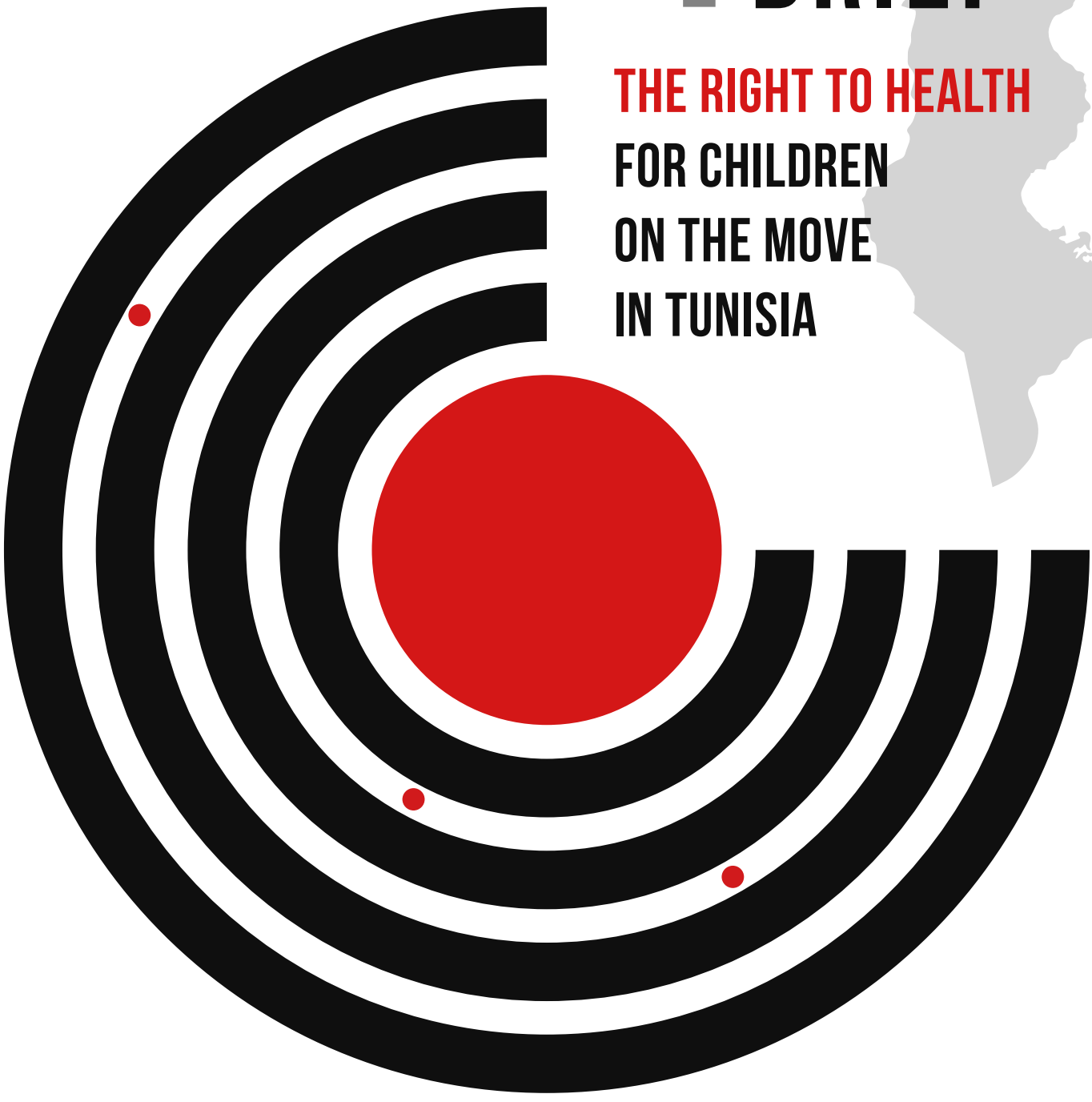
OMCT
SOS-Torture Network

4 FOCUS BRIEF

THE RIGHT TO HEALTH FOR CHILDREN ON THE MOVE IN TUNISIA



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NOVEMBER 2024 - APRIL 2025

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LIST OF ACRONYMS

AVRR	Assisted voluntary return and reintegration
BID	Best Interest Determination
CAT	United Nations Convention against Torture
CCDAG	Free and Anonymous Counseling and Testing Centers
CEOS	Center for Social Guidance and Counseling
CRC	Committee on the Rights of the Child
CPE	Child Protection Code
CRT	Tunisian Red Crescent
CSB	Basic Health Center
CSO	Civil Society Organization
DCIM	Directorate for Combating Illegal Migration (Libya)
DDH	Human Rights Defender
DGFE	General Directorate of Borders and Foreigners of the Ministry of the Interior
DGPE	General Delegate for Child Protection
DPE	Child Protection Officer
FGD	Focus Group Discussion
GBV	Gender-based violence
ICRC	International Committee of the Red Cross
IMO	International Maritime Organization
INLCTP	National Authority to Combat Trafficking in Persons
INPT	National Instance for the Prevention of Torture
IOM	United Nations International Organization for Migration

ITS	Informal Tented Settlement
KII	Key Informant Interview
MRCC	Maritime Rescue and Coordination Centre
MAS	Ministry of Social Affairs
ME	Ministry of Education
MENA	Middle East and North Africa
MFFES	Ministry of Family, Women, Children and Seniors
MI	Ministry of the Interior
MJ	Ministry of Justice
MS	Ministry of Health
NGO	Non-governmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
OMCT	World Organization Against Torture
ONFP	National Office for Family and Population
RSD	Refugee status determination
SOP	Standard Operating Procedures
SAR	Search and Rescue
SSA	Stability Support Apparatus (Libya)
SRH	Sexual and reproductive health
UN	United Nations
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund

METHODOLOGY

The OMCT's monitoring and research during the period under analysis (November 2024 - April 2025) is based on:

- An in-depth analysis of reports and communications from international organizations, non-governmental organizations and national and local associations on the rights of people on the move, with a special focus on children on the move.

- The extensive documentation of publicly available secondary data, including the analysis of videos, images, GPS coordinates, satellite images and written testimonies, which have identified episodes of violations during the period under analysis.

- Semi-structured interviews and focus groups with:

    - 32 representatives of 18 international, national and local non-governmental organizations (based in Tunis, Sfax, Zarzis, Médenine, Sousse and Le Kef) assisting children and people on the move

    - 23 representatives and social workers from six international organizations (including the United Nations1) and cooperation agencies working on migration issues in Tunisia

    - 7 experts who have worked or are currently working in the public child protection and health sectors in Tunisia

    - 6 lawyers who have represented children on the move before Tunisian courts

    - 4 independent activists, researchers and journalists

- Documentation of 40 individual cases of victims assisted by the OMCT and partner organizations (including 12 cases documented directly by the OMCT and its SANAD program for direct assistance to victims of torture, and 28 by partner organizations).

- A quantitative analysis of the databases of four organizations that provided direct assistance to people on the move in Tunisia over the study period.

Several limitations inherent in documenting human rights violations suffered by people on the move - particularly children - make it difficult to obtain reliable quantitative data, such as, among others: the difficulty of documenting violence suffered by children in a secure and ethical manner, the constant mobility of alleged victims, the juxtaposition of different migratory flows over the same period and on the same routes, the cross-border nature of the violations suffered by people on the move, and the difficulty of accessing the areas of alleged violations. However, after conducting a detailed study and verifying the typology, incidence and prevalence of violations on Tunisian territory, the report presents conclusions on the qualitative dimension of these violations in terms of patterns and consequences on individuals, their families and their communities.

INTRODUCTION

In Tunisia, although the right to health is guaranteed by the Constitution and enshrined in several key pieces of legislation, its effectiveness remains largely compromised for children on the move. The latter face multiple structural and administrative obstacles that hinder their access to healthcare and significantly limit their ability to receive care from public health services. This situation increases their vulnerability in a context marked by a significant increase in their health needs.

At the same time, the restrictions imposed on civil society organizations severely reduce the capacity for action of the few actors still present in the field, leaving many children without an adequate response to their essential health needs.

This Focus Brief takes an in-depth look at the specific needs of children on the move living in or transiting through Tunisia, the persistent obstacles to the effective exercise of their right to health, and the quality and coverage of the health services to which they have access.

THE RIGHT TO HEALTH FOR CHILDREN ON THE MOVE IN TUNISIA

What does international law say?

The 1989 United Nations Convention on the Rights of the Child (UNCRC) is the main international legal instrument concerning the protection of children. Article 24 of the UNCRC specifically establishes the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness[1]. This right applies to all children, regardless of their migratory status. Moreover, Article 12 of the International Covenant on Economic, Social and Cultural Rights recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health[2], and provides that States shall take the necessary measures to ensure the healthy development of the child.

The Committee on the Rights of the Child (CRC) emphasized in its General Comment n°15[3] that :

- the right to health includes physical and mental health.
- health services must be sufficient in quantity and quality, functional, materially and financially accessible to all sectors of the child population, and acceptable to all.
- States must strive to guarantee universal access to health care for all children.

The Committee on the Rights of the Child specified in its General Comment n°6[4] that this right applies to all children, regardless of their migratory status.

Other international instruments also reaffirm this right to health for all children, including those on the move:

- The 1951 Convention relating to the Status of Refugees guarantees refugees the same treatment as nationals in matters of public assistance, including health care (article 23).
- Article 16 of the African Charter on Human and Peoples' Rights enshrines the right to health and access to services without discrimination (article 2).

1. Art. 24 of the CRC.
2. General Comment no. 14 of the Committee on Economic, Social and Cultural Rights states that the «highest attainable standard of physical and mental health» depends both on the individual's biological and socio-economic situation at the outset, and on the resources available to the State. Good health cannot be guaranteed by a state, nor can states ensure protection against all possible causes of human ill-health. Consequently, the right to health must be understood as the right to enjoy a variety of facilities, goods, services and conditions necessary for the realization of the right to the highest attainable standard of health. See E/C.12/2000/4, §9.
3. General Comment N° 15 (2013): The right of the child to the enjoyment of the highest attainable standard of health (art. 24), CRC/C/ GC/15, §16.
4. General Comment N° 6 (2005): Treatment of unaccompanied and separated children outside their country of origin, CRC/GC/2005/6, §12.

- The African Charter on the Rights and Welfare of the Child (ACRWC)[5] stipulates that every child has the right to the highest attainable standard of health, and imposes a number of obligations on States to guarantee this right, including the provision of appropriate medical care, the fight against childhood diseases including the establishment of immunization programs, and access to care for marginalized and vulnerable children, including foreign children (article 14).

And what does Tunisian law say?

In line with international standards, Article 52 of the Tunisian Constitution of 2022 explicitly guarantees respect for the fundamental rights of all children on national territory, including access to health and care, «without discrimination and in accordance with the best interests of the child». The right to health for all is enshrined in article 43, including free care «for those without support or sufficient resources». The 1995 Child Protection Code (CPE) offers social and legal protection to children considered to be in a «difficult situation»[6] and grants the right to health assistance for children placed in an educational institution for protection or re-education.[7] The «Child Protection Officer», a position created by the CPE, is responsible for implementing prevention and protection mechanisms for children whose health or physical or moral integrity is threatened.[8] However, there is no specific provision for children on the move regarding their access to health.

The 2017 Organic Law on the Elimination of Violence against Women[9] refers to the need to put in place prevention and protection measures for both women and their children regarding all acts affecting their health. The law confirms that children living with women victims of violence are also recognized as victims in the event of physical, psychological or economic harm, or if their freedoms and rights are violated.[10] Children who are victims of violence, or living with their mothers, victims of violence, have the right to access essential health care and psychological support. The law specifically charges the Ministry of Health with integrating violence prevention into medical and paramedical training,[11] through the training of healthcare staff to identify, assess and respond in a timely manner to violence against women and children. The 2016 organic law on preventing and combating human trafficking stipulates that victims of trafficking benefit from free care and treatment in public health facilities.[12]

5. This Charter has been signed but not ratified by Tunisia.
6. Art. 15 of the CPE.
7. Art.2 CPE.
8. Art. 50 of the CPE - During the period of application of urgent measures, the Child Protection Officer ensures that all kinds of appropriate sanitary aid and social and psychological protection are provided without the prior order of the family judge.
9. Organic law n° 2017-58 of August 11, 2017, on the elimination of violence against women.
10. Art. 4: «The State undertakes to take care of women victims of violence and the children residing with her in accordance with the following general principles: consider violence against women as a form of discrimination and a violation of human rights, recognize the status of victim to the woman and the children residing with her, who have suffered violence... ensure the accompaniment of victims of violence in coordination with the competent services with a view to providing them with the necessary social, health and psychological assistance and facilitating their integration and accommodation.» See also art. 13: «Women victims of violence and the children living with them benefit from the following rights: health and psychological follow-up, appropriate social support and, where necessary, the benefit of public and associative care, including counselling...».
11. Art. 8 of Organic Law n° 2017-58 of August 11, 2017, on the elimination of violence against women.
12. Art. 59 of Organic Law n°2016-61of August 3, 2016, on preventing and combating human trafficking.

1. LARGELY UNMET HEALTHCARE NEEDS

1.1 Malnutrition and food needs

According to the experts consulted for this study, the lack of adequate breastfeeding (due to rising malnutrition among communities on the move) and the lack of access to age-appropriate food pose a health risk for young children on the move in Tunisia, compromising their growth and development. This situation exposes children to an increased risk of infections, diarrhea and malnutrition, in a context of extreme vulnerability marked by the absence of income-generating activities and by limited access to safe and adequate breast milk substitutes. Malnutrition also affects older children, particularly unaccompanied and street children who cannot count on family support. Cases of dehydration have also been reported by humanitarian organizations working in Tunisia - this can rapidly progress to severe forms, jeopardizing the child's physical and psychological development, and, in some cases, becoming life-threatening.

1.2 Infectious, respiratory and dermatological diseases

Dermatological pathologies: Limited access to drinking water and to appropriate hygiene infrastructures in locations with a high presence of people on the move and in existing informal tented settlements is contributing to an upsurge in dermatological pathologies, notably the highly contagious scabies. According to the experts consulted, children are particularly at risk, as their immune defenses are often weakened by malnutrition and unsanitary living conditions.

Despite the existence of a national vaccination strategy, the absence of vaccination campaigns in regions where people on the move are concentrated, as well as in detention and rehabilitation centers, is contributing to an increase in the risk of epidemics. Without intervention, these contagious diseases are likely to spread not only among populations on the move, but also within surrounding host communities, risking increased pressure on Tunisia's already fragile healthcare infrastructure.[13]

Tuberculosis: According to the health professionals consulted for this study, cases of tuberculosis are on the increase among communities on the move, including among children. Several deaths of children on the move over the period studied were reported to OMCT by health professionals. Promiscuity in informal tented settlements and in detention and rehabilitation centers facilitates disease transmission, while limited access to diagnostic tests (such as sputum analysis and chest X-rays, for which a fee is charged) hinders early detection and effective treatment.[14]

13. For cases of tuberculosis or HIV, the hospital makes a referral to the Direction Régionale de la Santé for screening. The hospital has received a list of «compulsory diseases to report». The team from the «Centre de maladies infectieuses» calls the «Centre de dépistage» to check the situation of the family and the community.
14. In Tunisia, tuberculosis and HIV are among the notifiable diseases, in accordance with Decree no. 2010-1315 of September 27, 2010 governing national epidemiological surveillance. When a case is diagnosed in hospital, the hospital is required to report it to the relevant Regional Health Directorate (DRS). The aim of this procedure is to ensure medical follow-up of patients, as well as the implementation of screening and prevention measures for close contacts. In this context, the Infectious Diseases and Pneumology Departments work with the DRS Preventive Medicine Department and the screening centers to assess the health situation of the family and community, in order to limit transmission and ensure appropriate care for those exposed.

Respiratory illnesses: Organizations still managing to provide care for people on the move in Tunisia have reported that respiratory illnesses, such as bronchitis and bronchiolitis, increase significantly during periods of winter and heavy rain. With a growing number of children on the move living on the streets or in informal shelters, frequent weather fluctuations increase their vulnerability to respiratory infections, particularly among the youngest.

Chronic illnesses: Other acute illnesses linked to precarious living conditions, such as dehydration, diarrhea and gastro-enteritis, sometimes as a direct consequence of unhealthy living conditions (notably lack of adequate food, sanitary accommodation, waste management) and limited access to healthcare, were reported affecting children on the move in Tunisia.

1.3 Sexual and reproductive health

The sexual and reproductive health (SRH) needs of people on the move in Tunisia appear to have risen sharply over the period under study. This increase concerns both general SRH needs - particularly those related to pregnancy, access to contraception or gynecological care - and those resulting from sexual violence, which generate specific needs such as medical and psychological care. Out of a sample of 112 people who experienced some form of violence between November 2024 and March 2025, and detailing the type of violence suffered, **54% reported having been victims of sexual violence.**[15]

Limited access to contraception and abortion for people on the move

Over the period under study, OMCT partner organizations reported an increase in the number of unwanted pregnancies, often allegedly linked to gender-based and sexual violence, also among teenagers. They also noted a rise in requests for voluntary pregnancy termination, revealing the limited access to contraception, access to information and reproductive health support.

At the same time, the risk of Sexually Transmitted Infections (STIs) is reportedly increasing: a rise in cases of people on the move living with HIV, including children, as well as cases of viral hepatitis B and C, has been reported by organizations active in women's health on the move, with an additional risk of transmission from mother to child.

Increasing challenges in pregnancy and childbirth monitoring

A marked spike in births among the population was reported to OMCT by local hospital officials, with, for example, around ten births from mothers on the move a week recorded at the Sfax hospital over the period under analysis[16].

Illustrating the rise in maternal and child health needs, one humanitarian organization reported assisting 360 women on the move for pregnancy monitoring and complications, representing 62.5% of all cases of people on the move between November 2024 and the end of March 2025. In terms of geographical distribution, almost 60% of consultations in Sfax were related to pregnancy monitoring.[17]

At the same time, a growing number of women living in informal tented settlements are giving birth outside hospital structures, exposing themselves and their newborns to serious health risks due to the lack of adequate hygiene conditions, appropriate obstetric and neonatal care, and rapid treatment in the event of peri- or post-partum complications. For women on the move living in urban centers, access to hospital maternity services remains largely possible. Additionally, access to pre-delivery monitoring is becoming increasingly difficult, compromising the prevention and management of maternal and neonatal complications, which are not covered by Basic Health Centres (CSB).

15. Humanitarian source. These data come from the databases of a humanitarian organization to which the OMCT has had access. These figures are calculated as a proportion of the total number of people who approached this organization between November 2024 and April 2025 and detail the type of violence suffered (112 people). Furthermore, according to a recent FTDES study, 20.9% of persons on the move interviewed (adults and children combined) said they had been victims of at least one sexual assault on their migration route; 13.5% had been victims several times. 16.4% of those surveyed reported having been forced to have sex at least once. The study, whose field survey ran from March to June 2024, is based on questionnaires from 379 people on the move in the Greater Tunis, Zarzis and El-Amra-Jebeniana regions. See : FTDES, Migrants subsahariens en Tunisie : profils, vécus et dérives des politiques migratoires, field survey, July 2025, p. 104.
16. The OMCT has not been able to access official public data on the number of births of children on the move.
17. Humanitarian source.

Post-partum health and pediatric neonatal care

Health care during the post-partum period is increasingly difficult to access for people on the move, increasing the risk of complications such as hemorrhage and infection. The rise in out-of-hospital births hinders access to vaccination for newborns on the move, increasing their exposure to infectious diseases, often in unsanitary environments and living conditions, where the risk of epidemics is high.

Reality: Kadia's story

Kadia, a young woman living on the move in southern Tunisia, became pregnant after reportedly being raped. She had no access to psychological assistance during her pregnancy. After giving birth, she consulted a civil society organization for the pediatric care of her newborn. The organization's carers then noticed an unusual mother-child interaction. The newborn had not been breastfed for several days in a row and had not had access to bottles. Following a psychological consultation, it became clear that the trauma of Kadia's rape was causing her to behave in an abusive manner towards the newborn, resulting in affective dissociation and emotional withdrawal, compromising her ability to form an attachment bond with her child. The child perceived —despite herself - as a constant reminder of the aggression, triggered in her a maternal ambivalence combining rejection, guilt and distress.

After a report to the Child Protection Officer (DPE) and a referral to the family judge, the child was not placed in a public institution, but a psychological follow-up and a visit from the social worker were decided in order to continuously assess the reconstruction of the mother-child bond, before re-examining the need for placement in a public structure.

1.4 Mental health

The mental health of children on the move is particularly fragile, due to the combination of several factors: exposure to potentially traumatic events throughout the migration journey, the often-prolonged precariousness of living conditions, the continuous violations of human rights, and the sensitivity of the childhood period. These cumulative factors can have significant psychological repercussions in the short, medium and long term. This situation is even more alarming as:

- The state-led child protection system, which should be responsible for providing psychological assistance to children at risk, lacks capacity to respond to the needs, given the difficulty of access for children on the move (see section on the reality of the protection system), the lack of human resources (shortage of psychologists and psychiatrists) and the lack of alternative protection solutions (reception, accommodation and alternative care solutions) for children.

- The hospitals, the National Office for Family and Population (ONFP) and the Basic Health Centres (CSB) in southern Tunisia (and to a lesser extent in Greater Tunis and Sfax) rarely have the capacity to offer high-quality, long-term psychological support - whether to people on the move or to Tunisian citizens.

- Psychological assistance offered by civil society has dwindled due to restrictions imposed by the Tunisian authorities, notably the difficulties in carrying out group activities since May 2024, preventing the setting up of discussion groups, crucial for offering a space for listening and sharing to children affected by episodes of violence.

As a result, unmet mental health needs are increasing, with significant consequences for children on the move.

Reality : Bintou's story

Bintou, an 11-year-old girl on the move, was a victim of rape and a witness to her mother's rape. Pregnant as a result of the rape, she was unable to have an abortion because the three-month legal deadline for an abortion had passed[18], and suffered from post-traumatic stress disorder. Psychological assistance provided by a civil society organization helped her to understand the situation and how to overcome it, in order to make her aware of the rape and work on the trauma. At the same time, the psychologists who accompanied her worked on accepting her pregnancy.

18. It should be noted that a request for therapeutic termination of pregnancy can be submitted beyond the three-month mark in the event of risk to the woman's physical or mental health, or to the health of the fetus, particularly in the case of malformation. See article 214 of the French Penal Code, Decree of July 9, 1913.

THE PSYCHOLOGICAL VULNERABILITIES OF CHILDREN ON THE MOVE IN TUNISIA

As part of this research, the OMCT spoke to several clinical psychologists working with children on the move in Tunisia, to highlight their needs for psychological assistance.

Prolonged exposure to violence

The majority of children on the move residing in or transiting through Tunisia have been exposed, directly or indirectly, to multiple and prolonged forms of violence throughout their migratory journey. These children frequently witness and/or are victims of potentially traumatic events, from their country of origin to their arrival on Tunisian territory, which puts a severe strain on their physical, psychological and emotional resources. For example, many children from Sudan have experienced the devastating effects of war and have been unable to begin the grieving process for the loss of loved ones. Against a backdrop of persistent civil war, particularly following recent attacks on internally displaced population (IDP) camps in the north of the country, many children, especially unaccompanied children, remain without news of their families. Added to this is a highly insecure daily environment in Tunisia, marked by insecurity, the impossibility of obtaining regular residence status and the limited access to dignified and durable solutions. This anxiety-inducing environment can lead to hypervigilance, inducing a state of chronic stress and preventing them from projecting themselves into the future.

The vulnerability of unaccompanied and separated children

Adolescence is a crucial phase of psychological, cognitive and emotional development. It involves profound transformations, particularly physiological ones, which require a stable environment and a secure attachment base to enable the young person to build a positive self-image and psychologically integrate these upheavals. However, in the context of migration, these fundamental points of reference are often absent or profoundly disrupted. Teenagers on the move, especially when unaccompanied or separated from their families, are doubly vulnerable. On the one hand, because of their age, they do not yet have the full capacity to assess risks or protect themselves independently. On the other hand, the break-up of family and cultural ties, essential to the structuring of identity, represents a major loss of psychological foundations. The absence of stable attachment figures (parents, relatives) deprives these young people of the support they need to get through and make sense of their experiences of uprootedness, violence and precariousness. This rupture fosters a profound sense of isolation, which further weakens their psychological equilibrium.

The traumatic response

In children exposed to repeated violence, emotional dysregulation is frequently observed, characterized by difficulties in identifying, expressing and modulating emotions. In the face of intense, often unspeakable and inexpressible psychological distress, the body becomes a privileged place of expression: self-aggressive behaviors such as self-mutilation are sometimes used to regain a sense of control, or to feel and temporarily relieve overwhelming emotional pain. Adolescents may also have a diminished perception of danger, exposing themselves to high-risk situations such as suicide attempts, reckless risk-taking or the use of drugs to numb their emotions. Somatic manifestations such as digestive disorders or sleep disturbances reflect the body's attempt to express psychic anguish.

Cognitive, emotional and sentimental consequences

The psychological distress of children on the move, often marked by anxiety and depressive disorders, disrupts their day-to-day functioning and compromises their ability to adapt. Prolonged exposure to stress, particularly in an insecure environment without stable support, chronically activates the neurobiological mechanisms of stress (notably cortisol secretion), which can impair emotion regulation, attention and self-esteem. The lack of access to basic developmental needs, such as schooling, leisure activities or a healthy relational environment, also weakens psychological equilibrium. Language barriers can prevent the integration of English-speaking children in particular, hindering the development of their socio-affective skills. In addition, cultural barriers can foster social isolation; the absence of cultural landmarks and identification figures, in a context sometimes perceived as rejecting or hostile, can hinder identity-building and fuel feelings of rejection.

The importance of psychological support

For children on the move, certain behaviors express deep psychological suffering, even in the absence of words or emotions. Psychological support can provide a space to contain this suffering, help to understand its origins and initiate reconstruction work. However, this process is often hampered by instability, the urgency of survival and the absence of stable reference points, making it difficult to work through the trauma over time. The focus on survival and the «now» hinders the psychological work of expressing trauma, while working on the past is already difficult in a context of mobility.

2. PERSISTENT OBSTACLES TO ACCESS TO CARE

2.1 Administrative and legal barriers

Lack of identity documents

Apart from admissions for emergencies, access to basic healthcare and all types of forensic procedures is conditional on presentation of valid identity documents such as a birth certificate, national identity card or passport.[19] In the absence of valid identity documents, patients (whether Tunisian or not) are confronted with a refusal of healthcare and forensic procedures (such as voluntary termination of pregnancy) in public health facilities. In addition, as part of the digitization of the hospital system,[20] a digital medical file is created for each patient admitted to hospital. Hospital departments need a minimum of information, such as age, exact names, date of birth, etc., to register patients. A humanitarian organization active in health assistance reported that, out of 512 people on the move over the period under study, 310 had declared that they had no identity document.[21]

Children on the move, often lacking valid identity documents (see Focus Brief 3 on the right to legal identity) thus encounter numerous difficulties in accessing healthcare.[22] An organization active in health assistance told the OMCT that photocopies of passports and UNHCR cards are no longer automatically accepted as proof of patient identity. Furthermore, the absence of identity documents from the child's parents and/or legal guardians proving identity, family ties and therefore legal guardianship, also hinders access to certain forensic procedures[23].

According to the people on the move consulted for this study, as well as healthcare experts and professionals, access to healthcare remains easier for children than for adolescent minors, even in the absence of identity documents. Civil society organizations still manage, to a certain extent, to refer sick children to certain Basic Health Centers (CSB), particularly if they are accompanied by social workers from these organizations. In these cases, possession of an UNHCR or IOM card, although not an identity document, also facilitates access.[24]

> *«It now depends on the personal attitudes of health professionals: care may be refused or accepted depending on the center».*
>
> A Tunisian healthcare professional

19. For further observations on the impact of administrative and legal barriers to accessing healthcare for people on the move, see: Norwegian Refugee Council, Documentation and Access to Health: Challenges and Opportunities for Displaced Persons, 2022.
20. **«Secteur de la santé : Cap sur la digitalisation», La Presse, 26/09/2024**
21. Humanitarian source. These data come from the databases of a humanitarian organization to which the OMCT has had access. These figures are calculated as a proportion of the total number of people who approached this organization between November 2024 and April 2025.
22. According to a recent FTDES study, 80.5% of people on the move surveyed (adults and minors combined) cited the absence of identity papers as a major obstacle to their access to healthcare. The study, whose field survey took place from March to June 2024, is based on questionnaires from 379 people on the move in the Greater Tunis, Zarzis and El-Amra-Jebeniana regions. See: FTDES, Migrants subsahariens en Tunisie : profils, vécus et dérives des politiques migratoires, field survey, July 2025, p. 90.
23. In particular: the Initial Medical Certificate (CMI), the medical file/report, the hospitalization file/report, the medical examination sheet carried out during police custody, the medical examination report carried out on admission to prison, the detainee's medical file, the forensic report and the autopsy report. All these documents can be key to documenting the existence of the harm suffered and enabling the victim to access his or her rights. See: «Les Traces de la torture», L'enquête et la documentation médicales et médico-légales», OMCT, 2023.
24. In 2023, the Committee on the Elimination of Discrimination against Women recommended that Tunisia ensure that identity cards and documents issued by the UNHCR to asylum seekers are accepted in public hospitals and primary health care facilities, including for sexual and reproductive health services. See CEDAW/C/TUN/CO/7, §50.

The agreement of legal guardians

Access to healthcare for children in Tunisia is subject to the consent of the legal guardian.[25] In the absence of a legal guardian in Tunisia, the judge must appoint a guardian for the child to enable access to care or the taking of important decisions concerning the child.[26] Access to care for separated and unaccompanied children is therefore hampered by the absence of legal guardianship. When unaccompanied children present themselves at hospitals, public health care facilities and civil society organizations to request health care assistance, an automatic notification to the Child Protection Officer is mandatory. This facilitates access to care, while the family judge appoints a legal guardian. Several problems arise for separated and unaccompanied children on the move:

- As long as no guardian is appointed, access to non-emergency care may be blocked for the child, and the doctor can only act in the event of a vital emergency.

- Several organizations have deplored a case-by-case approach by the responsible authorities due to the absence of standardized procedures; frequent lack of responsiveness and coordination are factors reported to delay the adoption of protection measures (see Focus Brief 5 on «Capacities and responses of state and non-state child protection system») and access to healthcare.

- Access to visits and follow-up care information for civil society organizations and UN agencies may be denied by the hospital in the absence of the agreement of a legal guardian - requiring then the agreement of the judge and the support of the Child Protection Officer. These procedures delay the child's possibility of being properly accompanied and prevent the relevant organizations from informing the child about his or her rights and about the alternatives available to family reunification (for example, through return to the country of origin or resettlement in a third country).

«The authorities don't know how to deal with unaccompanied children, and Child Protection Officers are helpless.»

Humanitarian agency manager

As a result, several negative resilience mechanisms are reportedly being adopted by people on the move to overcome administrative obstacles - these have short, medium and long-term negative effects on the exercise of children's right to health.

- Some unaccompanied or separated children declare a false identity and withhold their documents in an attempt to appear older, putting themselves at risk of being denied care and access to child protection services.

- Some women without identity documents usurp the identity of other women on the move in order to access care, which entails a number of risks, including a breakdown in care in the event of discovery of the usurpation or death of the usurped person, with a possible major impact on HIV or tuberculosis treatment in particular, but it can also cause obstacles to the registration of the identity of a newborn child and risks in proving the family link, criminal prosecution, etc.

25. Article 35 of the Tunisian Code of Medical Ethics requires doctors to obtain the consent of patients or their legal representatives before providing care. Article 154 of the Personal Status Code (CSP) specifies that the father is the legal guardian of the minor child, with the mother taking over in the event of the father's death or incapacity. For certain specific acts, the law may also require the authorization of the family judge, as stipulated in article 28 of the 2004 Child Protection Act, which penalizes the absence of the tutor's consent and the judge's authorization.
26. Under article 154 of the Personal Status Code, if the father (legal guardian by default) is deceased or incapacitated, the mother becomes legal guardian; if both parents are deceased or incapacitated, the judge intervenes to appoint a guardian. The aim of this procedure is to guarantee the child's protection and ensure the continuity of his or her rights, particularly in terms of health.

Access to abortion for children in Tunisia

Tunisian legislation requires the authorization of a child's legal guardian for access to Voluntary Interruption of Pregnancy (VTP).[27] In practice, any sexual intercourse involving a child under the age of 16 is legally considered rape,[28] systematically triggering a report to the child protection authorities, who have to refer the case to the family judge to determine the legal guardian empowered to give consent for an abortion.[29] Pregnant unaccompanied children in Tunisia who do not have a clearly identified legal guardian on the territory must therefore receive a court order before they can undergo an abortion. However, this practice is not enshrined in law but is carried out on a case-by-case basis. This can delay or even block access to abortion, especially if the pregnancy is already advanced, taking into account the legal limit is three months.[30]

There are other obstacles to abortion:

- The possession of identity papers is a condition of access to abortion - but women and girls on the move often lack them.
- The National Office for Family and Population (ONFP), responsible for access to abortion, depends on the place of residence. Children on the move may be sent from one center to another, lengthening waiting times.
- Surgical abortion by curettage (favored from 8 weeks of pregnancy) is not available from the ONFP and is not free of charge in the absence of health insurance, requiring a civil society organization to cover the costs and referral to a private clinic or public hospital.

The reality: Rose's story

Rose, 16, from Cameroon, became pregnant in Tunisia. She is HIV-AIDS positive. As the pregnancy progressed, and the three-month legal limit approached, Rose was faced with the impossibility of accessing abortion in the absence of identity papers. Assisted by a civil society organization, her case was reported to the Child Protection Officer , who vouched for her identity. She was transferred to Sfax hospital, where she received an abortion by court order and antiviral treatment with the agreement of the Regional Health Department.

27. See also article 35 of the Tunisian Code of Medical Ethics, which requires doctors to obtain the consent of patients or their legal representatives to provide care.
28. Organic law no. 2017-58 of August 11, 2017, on the elimination of violence against women, art. 227 (new) - «Is considered rape, any act of sexual penetration, whatever its nature, and the means used committed on a person of female or male sex without his consent the perpetrator of rape is punished by twenty years imprisonment. Consent is considered non-existent when the victim is under the age of sixteen (16).
29. According to the current interpretation of article 60 of the Personal Status Code (amended by law no. 93-74 of June 12, 1993) read with article 35C of the Code of Medical Ethics on the consent of the patient and his/her legal guardian in the case of medico-legal acts on non-emancipated minors. See other emerging legal issues **in Association Tunisienne du Droit à la Santé, «Mineures et Avortement médicamenteux : le statut juridique de la mineure».**
30. In 2020, the Human Rights Committee recommended that Tunisia guarantee access in practice and throughout its territory to abortion services provided by law for women and girls, respecting their right to privacy, and strengthen measures against discrimination and stigmatization of unmarried women and girls who resort to abortion. See CCPR/C/TUN/CO/6, §26.

Access to vaccination

Vaccination is free for all children in Tunisia.[31] Follow up to all vaccination is carried out through a vaccination booklet, generally provided to the mother either at the time of prenatal follow-up in a Basic Health Centre or at the time of delivery in a hospital or private clinic (see Focus Brief 3 "The Right to Legal Identity"). This booklet records the various vaccinations received by the child, and its presentation is a condition for obtaining a vaccine. If the carnet is lost, or if the child is born outside a hospital in Tunisia and does not have it, access to vaccinations becomes extremely difficult. It should be emphasized that some newborns or children born outside Tunisia encounter difficulties in accessing vaccination, particularly when they do not have a vaccination booklet issued in their country of origin. The absence of this document complicates their integration into the national vaccination schedule and can delay the administration of basic vaccines.

2.2 Financial obstacles

Children on the move face the same financial difficulties in accessing healthcare as adults - having no access to health coverage due to their irregular status. Against a backdrop of significant impoverishment and a reduction in income-generating activities - particularly for children accompanied by single mothers and separated or unaccompanied children - access to healthcare for children on the move is therefore considerably hampered by financial barriers, which differ according to the type of care.[32]

- **Vital emergencies:** Access to hospitals is free for vital emergencies - with an admission fee of 5,400 TND (or 10 TND for those without health coverage). Access to emergency services is possible - but any additional care entails significant charges on discharge. Most emergency services have adopted a «hospitalization package» of 40 TND - allowing free or low-cost admission for people covered by Ministry of Social Affairs' social protection programs - which does not apply to people on the move, de facto excluded from social protection in Tunisia.

- **Basic healthcare:** consultations with doctors and pediatricians in Basic Health Centers remain accessible at a rate of 7 TND, as do free consultations with midwives. The National Office for Family and Population (ONFP) and the Maternal and Child Health Protection Centres (Centres de Protection Maternelle et Infantile) provide free access to reproductive and sexual health care for women.

- **Infectious diseases:** The fact that tests are not free of charge affects the prevention and treatment of certain contagious diseases. While tuberculosis treatment is theoretically free at national level via public health centers, the tests needed for diagnosis and biological monitoring of treatment, such as saliva tests and chest X-rays, are not free of charge - except in dispensaries. Sexually Transmitted Infections (STI) screening, on the other hand, is free of charge in the Free and Anonymous Counseling and Testing Centres (CCDAG).

31. According to the decree of May 5, 1922 on compulsory vaccinations, and the various ministerial decrees on the subject (see here), vaccination against diseases such as tuberculosis, poliomyelitis, diphtheria, tetanus, whooping cough, measles and hepatitis B is free and compulsory for all children.
32. According to a recent FTDES study, 93.9% of travelers surveyed (adults and minors combined) cited financial constraints as the main reason for not seeking medical care. The study, whose field survey took place from March to June 2024, is based on questionnaires from 379 people on the move in the Greater Tunis, Zarzis and El-Amra-Jebeniana regions. See : *FTDES, Migrants subsahariens en Tunisie : profils, vécus et dérives des politiques migratoires, field survey, July 2025, p. 90.*

- **Follow-up of difficult chronic diseases:** While hospitals and health centers in Tunisia provide affordable initial consultations, patients are then referred to the hospital's administration to pay the medical fees before receiving a prescription or benefiting from additional exploratory examinations such as X-rays, ultrasounds or operations. These additional follow-ups and treatments are free of charge for those with health cover. However, as the vast majority of people on the move do not have health cover, they often find themselves unable to pay the requested health expenses and are denied access to essential care. These obstacles particularly affect the treatment and monitoring of chronic illnesses such as diabetes, cardiovascular disease and cancer, which require regular medical follow-up and specific, often costly treatments.

- **Abortion :** Medical abortion (0-8 weeks of pregnancy[33]) is free and provided by the ONFP. Surgical abortion by suction (in the first three months of pregnancy) is charged for and not performed in ONFP centers.

- **Delivery:** Delivery fees vary according to the type of intervention (ranging from 200 to 1000 TND, or even more, depending on whether the delivery is by vaginal delivery without complications, with complications, by Caesarean section, and on the length of hospitalization required post partum). The OMCT has documented cases where hospitals hold women or children for up to 10 days, refusing to issue the medical birth attestation required by the civil registry to register the birth. In such cases, hospital authorities contact civil society organizations and UN agencies to settle the bills. Procedures set up by the Ministry of Health to recover delivery and care costs are generally unsuccessful, given the absence of secure and permanent addresses for people on the move.

- **Purchasing medicines:** As people on the move do not have access to the Ministry of Social Affairs' social protection programs, they do not have access to health coverage enabling them to purchase medicines at reduced prices from hospital pharmacies.

Financial obstacles are compounded by harmful practices in some medical facilities, reinforcing inequalities in access to care. Several organizations and health experts consulted for this research reported to the OMCT:

- Denial of access to emergency care for children and women with newborn babies who are unable to pay admission fees.

- Prescription of additional non-essential examinations (X-rays, MRIs, scans) to private health professionals, to get children out of public facilities, and to make them pay high medical fees, without these examinations leading to additional care.[34]

- Medical fees disproportionate to the actual services provided and to normal costs.

- Inflated drug prices in private pharmacies or refusal to sell cheaper generic drugs.

33. There is no legal limit, but in practice, ONFPs accept abortions up to 6-9 weeks, depending on the center.
34. Humanitarian source.

The provision of medical care and the assumption of healthcare costs by civil society organizations, the IOM and the UNHCR still make it possible to overcome some of the financial barriers faced by people on the move in Tunisia. However:

- The number of actors involved in financial support and direct healthcare assistance has dwindled considerably since May 2024 - UNHCR, IOM and Médecins Du Monde being the last actors to provide direct healthcare assistance on the ground to people on the move.
- The mandate and budgets of these actors are limited and do not allow them to cover certain less urgent care (notably long-term chronic illnesses) in a context of rising health needs.
- Certain categories of the population have difficulty accessing these organizations - such as people living in areas poorly covered by civil society or in informal settlements in El Amra and Jbeniana.

2.3 Discrimination and denial of access to healthcare

A system ill-suited to the needs of children on the move

The exercise of the right to health by children on the move in Tunisia is made difficult by the poor adaptability of the health and child protection system in Tunisia to their profiles, as well as by the lack of information among people on the move about existing services and how they work, resulting in discrimination in access to protection and health.[35]

- Children on the move considered "at risk" who are not cared for by child protection services are exposed to additional risks (see Focus Brief 5 "Capacities and responses by state and non-state child protection system").
- State-led child protection authorities (DPE, regional health departments, CEOS) often fail to facilitate access to care, even for children at risk referred and taken into care, particularly in terms of physical accompaniment to structures or access to care in Ministry of Social Affairs centers.
- The lack of sufficient understanding among frontline healthcare staff of the impact of migration on health prevents the identification of vulnerabilities specific to children on the move (survivors of violence on the road, psychological vulnerability linked to trauma and displacement, etc.) and appropriate health care in a timely manner.

"Living conditions in the Sfax CEOS can create additional health problems for children in care"

A social worker from an international organization present in Tunisia

35. According to OMCT's partner organization, testimonies gathered from key informants reveal that 67% believe that only specific sub-groups of children on the move have access to health services. A further 9% claim that access to health services is guaranteed, while 17% state that children have no access at all. These data were collected as part of an assessment of the protection needs of children on the move, carried out between October and November 2024. The assessment is based on 25 interviews with key informants (KIIs) in the Médénine governorate, limiting the generalizability of the results to the whole of Tunisia.

Difficult mobility to care facilities

The internal movements within Tunisia are marked by numerous obstacles and dangers for children on the move, particularly for those identified as originating from sub-Saharan Africa. Journeys between governorates, municipalities or concentration zones such as informal tented settlements towards urban centers expose children to security risks, particularly arrest, creating a climate of constant fear.[36] Thus, according to the experts and representatives of civil society organizations consulted for the research, most people on the move living in informal tented settlements in the north of Sfax would not travel to the urban center to reach the Hedi Chaker hospital, or even to the health medical centers of the cities of Jbeniana and El Amra, despite referrals to local doctors.

This is compounded by persistent racial discrimination in access to any means of transport, notably cabs and hire cars, as documented by the OMCT in its previous research. For example, children on the move living in UN shelters in southern Tunisia reportedly find it extremely difficult to make the Zarzis - Médenine journey by public transport. These refusals of access exacerbate their enjoyment of their right to freedom of movement, already exacerbated by the high cost of transport.

" In Sfax, people on the move are invisible - for fear of being arrested. It's becoming increasingly difficult to mobilize them for screening and care. "

A manager of an organization providing health assistance to people on the move

Discrimination within healthcare structures

Civil servants and healthcare personnel working in public health structures in Tunisia have stated that access to hospitals and CSBs is based above all on a humanitarian approach, with no discrimination on the basis of origin, skin color, gender, etc. However, according to the testimonies collected by the OMCT, and by the heads of organizations making referrals to public health structures, people on the move - including children, accompanied by their parents, separated or unaccompanied - are subjected to acts of racial discrimination in the form of:

- Refusal of ambulance services, including for vital emergencies
- Denial of access to health facilities
- Racist and xenophobic insults and behavior by nursing staff and/or receptionists
- Differential treatment with Tunisian citizens (sometimes the result of a misunderstanding with healthcare staff and experienced as discrimination): long waiting times, accelerated consultations, prioritization of Tunisian citizens in access to certain treatments with reduced stocks (particularly for people living with HIV), higher healthcare costs (see sub-section on financial barriers)

36. According to a recent FTDES study, 90% of people on the move interviewed (adults and minors combined) said they avoided medical services for fear of being stopped. The study, whose field survey took place from March to June 2024, is based on questionnaires from 379 people on the move in the Greater Tunis, Zarzis and El-Amra-Jebeniana regions. See : FTDES, Migrants subsahariens en Tunisie : profils, vécus et dérives des politiques migratoires, field survey, July 2025, p. 90.
37. Furthermore, according to a recent FTDES study, 50.4% of the persons interviewed found the medical staff unwelcoming. The study, whose field survey took place from March to June 2024, is based on questionnaires from 379 people on the move in the Greater Tunis, Zarzis and El-Amra-Jebeniana regions. See : FTDES, Migrants subsahariens en Tunisie : profils, vécus et dérives des politiques migratoires, field survey, July 2025.
38. Humanitarian source.

2.4 Displacement-related barriers

Access to healthcare for children on the move is also hampered by barriers inherent to any healthcare system, which are accentuated here by the low capacity of the Tunisian healthcare system to adapt to the specific needs of people on the move.

The language barrier

The language barrier represents a major problem for non-Arabic and non-French-speaking children seeking access to public healthcare structures in Tunisia. The lack of interpreters and front-line staff with knowledge of foreign languages, particularly English, at reception and throughout the health-care process, seriously complicates access to services, against a backdrop of increasing numbers of English-speaking people transiting through Tunisia. This entails a number of risks: discrimination at the point of entry, with refusals of treatment linked to the impossibility of communicating; misunderstanding experienced as discrimination, particularly when appointments are refused for lack of interpreters; and poor communication exposing patients to diagnostic errors and consequently additional health risks.

Cultural barriers

Organizations providing health assistance to children on the move have reported a number of so-called «cultural» barriers reducing access to healthcare for children on the move in Tunisia, such as:

- Failure to seek psychological assistance, due to fear of stigmatization or lack of knowledge
- Considering certain forms of violence (with significant health consequences) as normal and not requiring care
- Lack of awareness about their rights to access healthcare as children on the move (this also applies to their legal guardians)
- The use of traditional medicines and care by other members of the community

The lack of a stable environment preventing medical follow-up

Frequent internal movement in Tunisia, motivated by the search for safety, work opportunities or safer accommodation, or as a consequence of arrest and forced and arbitrary displacement, makes continuity of care difficult. This is exacerbated by the fact that national and international organizations providing follow-up and facilitating access to public structures are unevenly distributed across the country.

- Unaccompanied and separated children often depend on support networks of adults from their own community and are obliged to follow them in order not to lose this protection, further complicating their medical follow-up. Many unaccompanied children have left the Jderia site in search of safer accommodation, preventing UNHCR-organized follow-up.
- Children accompanied by their parents follow them wherever they go (spontaneously or otherwise).
- Children who have been arrested, detained and/or forcibly displaced see their health follow-up come to an abrupt halt.

Unknown medical history

For children on the move born outside Tunisia, the absence of documents enabling health professionals to know their medical history (in particular vaccinations received in early childhood) also poses problems for health care.

Several factors contribute to the lack of adequate medical documentation. Obstacles include fear of approaching health facilities; frequent travel within and outside Tunisia, making it impossible to be followed up by the same health professional or the same health facility; and loss of personal belongings and documents during spontaneous and/or forced transfers. All these factors complicate the task of keeping complete medical documentation. According to the organizations and health professionals consulted for this study, the lack of awareness among adults on the move of the importance of keeping documents issued by health structures is also a problem for the care of accompanied children - whereas unaccompanied or separated children are generally devoid of any medical documentation.

Reality: Adjoua's story

Adjoua, a 12-year-old girl separated from her parents and accompanied to Tunisia by her uncle, suffered serious health problems at the beginning of 2024 and had to be hospitalized. As the hospital services had no information on the vaccinations she had received in her country of origin, the treatment protocol was suspended. The civil society and international organizations that referred her and paid for her care launched a search in Adjoua's country of origin in order to find her mother - and make progress on her treatment.

CONCLUSION

The results of OMCT's research reveal that, although the Tunisian health sector remains fully aware of the needs and urgency of intervening to ensure access to health of people on the move, particularly children, and front-line professionals at local level often try to do their best, the health sector's current response does not meet their health needs. All the people consulted for this study reported that the Tunisian health system suffers from a lack of resources, structures, training and staff.

The OMCT's data collection concluded that there are major regional disparities, preventing effective access to care throughout the country: Zarzis General Hospital lacks pediatric equipment, forcing referral to Gabès or Sfax without a budget for transport; in Zarzis, abortion is not accessible at the ONFP, requiring a transfer to Médenine; in Sfax, Hedi Chaker Hospital is the only one of the governorate's six hospitals to have certain specialized services such as a gynecological and intensive care unit, limiting access to maternal and pediatric care by creating a saturation situation.

The majority of those consulted working in the sector stressed that essential needs such as sexual and reproductive health, mental health, tuberculosis prevention and the management of sexually transmitted infections remain insufficiently covered. The lack of psychologists attached to the child protection delegates and to the ONFP was also highlighted as a major weakness.

At the same time, the operational space for civil society organizations, which used to make up for certain shortcomings in the Tunisian public health system, has largely shrunk since May 2024. Additionally:

- Access to locations where a high number of people on the move live (informal tented settlements, border areas) is impossible and requires the agreement of the Tunisian Red Crescent (CRT) and the authorities.
- Security risks for civil society organizations hamper face-to-face reception of beneficiaries.
- The criminalization of certain association leaders in May and October 2024 led to the suspension of the activities of several organizations active in health assistance.
- The suspension of the right to asylum since June 2024 has prevented UNHCR from providing health assistance to unregistered minors who are unable to apply for asylum.
- Politicization and security management of the issue of the presence of people on the move prevent coordination and constructive dialogue with local, regional and national authorities to meet needs.

OMCT's research reveals an alarming reality: for children on the move in Tunisia, the right to health remains largely theoretical.

- ***Denied access:*** Administrative, legal and practical barriers mean that access to healthcare is frequently denied, preventing these children from fully exercising their fundamental rights.
- ***Care arrives but often too late:*** Fearing the obstacles, many families delay seeking assistance until critical stages, leading to serious and avoidable deterioration in health status.
- ***Increased medical risks:*** The absence of pediatric follow-up, vaccinations and ongoing care exposes children to severe complications that could have been prevented.
- ***Dangerous practices:*** Faced with a lack of access to the healthcare system, many resort to self-medication and informal care, putting the lives of mothers and newborns at risk.
- ***A profound impact on mental health:*** instability, violence and lack of care have a lasting effect on children's psychological well-being, compromising their development and their future.

These findings call for urgent, coordinated action: guaranteeing fair and effective access to care for all children, without discrimination based on their migratory status, is a legal and moral obligation.

RECOMMANDATIONS

Guarantee effective access to healthcare services

- Remove all legal, bureaucratic, administrative, logistical and financial obstacles faced by people and children on the move, in order to facilitate their access to healthcare facilities throughout the territory, and implement emergency programs to guarantee access to sexual and reproductive health rights, childcare services and the prevention and response to Sexually Transmitted Infections.

- Facilitate access to care for children on the move without identity documents, including access to abortion - and recognize other types of documents as valid to prove identity in forensic procedures.

- Promote the appointment of a provisional legal guardian by a public authority to speed up access to care for separated and unaccompanied children without an existing recognized legal guardianship on the territory.

- Stop refusing to issue birth declarations in the event of non-payment of childbirth expenses.

- Guarantee access to adequate water and sanitation facilities, drinking water, hygiene services and waste management for people on the move, regardless of their legal status and without discrimination, giving priority to those stranded in the informal settlements of El Amra.

- Ensure that all children have access to vaccination programs, neonatal care and essential pediatric health services, regardless of their migratory status.

Awareness-raising and training activities

- Carry out awareness-raising campaigns to prevent sexual and gender-based violence, informing women on the move of their rights and how to access appropriate services, including by setting up emergency accommodation facilities for pregnant women and other members of vulnerable groups in hospitals. In addition, language training for healthcare professionals can help improve the quality and speed of care;

- Develop protocols and training for medical staff to address the specific health and psychosocial needs of children on the move, including trauma-informed care.

Allow humanitarian actors access to border areas and areas where people on the move are concentrated.

- Recognize the positive role of civil society organizations in providing access to health care for vulnerable and marginalized populations, and in supporting the Tunisian public health system.
- Grant international and national humanitarian actors access to locations characterized by areas high concentration of people on the move, and enable them to detect and treat infectious diseases, in coordination with the Tunisian Red Crescent and the relevant health authorities.
- Facilitate medical follow-up and access to information for humanitarian organizations and UN agencies concerning unaccompanied and separated minors.

ACKNOWLEDGEMENTS

The World Organisation Against Torture (OMCT) works with 200 member organizations to put an end to torture and ill-treatment, help victims and protect human rights defenders at risk, wherever they may be. Together, we form the largest international group active in the fight against torture in over 90 countries. We strive to protect members of marginalized groups at risk of being the most vulnerable, including women, children, indigenous peoples, migrants and other marginalized groups.

In Tunisia, the OMCT's direct assistance program, SANAD, provides holistic, tailor-made support to victims of torture and ill-treatment. We combine field expertise with advocacy to inspire reform, undertake strategic legal action and support institution-building in partnership with Tunisian civil society and government.

The OMCT aims to promote information, documentation and the study of the human rights situation of all people, including migrants, refugees and asylum seekers, as well as stateless people. The organization is committed to combating discrimination, racism and xenophobia, and aims to promote and protect in society the affirmation of the principles of equal rights, equal opportunities and respect for dignity, without distinction of origin, nationality, language, religion, gender or political opinion.

Our warmest thanks go to the partner organizations, researchers, experts, human rights defenders, journalists and associations assisting people on the move, who shared their views on the human rights situation of children on the move in Tunisia. This report has been greatly enriched by their views and perspectives. Civil society organizations in Tunisia currently play a crucial role in promoting the rights of people on the move.

Special thanks go to the direct victims of violations who have shared their suffering and relived their experiences of violence; through this report, the OMCT hopes that their voices can be heard. People, including child victims of human rights violations, are actors for change and in the fight against impunity, and the OMCT salutes their commitment.

All quotes have been anonymized to respect the identity of the interviewees. The contents of this report are the sole responsibility of the OMCT. This report is intended to inform the OMCT's future work and positioning on the subject and will be shared with interested partners and stakeholders.

This report is based on primary and secondary research and programmatic learning.
The content of this document is the sole responsibility of the OMCT.

The English version of this report is a translation of the French report» «FOCUS BRIEF 4.
Le droit à la santé des enfants en déplacement en Tunisie.»

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SOS-Torture Network