

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*

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.

* 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)	MEDECINS DU MONDE - GREECE, NON GOVERNMENTAL INSTITUTION
	CONTACT PERSON (2)	EYGENIA THANOU DIRECTOR
2	ADDRESS (Please provide main address details)	Sapfous 12, Zip Code: 1553 Athens
3	WEBSITE OF INSTITUTION/INDIVIDUAL	www.mdmgreece.gr
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"/> Governmental Organisation <input type="checkbox"/> Inter-Governmental Organisation <input checked="" type="checkbox"/> Non-Governmental Organisation <input type="checkbox"/> Other (please specify)
5	GEOGRAPHIC COVERAGE OF INSTITUTION OR INDIVIDUAL	<input type="checkbox"/> Global <input checked="" type="checkbox"/> Asia <input checked="" type="checkbox"/> Middle East and North Africa <input checked="" type="checkbox"/> Sub-Saharan Africa <input type="checkbox"/> Americas <input checked="" type="checkbox"/> Europe <input type="checkbox"/> Specific countries: Please specify

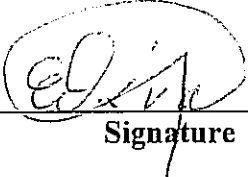
QUESTIONS RELATING TO A SPECIFIC ACTION

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 ISSUE IS NOT OF OUR TOP IMMEDIATE CONCERN BUT WE ARE RUNNING A POLYCLINIC AND MOBILE HEALTH UNITS</p> <p>IN THE EXISTING LEGISLATION (2005/BS/EC & 2004/BS/EC) THERE IS NO REFERENCE TO HEALTHCARE SERVICES ABOUT RETURNEES.</p> <p>THE HEALTHCARE PROBLEMS ARE DEALT BY OUR ORGANIZATION BY PROVIDING FREE HEALTHCARE SERVICES OR BY TAKING EMERGENCY CASES TO THE HOSPITALS.</p>
7	TYPE OF ACTION (3)	POLYCLINIC AND MOBILE HEALTH UNITS
8	NAME OF PARTNER ORGANISATIONS INVOLVED (4)	GREEK COUNCIL FOR REFUGEES PSYCHOLOGICAL DAYCARE CENTER "VALE", SOCIAL SERVICES OF HOSPITALS
9	RESOURCES (5)	OWN FUNDS- SUBSIDIES- DONATIONS
10	INITIATION (6)	MEDECINS DU MONDE
11	DATE AND DURATION (7)	1991 - 2009 POLYCLINIC 2005 - 2009 MOBILE HEALTH UNITS
12	DESCRIPTION OF THE ACTION (8)	POLYCLINIC AND MOBILE HEALTH UNITS / VOLUNTEERS DOCTORS AND NURSES ARE PROVIDING FREE MEDICAL SERVICES TO PEOPLE (REFUGEES, IMMIGRANTS, POOR) WHO ARE NOT HAVING
		ACCESS TO THE NATIONAL HEALTHCARE SYSTEM.

13	KEY PROBLEMS/CHALLENGES/CONSTRAINTS (9)	1) COMMUNICATION BARRIERS 2) CULTURAL ISSUES 3) DIFFICULTIES IN SENDING PEOPLE TO HOSPITALS DUE TO THEIR LACK OF LEGAL DOCUMENTS
14	REFERENCE DOCUMENTS (10)	

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

6/04/2009

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


6/04/2009

Date