have you received from organisations? (Legal aid, healthcare, education, counselling, financial support)

15. How do these organisations treat you as a woman? Do they take into account the specific needs of women?

16. What kind of support do you wish were available but is not? How could organisations better serve refugee women?

Integration and Comparative Perspectives

17. How do the local people treat you, and do you feel like you are part of the community?

18. How has your experience in Turkey compared to what you expected or heard from other refugee women?

19. What are your main hopes for the future? What would help you achieve your goals?

20. If you could speak to government officials, what would you tell them about how to better protect refugee women? Is there anything important that we haven't discussed?

List of Publications

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