



**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 RETURNEES<sup>1</sup>**

### **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.

<sup>1</sup> 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:

<b>IT</b>	<b>0</b>	<b>1</b>
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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](mailto: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](mailto: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	<b>NAME OF THE IMPLEMENTING ORGANISATION (Institution/Individual) (1)</b>	Comune di Ferrara (Ferrara Municipality)
	<b>CONTACT PERSON (2)</b>	Carlo De Los Rios
2	<b>ADDRESS</b> (Please provide main address details)	Via Copparo 142  44100 Ferrara
3	<b>WEBSITE OF INSTITUTION/INDIVIDUAL</b>	Www.comune.fe.it
4	<b>TYPE OF INSTITUTION</b> (please tick most relevant, multiple entries permitted)	<input type="checkbox"/> Academic Institution <input type="checkbox"/> Research Centre/Think Tank/ Policy Institution <input checked="" type="checkbox"/> Governmental Organisation <input type="checkbox"/> Inter-Governmental Organisation <input type="checkbox"/> Non-Governmental Organisation <input type="checkbox"/> Other (please specify)
5	<b>GEOGRAPHIC COVERAGE OF INSTITUTION OR INDIVIDUAL</b>	<input type="checkbox"/> Global <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 checked="" type="checkbox"/> Specific countries: Please specify  Ferrara Municipality

## QUESTIONS RELATING TO A SPECIFIC ACTION

6	<b>ACTIVITIES RELATED TO HEALTH and RETURN:</b> <ul style="list-style-type: none"> <li>- <b>Is the issue of health and return (forced and voluntary) an issue for your organization/government/institution” ?</b></li> <li>- <b>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?</b></li> <li>- <b>Did you experience problems with health related issues when returning third country nationals? If yes, which are the most striking ones?</b></li> <li>- <b>Which countries of return are in this respect the most problematic and why?</b></li> </ul>	<p>-No</p> <p>-Yes, see attached documents.</p> <p>No, there is not any reference to healthcare.</p> <p>-No.</p> <p>/</p>
7	<b>TYPE OF ACTION (3)</b>	<p>/</p>
8	<b>NAME OF PARTNER ORGANISATIONS INVOLVED (4)</b>	<p>Azienda Ospedaliero-Universitaria di Ferrara (Ferrara City Hospital), Azienda USL (Ferrara Local Health Authority), Comune di Ferrara (Ferrara Municipality), third sector</p>
9	<b>RESOURCES (5)</b>	<p>Local, Regional, National</p>
10	<b>INITIATION (6)</b>	<p>Comune di Ferrara (Ferrara Municipality)</p>
11	<b>DATE AND DURATION (7)</b>	<p>June 2007-Dicember 2009. renewable</p>
12	<b>DESCRIPTION OF THE ACTION (8)</b>	<p>See attached documents 1, 2</p>

13	<b>KEY PROBLEMS/CHALLENGES/ CONSTRAINTS (9)</b>	<p>1- Difficult to coordinate institutions and associations working together.</p> <p>2- To disseminate correct informations regarding the protocols to all stakeholders involved.</p>
14	<b>REFERENCE DOCUMENTS (10)</b>	<p>The following documents are internal procedures, resulting from multilateral agreements between the Local Health Authority (AUSL Ferrara), the Municipality (Comune di Ferrara), the Immigration Acceptance Centers (various local associations recognized by the Municipality)</p> <ul style="list-style-type: none"> <li>- “Inscription to the National Health System for foreign citizens requesting international protection, refugees, assigned to the humanitarian protection program”</li> <li>- “Proposal for health care procedure for persons staying in the Immigration Acceptance Centers associated with Ferrara Municipality”</li> </ul>

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.

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**Signature**

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**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.

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**Signature**

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**Date**