COMMUNITY OUTREACH VOLUNTEERS
THEMATIC REPORT 2023

KNOWLEDGE ABOUT AND ACCESS TO THE HEALTHCARE SYSTEM AMONG REFUGEES AND ASYLUM SEEKERS IN ITALY

INTRODUCTION AND OBJECTIVE OF THE REPORT

The ongoing wars and violence across the globe have shed light on several challenges faced by forcibly displaced persons, among them the crucial issue of allowing refugees to access adequate healthcare services. Italy, being a European bordering country, has witnessed significant flows of refugees and asylum seekers over the past decade. Given the context, ensuring equitable access to healthcare services, while disseminating information on such services to refugees and asylum seekers has become of critical concern. This thematic protection report explores the refugees' and asylum seekers' knowledge and access to the Italian healthcare system. A particular focus was given to persons with disabilities and those who face obstacles when accessing healthcare. The report aims to identify the main needs and gaps that the various refugee and asylum seeker communities face within the Italian cities in which UNHCR-INTERSOS' Community Outreach Volunteers programme is carried out.

METHODOLOGY

To comprehensively examine this issue, a qualitative approach was adopted. **Nine** specific focus group discussions (FGDs) were conducted between February and March 2023 across various locations in Italy (Turin, Milan, Bologna, Rome, Naples, Abruzzo), with the support of refugees, asylum seekers and migrants working within the framework of the "Community Outreach Volunteers" programme.

Focus group discussions were chosen as the primary source of data collection method due to their capacity to facilitate dynamic and interactive conversations among participants. These discussions were guided by a semi-structured questionnaire that covered topics such as awareness of healthcare rights and available services, physical constraints to accessing the health system, awareness in terms of services related to prevention, experiences of discrimination or stigmatization and experiences, and best practices of community support. Additional information was extracted from FGDs addressing the broader topic of access to services for refugee communities.

The qualitative methodology captures various experiences and perspectives of individuals, considering different contexts. Selected participants were refugees and asylum seekers who had encountered challenges related to accessing healthcare services, as well as persons with disabilities.

PARTICIPANTS

The participants were selected to ensure diversity in terms of nationality, gender, age, disability status, and geographic location. By including various voices, the report aims to present an overview of the difficulties refugees and asylum seekers face when trying to access health care in Italy.

# FGD	Locations	N. Participants	Nationalities	Gender
5	Turin, Milan, Bologna, Rome and Abruzzo	28	Ukraine	86% women and 14% men
4	Turin, Bologna, Rome and Naples	20	Afghanistan, Congo, Somalia, Gambia, Turkey, Sudan, and Nigeria	55% women and 45% men

FINDINGS

1. Main findings in terms of knowledge of health care in Italy

The knowledge that the National Health Care System (NHS) in Italy is public is widespread among all communities of refugees and asylum seekers in all locations covered by the community outreach volunteers program. However, it was noted that the difference between public and private facilities in Italy is not always fully recognized. Almost all the refugees involved in the discussions had a health card (Tessera Sanitaria). Nonetheless, only a few of the participants knew how the NHS works and how to access the different services or the exemptions they were entitled to. It was found that knowledge of rights and services available is generally more widespread among community members who have resided in Italy for longer periods of time.

Interestingly, during one FGD in Turin, women generally highlighted the fact that they were generally less aware and had less knowledge of the health services available and the ways to access them, given that men were mostly responsible for booking medical visits and interacting with the health care system.

However, through the FGDs it was made clear that refugees and asylum seekers were generally aware of how to access the healthcare system and the health services available. Nonetheless, they pointed out that they have encountered many difficulties when interacting with the NHS and solved several problems by relying on the support of friends and community members who have lived in Italy for more time. Participants mentioned that information was mainly being shared through social media, especially through Facebook and Telegram.

During the discussion with the Ukrainian community in Milan, most participants pointed out that they perceived people in their communities to have different information regarding health services in Italy depending on where they lived or the reception center or system they were placed in.

Discussions held in Milan, Rome, and Naples, which saw the involvement of participants hosted in formal reception facilities, mentioned that associations and cooperatives booked medical visits and supported refugees by purchasing medicines. However, they did not always provide the necessary information and tools for the residents to become independent and self-reliant. Refugees hosted in reception centers thus received support directly from the center and its personnel but did not have a comprehensive understanding of health services functioned in Italy.

During the FGDs, participants mentioned the following elements as being the main **sources of information:**

- **Diaspora communities**. The community has become essential for disseminating information regarding services available to community members
- The Internet has been indicated as a source of information in all locations for the Ukrainian community, whether in the form of websites or **Facebook and Telegram groups and channels**
- Associations and cooperatives managing **reception centers**
- **Non-governmental organizations** and **community-based organizations**
- In some cases, as it has been reported in Naples, pharmacies or other **private entities** have provided support by contacting doctors or booking medical visits for refugees and migrants, sometimes in exchange for payment

Refugees have mentioned not having a clear understanding of the following topics:

- The exemption from payment for certain health services. Many of the persons we serve do not know what they are and their characteristics
- How to be assigned to a pediatrician
- How to obtain certificates for employers certifying an illness

2. Main barriers to accessing health care in Italy

a. Language barriers

Refugees involved in focus group discussions in all the locations mentioned that **language has been the primary obstacle when trying to access health care**. Refugees noted the **lack of cultural mediators** within health facilities and observed how reluctant certain doctors were to communicate with patients through online translators.

Refugees oftentimes resorted to the informal support of volunteers from the diaspora community, who are not always available, as cultural mediators were found to only be available on certain days or in specific hospital departments. The absence of cultural mediators who could support communication during visits, whether through the Single Booking Center (Centro Unico di Prenotazione (CUP)) or emergency visits to the hospital, constitutes a major obstacle to accessing services, and some participants stated that, although they have requested and have been assigned a general practitioner, it is very rare that they resorted to their support and services.

Regarding language barriers, the problem is also extended to the translation of medical records, as they are often requested by doctors. Language barriers are also evident regarding access to information, which is usually provided in Italian, including flyers, hospital banners, prescriptions, or doctor receipts.

Women in FGDs have reported that they do not know how to talk about their gynecological issues and, at times, feel embarrassed. Additionally, they usually do not feel free to express all their concerns because a man is always accompanying them to the doctor.

b. Long waiting lists

When communication with the general practitioner occurs and the doctor prescribes specific visits, **long waiting times for the visits deeply discouraged participants**. Oftentimes, financial constraints do not allow refugees to book visits with medical specialists in private structures, given that payment exemptions that would be applied in the public health sector are not applied in the private sector. This also has an impact on access to medicines. For this reason, people with already diagnosed illnesses rely on their community or country of origin for treatment. Participants said they resorted to ordering medicines online from Ukraine (this was the case in Abruzzo).

Regarding dental care, many participants stated that they have found it particularly difficult to access public dental care, and some have reported to have turned to private Ukrainian doctors.

Rehabilitation services were also found to be difficult to access given the long waiting lists. Refugees mentioned that depending on their condition, if necessary, they resorted to calling an ambulance (Abruzzo) to be treated more quickly.

The Ukrainian community in almost all locations has generally pointed out that they did not have a positive experience with the healthcare system in Italy and that procedures and waiting times are shorter in Ukraine.

Furthermore, in bigger cities, such as Naples, refugees noted that the presence of only one doctor in the local health service center (ASL) appointed for those who hold a temporarily present foreigners card (STP) creates a backlog when accessing services.

Since many refugees change their residency often, even from one region to another, there have been reported delays in receiving the national health cards that were sent to their previous addresses. Additionally, refugees mentioned that they needed to initiate all the procedures again to have a new doctor assigned to them with a new ASL. In some cases, especially for some communities, the link between the national health card and residency means that, if they do not manage to renew their residence permit, the expired national health card is no longer renewable, thus they temporarily lose their right to access the public healthcare system and have to resort to private facilities for treatment.

c. Lack of information

Refugees mentioned that there was a lack of reliable sources of information regarding health services available and the procedures to follow to access such services. **The lack of awareness sometimes resulted in refugees being asked to pay for services normally provided free of charge**. For example, in Naples, it has been reported that pharmacies have contacted doctors on the patients' behalf or booked medical visits for refugees and migrants in exchange for payment, while in Turin, a refugee reported that a member of her community had been asked to pay for ambulance services.

d. Discrimination and racism

The South American community in Bologna pointed out that undocumented community members did not want to go to hospitals as they feared that they would then be expelled. Thus, in some cases, they asked friends who had legal documents to contact doctors and purchase medicines for them.

They also pointed out that health personnel have little knowledge of the necessary documents to access health care and showed **low sensitivity when faced with difficult situations**.

Refugees who attended the FGDs have furthermore stressed that people from their and other communities have suffered **acts of racism** when interacting with the national health system, especially if they are not able to express themselves fluently in Italian. Participants from Congo and Gambia in Naples perceived that this discrimination particularly targets people from Sub-Saharan Africa. **Episodes of discrimination**, especially related to the difficulty of speaking Italian, have also been reported by the Ukrainian community in Rome. Some participants stated that they felt as if they were victims of negligence by the health operators, which did not give them proper consideration.

e. Inadequacy of services

Participants in FGDs in Naples focused on the barriers to accessing services regarding mental health for refugees in need. Participants perceived that there is a great need for mental health and psychosocial support but there is an inadequate response in terms of services.

Along with mental health, another discarded service is related to nutrition, especially for children. People hosted in reception centers highlighted that the proposed nutritional plans were inadequate and lacked fundamental nutrients. In some cases, participants reported that people asked for support from NGOs and other entities, such as Caritas.

f. Physical access

Another barrier highlighted both in small and large urban settings is the physical accessibility to health facilities, both in terms of the long distances that need to be traveled from the place of residence and in terms of the costs of public and private transport to get to the health centers. In some cases, the location of health facilities led refugees to change their accommodation in order to be able to reach the facilities. This was especially the case for people with chronic illnesses who required frequent medical appointments.

3. Main barriers to accessing services for refugees with disabilities

Together with the obstacles already pointed out regarding access to health care, such as language barriers and long waiting times, for people with a disability, there is an additional obstacle due to the length of the procedure for obtaining a certificate that officially recognizes their **disability**, which prevents them from accessing the necessary assistance.

The issue of reaching health facilities is further exacerbated when it comes to people with disabilities, who sometimes cannot physically access public transport. In particular, a woman stated that she moved to Rome from another region to be able to more easily reach the health services needed for her disabled daughter.

The Ukrainian community has especially felt the need to receive greater support as far as persons with disabilities are concerned, especially people, including children, who have a disability as a consequence of war.

Another point raised for people with disabilities is that the main services provided to them are related to health care, while there are no other activities that could support them in building a network and integrating into the host community.

4. Main findings in terms of access to prevention

Most of the participants in the FGDs have stated that refugees and migrants usually do not have the financial resources that would allow them to prioritize preventive and screening health services.

Most participants who declared to regularly request preventive health services were in Rome, as they usually used local NGOs' services.

In Bologna, preventive interventions for women and girls are unknown to the community. In smaller towns in Abruzzo, there is a total lack of information on preventive healthcare. None of the participants of the FGDs were informed of the possibility of screening visits. There was no information on general vaccinations or pediatric vaccinations that are mandatory in order for a child to be enrolled in an Italian school. Furthermore, the pediatrician does not prescribe vaccinations until a declaration of residence. There was no information on psychological assistance.

Female participants stated that being treated by a male doctor would not represent an obstacle, although many pointed out that there are diverging views on this point depending on the refugee’s or asylum seeker’s country of origin and beliefs.

5. Main findings in terms of community support mechanisms for access to healthcare

Communities are quite aware of the procedures for accessing healthcare and the available services. Nonetheless, they pointed out that in the past, they encountered many difficulties, and they have solved several problems thanks to the support of friends who have resided in Italy for a longer period of time.

In Bologna, some participants stated that their primary source of information were Ukrainian families who have been living in Italy for longer periods and that they were mainly supported by independent volunteers rather than associations and organizations.

In smaller villages in Abruzzo, especially for refugees hosted in hotels, the primary source of information has been the Ukrainian diaspora, which has supported them with the procedures and information regarding the healthcare system. The Internet has also been indicated as a source of information. The community seems to generally be a key source of information regarding services that are available.

Community members have made the following suggestions to increase their access to healthcare services:

- Set up help desks in hospitals and cultural mediation in health facilities
- Disseminate information material in different languages
- Create a website with all information related to healthcare in Italy
- Create a group where one can ask questions to informed focal points
- Have infographics in hospitals and other health facilities that could illustrate, for example, the path to follow within the structures or the steps to take to book a medical appointment with a medical specialist

RECOMMENDATIONS

- Develop targeted awareness-raising sessions:
  - Data collected through the FGDs, especially in terms of gaps in information regarding the healthcare system in Italy, has been instrumental in structuring a series of targeted awareness sessions through the Community Outreach Volunteers (COV) Programme on the topic of how refugees and asylum seekers can access health care in Italy. These awareness-raising sessions were designed to address the identified barriers, concerns, and experiences shared by participants during the focus group discussions. By providing answers to the questions collected, the COV Programme aimed to create a tailored response to the needs and gaps highlighted by communities. The awareness-raising sessions have been organized with the support of different stakeholders and were envisioned as a platform for fostering dialogue and collaboration among stakeholders, including healthcare providers, non-governmental organizations, and refugee communities themselves.
- Enhance the accessibility to information
- Community support:
  - Recognize and build on the importance of community networks and RLOs in disseminating information. Encourage and support established members of the community, such as long-term residents or diaspora members, to serve as persons who can inform refugees and asylum seekers.
- Simplification of certification procedures for the formal recognition of disabilities
- Collaboration with non-governmental organizations and community-based organizations

REFERRALS BY COMMUNITY OUTREACH VOLUNTEERS

From September 2022 to September 2023, COVs facilitated access to health services for **1074** individuals within their community through referrals.

Referrals have been made using two different modalities:

- **Self-referrals**: when community outreach volunteers provide information regarding a specific service to a community member in need.
- **Referrals facilitated by community outreach volunteers**: when the volunteers directly facilitate access by supporting with the booking of medical visits, accompanying members of the community in need to the service provider, and providing linguistic and cultural mediation.

Referrals have been made to facilitate access to the following services:

- General health and medical appointments.
- Sexual and reproductive health.
- Mental health and psychosocial support.

Regarding the Ukrainian community, **734** referrals have been made to facilitate a medical visit (69% self-referrals and 31% directly facilitated by volunteers), **37** referrals have been made to facilitate a specific visit related to sexual and reproductive health (86% self-referrals and 14% directly facilitated by volunteers), **154** referrals have been made to facilitate a specific visit for mental health and psychosocial support (62% self-referrals and 38% directly facilitated by volunteers).

As far as it concerns the other communities, **94** referrals have been made to facilitate a medical visit (66% self-referrals and 34% directly facilitated by volunteers), **14** referrals have been made to facilitate a specific visit related to sexual and reproductive health (79% self-referrals and 21% directly facilitated by volunteers), **41** referrals have been made to facilitate a specific visit for mental health and psychosocial support (83% self-referrals and 17% directly facilitated by volunteers).