

May 31st, 2016

- ▶ **Belgium: special needs program**
**Sub-theme 3.2 : responses to the specific
needs of returned persons**

► Focus

Aim

Offer support to vulnerable migrants before, during and after return to country of origin. This support is a transitional measure, in order to give the migrant the possibility to organize his long-term reintegration.

Who ?

Belgium: Immigration Office with local partners

Duration ?

Maximum 1 year, shorter if possible

▶ Vulnerable migrants

Who ?

- **Medical needs (physical or psychological)**
- **Pregnant women**
- **Seniors (> 65 years)**
- **Migrants who need a specific follow-up for other reasons**
- **Migrants who endanger the security and safety in the detention center, because of their medical problems**

▶ Which support ?

3 categories:

- 1. Before return → follow-up in the detention center**
- 2. During return → follow-up during flight**
- 3. After return → reintegration measures in country of origin**

▶ follow-up in detention center

- **Admittance in psychiatric facility**
- **Availability of medication in COI → medcoi-database**
- **Purchase of medication before return**
- **Courses for staff members**
- **Coordinating psychologists: liaisons between detention centers, prisons, ... and central immigration office**


▶ Follow-up during flight

Accompanied by :

- **medical specialist or nurse**
- **Psychologist**
- **Person of trust**
- **Immigration liaison officer**

▶ Reintegration measures in country of origin

- Reintegration support for maximum 1 year with a maximum budget
- Medical follow-up (psychiatry, medication, doctor's appointment, ...)
- Administrative support
- Practical support (temporary shelter, food, ...)
- NO economical support, NO cash money

 depending on the possibilities in the country of origin

▶ Example 1: DRC – psychiatric problems

30-year old man with combination of psychiatric problems (depression, autism, mental issues, schizo-affective problems), family not traceable, cannot take care of himself

- 1. Identification → DRC**
- 2. Medication → available in DRC ?**
- 3. Psychiatric follow-up → contract with psychiatric institution near Kinshasa**
- 4. Medical follow-up during flight**
- 5. Accompanied to institution → medical follow-up**
- 6. Family traced → sister takes care of him**

▶ **Example 2: Tunisia – kidney dialysis**

28-year old man, kidney transplant in 2007, kidney failure, needs 3 times/week kidney dialysis, no social insurance, not voluntary to return

- 1. Identification → Tunisia**
- 2. Contacting doctors/hospitals in Tunis**
- 3. social security (CNAM)**
- 4. Fixing price for 10 times dialysis (3 offers) → prise en charge with guarantee dialysis after return**
- 5. Arrest → medical follow-up in detention center**
- 6. Medical follow-up during flight (doctor)**
- 7. Dialysis took place**

► statistics

	2015	2016
Total number of requests	70	46
Admittance in psychiatry before return	3	4
Purchase of medication	31	4
Follow-up during return	10	2
Reintegration after return	46	6

► **conclusion**

- **Humane return of vulnerable migrants is a basic obligation of every country**
- **Search for ad hoc solutions: time-consuming, costs but long-term perspective**
- **project does not replace the system of residence permits on the basis of medical reasons**
- **Project wants to keep voluntary return still more attractive**

► Questions ?

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