



Project Title: HE.RE.: “Health and Return of illegal residents: best practice for basic requirements in the provision of health care to returnees (voluntary and forced), with a particular focus on vulnerable groups (women, children and disabled persons) prior to departure.

Project Reference: Grant Agreement N° JLS/2006/Return/028

MAPPING EXPERIENCES IN EUROPE RELATED TO THE PROVISION OF HEALTHCARE TO RETURNEES¹

CONTEXT

In the framework of the project “*Health and Return of illegal residents: best practice for basic requirements in the provision of health care to returnees (voluntary and forced), with a particular focus on vulnerable groups (women, children and disabled persons) prior to departure*”, and during the kick off meeting held in Verona, 21-22 January 2008, it was agreed to design an ad hoc questionnaire, for mapping experiences in Europe on the provision of healthcare to returnees.

BACKGROUND INFORMATION

- On 17 April 2007 the European Commission awarded a **Grant Agreement Contract (Ref: Grant Agreement Number – JLS/2006/Return/028)** “Health and return of illegal residents: best practice for basic requirements in the provision of health care to returnees (voluntary and forced), with a particular focus on vulnerable groups (women, children and disabled persons) prior to departure” to Ulss 20 Verona and a group of leading European partners.
- The **specific objective** of the project is to identify Best Practices in the Member States in the provision of health care for returnees, with a particular focus on vulnerable groups (women, children and disabled persons), prior to departure from country of illegal residence.
- One of the activities foreseen by the project is to carry out a **mapping exercise of experiences in Member States and third countries** (e.g. pilot projects) and documents (e.g. protocols) with relation to the provision of healthcare to returnees.

PURPOSE OF THE MAPPING EXERCISE:

1. To collect individual experiences at all levels (local, regional and national) on practices relating to the provision of healthcare to returnees.
2. To consolidate information in an easily consultable inventory to be uploaded on a future website (URL TBD) for consultation.
3. To provide a resource tool for key stakeholders operating in the field of illegal immigration and return.

¹ A returnee is a person who undergoes the process of return, defined as follows: “The process of going back to one’s country of origin, transit or another third country, including preparation and implementation. The return may be voluntary or enforced.” (Ref: Communication from the Commission to the Council and the European Parliament on a Community Return Policy on Illegal Residents) COM(2002) 564 final

INSTRUCTIONS

- The present questionnaire serves to collect information about experiences in Europe related to the provision of healthcare to returnees, in order to come up with a comprehensive mapping.
- The questionnaire is self-administered and Ulss 20 Verona is responsible for the supervision and distribution to appropriate parties/participants.
- The questionnaire should be completed according to the notes provided below and one questionnaire format should be used for each documented individual experience.
- Each questionnaire has a box in the upper right that needs to be filled out by participants with the following information: country where the experience occurred and questionnaire number (e.g. questionnaire 01, 02, etc.). Please see example below:

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- Feel free to distribute this questionnaire to other individuals and institutions that you believe would be interested in participating either in this survey or in the network (or both)
- Please note that all participants need to provide their signature and the date signed on the last page of the questionnaire
- Completed questionnaires need to be submitted electronically (Times New Roman 12 preferred font) via email to here@ulss20.verona.it **and** the originals (with signatures) mailed to the following address:

Azienda Ulss 20 Verona
Ufficio Rapporti Internazionali
via Valverde n.42, 37122 Verona
Italia.

- For further clarifications please contact Cristina Benedetti at the following e-mail address: cbenedetti@ulss20.verona.it or telephone number : 0039 0458076040.

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**QUESTIONNAIRE
FOR MAPPING EXPERIENCES IN EUROPE RELATED TO THE PROVISION OF
HEALTHCARE TO RETURNEES**

GENERAL QUESTIONS

1	NAME OF THE IMPLEMENTING ORGANISATION (Institution/Individual) (1)	International Organization for Migration/Ministry of Social Protection Family and Child from Moldova
	CONTACT PERSON (2)	Gorceag Viorel +37368151169
2	ADDRESS (Please provide main address details)	Centrul de Asistenta si Protectie Str. Burebista 93 Chisinau MD-2062 Moldova
3	WEBSITE OF INSTITUTION/INDIVIDUAL	WWW.IOM.MD
4	TYPE OF INSTITUTION (please tick most relevant, multiple entries permitted)	<input type="checkbox"/> Academic Institution <input type="checkbox"/> Research Centre/Think Tank/ Policy Institution <input type="checkbox"/> <u>Governmental Organisation</u> <input type="checkbox"/> <u>Inter-Governmental Organisation</u> <input type="checkbox"/> Non-Governmental Organisation <input type="checkbox"/> Other (please specify)
5	GEOGRAPHIC COVERAGE OF INSTITUTION OR INDIVIDUAL	<input type="checkbox"/> <u>Global</u> <input type="checkbox"/> Asia <input type="checkbox"/> Middle East and North Africa <input type="checkbox"/> Sub-Saharan Africa <input type="checkbox"/> Americas <input type="checkbox"/> Europe <input type="checkbox"/> Specific countries: Please specify

QUESTIONS RELATING TO A SPECIFIC ACTION

6	<p>ACTIVITIES RELATED TO HEALTH and RETURN:</p> <ul style="list-style-type: none"> - Is the issue of health and return (forced and voluntary) an issue for your organization/government/institution” ? - Is there legislation in your country which lays down the procedures for returning illegal residents to their country of origin and if yes, is there any reference to healthcare in such legislation? - Did you experience problems with health related issues when returning third country nationals? If yes, which are the most striking ones? - Which countries of return are in this respect the most problematic and why? 	<p>The Centre provide Medical, Psychological, Social, Legal assistance for returnees voluntary based, crisis intervention, treatment for acute diseases and long term medical support for chronic and untreatable diseases.</p> <p>The low on returning for illegal migrants is under development now; there is a low on returning of abandoned minors. There is reference to medical service</p> <p>The Centre has an 8 years activity experience of assistance for victims of trafficking returnees. The most frequent problems are related to reproductive system.</p> <p>Russia is most problematic as it is main destination country for minors and main destination country for Moldovan citizens.</p>
7	<p>TYPE OF ACTION (3)</p>	<p>Centre (RC) offers a number of services “under-one-roof” that maybe sub-grouped into four major components of rehabilitation in accordance with the most essential needs of the IOM beneficiaries: Medical, Psychological, Legal and Socio-Economical. The Medical component includes general and specific examinations and treatment, incl. gynaecological and STDs, as well as HIV/AIDS tests and counseling. The psychological component includes individual and group counseling, special needs counseling and treatment, referral to psychiatric assistance and treatment:</p>
8	<p>NAME OF PARTNER ORGANISATIONS INVOLVED (4)</p>	<p>Medical service is provided by Republican Medical Institution that is contracted by Centre for this purpose.</p>
9	<p>RESOURCES (5)</p>	<p>Diagnosis, consultation and partially treatment is financed from the Government, Long term medical care and most expensive treatment is financed from the IOM CT program.</p> <p>. of the beneficiaries are covered by medical insurance. Only the treatment of syphilus and HIV tests are funded by the government hospital.</p>
10	<p>INITIATION (6)</p>	<p>Centre is a state institution created and financed from Government and IOM. 2001-2008 was implementation unit of IOM program, since Aug 2008 co funded state institution part of Ministry of Social Protection.</p>

11	DATE AND DURATION (7)	2001-2008 was implementation unit of IOM program, since Aug 2008 co funded state institution part of Ministry of Social Protection.
12	DESCRIPTION OF THE ACTION (8)	<p>Centre is created as crisis intervention, so beneficiaries stay here 4 weeks, some times if needed beneficiaries can stay longer up to 6 months. Upon registration, the beneficiaries are offered to participate on a voluntary basis in the medical program, which begins with a three-day diagnostic phase. To date all beneficiaries have participated in the medical program, which covers general and specific examinations and treatment, incl. gynaecological and STDs, HIV/AIDS tests and counseling. Diagnosis and counseling takes place mostly within the Centre, whereas most testing and some treatments are conducted in a partner hospital. Whether medical treatment takes place in the Centre or in the hospital.</p> <p>The medical component of the Rehabilitation program is supported by a number of highly qualified professionals in charge of the specific activities within the medical component:</p> <ul style="list-style-type: none"> • Medical coordinator/general practitioner in charge of arranging individual medical programmes and general assesment, facilitating contacts/patients, referrals for examination/ treatment within the Rehabilitation Centre; • Medical nurse providing medical escort and overall support during stay at the RC; • Consultant - Psychiatrist - the Principal Psychiatrist, Assistant Professor at the Psychiatry and Narcology Department of State University of Medicine of the Republic of Moldova; consultants are available within the Rehabilitation Center on an on-call basis, based on referral by medical coordinator. • Consultant Dermatologist-Venereologist - practitioner doctor at Municipal Dermato-Venereological Hospital, professor at State University of Medicine and Pharmacy of the Republic of Moldova; has regular consultation hours within the RC <p>The medical component includes the following activities:</p> <ul style="list-style-type: none"> - All VOTs referred to the Rehabilitation Center receive direct health care, and if necessary, patients shall be referred for specialized treatment to an appropriate health facility; - All beneficiaries received standardized general medical exams, and bases on refrerral also received gynecological care and blood tests, including the diagnosis and treatment of sexually transmitted infections; - Voluntary HIV testing and counseling; All beneficiaries with positive HIV tests receive free of charge ARV treatment under the UNAIDS programme;

		<ul style="list-style-type: none"> - Diagnosis and treatment for hepatitis B and C as well as other chronic diseases; - Pre- and post-natal care for pregnant women; - Reproductive and sexual health treatment including STIs (sexually transmissible infections); based on positive STI tests, patients treatment administered by a venereologist at the same location. - Treatment for malnutrition, pediatric cases and ophthalmology carried out according to the 25 medical standards for VoTs, developed and adopted by IOM in coordination with the Moldovan Ministry of Public Health; - Expanded dental care – given that a high percentage of beneficiaries who applied for medical assistance were in need of dental care, as a direct result of beatings, torture and malnutrition suffered during the trafficking experience; <p>While receiving care, victims are accommodated in the rehabilitation centre's bedrooms, located on the same hallway as the medical examination rooms, and receive medical care and monitoring by the nurse and medical coordinator.</p> <p>Victims are fully informed about their conditions and options and must give their consent before undergoing any treatment, medical test or examination. While receiving care.</p> <p>The Rehabilitation Center staff is trained in sensitivity, safety, and confidentiality requirements; on reproductive health counseling, on treatment of some sexually transmitted diseases (STDs), on HIV counseling, on general mental health/well being counseling and on post-traumatic stress syndrome; trafficking and human rights issues; and national and international efforts to combat trafficking. Additional trainings are scheduled. IOM medical officers have developed best-practices for medical treatment, protocols, statistics, and psychological and vocational counseling.</p>
13	KEY PROBLEMS/CHALLENGES/CONSTRAINTS (9)	<p>A major medical problem among RC beneficiaries are chronic and untreatable diseases, as well as mental disorders. Such cases require long-term medical attention, which needs to be administered at the home or in long-term residential institutions. At the moment Centre struggles to provide more long-term medical assistance to beneficiaries after they leave the RC. Such medical assistance is to be delivered throughout Moldova by a relative small professional team based in Chisinau. Consequently Centre seeks to integrate long-term medical services into a National System.</p>
14	REFERENCE DOCUMENTS (10)	<p>Law on Preventing and Combating Trafficking in Human Beings</p>

		<p>No. 241-XVI of 20 October 2005</p> <p>Official Monitor of the Republic of Moldova no. 164-167/812 of 9 December 2005 (attached)</p>
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Notes

- (1) Please indicate the name of the implementing organisation.
- (2) Please indicate the name and contact information of the contact person for the action.
- (3) Please indicate the type of action (individual experience) that has been undertaken (e.g. information campaign, mediation, accompanying of returnees).
- (4) Please indicate the name of partner organisations involved and specific nature of the partnership – if appropriate.
- (5) Please indicate the source of funding of the action.
- (6) Please indicate whether the action was due to the initiative of the implementing organisation or whether another organisation (e.g. Government) was the initiating party.
- (7) Please indicate commencement date and duration of the action.
- (8) Please describe the type of action that has been undertaken. (max.250 words)
- (9) Please list problems/challenges/constraints associated with the action.
- (10) Please list and provide (if possible) any relevant reference/resource documents.

Signature

Date

According to the Italian law 196/2003 and EC regulation Directive 95/46/EC, I freely give my consent to Ulss 20 Verona, as the entrusted organisation for the treatment of personal/institutional data, to use any information provided only for those purposes strictly connected with activities of the mapping exercise within the legislative, statutory and contractual provisions of both the Italian and the EC framework.

Signature

Date