CROATIA //
Extending Essential Health Care to Forcibly Displaced and Migrant Children and Pregnant Women

Issue

Croatia, like many European countries, is part of the 'displacement pathway', along which the unprecedented refugee movement of 2015 transited. By the end of 2015, more than 500,000 forcibly displaced[9] and migrant (FD-M) persons passed through Croatia, 100,000 of whom were children. UNICEF Croatia provided support to approximately 35,000 children on the move.[41] The flow of FD-M persons through Croatia has decreased significantly, but has not stopped.[42] 132,529 FD-Ms arrived in Croatia between 2015-2019,[43] with only 7,327 persons having requested international protection. Of those seeking international protection, 564 were unaccompanied and separated children; protection was granted to 310 children.[44]

While Croatia is predominantly a transit country, FD-Ms still require access to health care. However, the legal framework in Croatia stipulated that only emergency medical services were available to FD-Ms under the Croatian Health Insurance System. Full-spectrum health services were only available to citizens and permanent residents. According to the 2015 Law on International and Temporary Protection, applicants for international protection have free-of-charge access only to 'emergency medical assistance and necessary treatment of illnesses and serious mental disorders'. This means that highly vulnerable groups, especially FD-M children and pregnant women, for example, must forego important health care.

Given their perilous journey and the difficulties experienced, FD-Ms arrive in Croatia in a poor physical and mental state, exhibiting a high overall level of mental distress and physical exhaustion. 13,821 consultations with FD-Ms were conducted between August 2016 - December 2019 by the general practitioners of UNICEF Croatia's partners *Médecins du Monde Belgique* (MdM-BE). FD-Ms experienced respiratory (16.4%), digestive (13%), and skin (12.3%) symptoms/diseases. Children suffered from respiratory (35.4%) and skin (17.4%) symptoms/diseases. They also had scratches, lacerations, fractures, burns/scalds, sprains, and strains. As a result of trauma prior and during migration, women frequently experienced psychosomatic symptoms such as headaches, anxiety, insomnia, loss of appetite, and abdominal and back pain. An absence of, or irregular, menstruation has also been diagnosed, largely among women and girls (aged 15 to early 20s). Food and nutritional deficiencies manifested in teeth and gum complications, and pregnant women were often anaemic.

The migration experience also determined the prevalence of specific mental health problems of the FD-Ms. Mental health difficulties stemmed from post-migration sources of stress (i.e. a lengthy, complex, and unpredictable process of request for international protection), separation from family members, financial difficulties, inadequate living conditions, language barriers, social and cultural differences.[45] A 2016 survey conducted in an asylum seekers (AS) facility in Zagreb indicated that 80.3% of FD-Ms surveyed were at risk of developing mental health problems.[46] MdM-BE observed children with mental health-related symptoms such as bedwetting, loss of age-appropriate verbal skills, sleep problems, loss of appetite, anxiety, a startle response to sudden noise, fear, anger and aggressive responses to peers and/or family members, and increased withdrawal and concentration problems for adolescents.[47]

Providing FD-M persons with access to health is crucial given their heightened vulnerability. Thus, the best interests of the child, and pregnant women are a primary consideration for the Member States regarding transfer procedures under the Dublin III Regulation.[10] MdM-BE and UNICEF Croatia have argued that the health needs of FD-M persons represent invisible emergencies that can easily be treated before they escalate into irreversible complications. Granting FD-Ms early access to basic primary care and on-site treatment is also cost-efficient in the long-term, as it offsets later costs as physical and mental health deteriorates.[48]

[9] Refers to both refugees and asylum seekers.
[10] The Dublin Regulation (Regulation No. 604/2013), often referred as the Dublin III Regulation, is an EU law that determines which EU Member State is responsible for the examination of an application for asylum, submitted by persons seeking international protection under the Geneva Convention and the EU Qualification Directive.

Actions

To address the health care deficits faced by FD-M persons, UNICEF Croatia partnered with MdM-BE, to ensure children and pregnant women in particular, could benefit from access to health services in two asylum reception facilities throughout 2017 and the first half of 2018.[49] UNICEF Croatia signed an agreement with MdM-BE to execute this health extension project. The total value of UNICEF's contribution was USD186,000. All actions were agreed with the Ministry of the Interior and Ministry of Health.

Launched in April 2017, the main goal of this project was to further ensure primary health and mental health care for FD-Ms in two AS facilities. With a team of two general practitioners, one nurse, and two interpreters, MdM-BE carried out daily consultations in the AS facilities. The team conducted an official initial medical screening of newly arrived FD-Ms. MdM-BE's psychologist carried out mental health assessments and individual psychosocial/psychotherapy consultations. To ensure the provision of all-inclusive assistance and integrated care, MdM-BE's community worker offered information, guidance, and practical support to enable FD-Ms to access their rights (i.e. accompanying patients to healthcare institutions). Within the framework of the joint UNICEF-MdM-BE project, specialised health services were introduced to the AS facility in Zagreb: a gynaecologist, paediatrician, psychiatrist, and physiotherapist visited the facility once or twice a month. Through workshops or individual counselling, MdM-BE's medical team provided information on the prevention of infectious diseases, hygiene, access to healthcare, and family planning.

UNICEF Croatia was a part of the multisectoral working group and supported the development of inter-sectoral Protocol for Unaccompanied Children to ensure its alignment with international standards and support efficient intersectoral cooperation. The new Protocol provides an operational framework and clarifies the roles and tasks of various actors in fulfilling their responsibilities for protecting the rights and best interests of unaccompanied children. This includes the identification and initial assessment, alternative care accommodation, age assessment if deemed necessary, requests for asylum, the identification of durable solutions, integration, access to health services, and an educational programme.

Impact

UNICEF Croatia and *Médecins du Monde-Belgique* **ensured primary health and mental health care was provided to FD-Ms in AS reception centres**, including healthcare consultations as well as psychotherapy and counselling sessions. Some 20.2% of the total number of consultations were conducted with children and 26.7% with women. As a result, all pregnant women benefitted from medical services and approximately three to five pregnant women a month were seen. Furthermore, MdM-BE led the coordination of the vaccination of preschool/school children accommodated in the asylum facility and conducted a pre-school/school medical examination as a condition for enrolment in preschool/school (in total, 93 children were examined). Importantly, to promote FD-Ms' access to health care, MdM-BE produced a multilingual leaflet in English, Farsi, Arabic, and French to indicate where in the EU free healthcare would be provided, given the fact that many of these people would soon transit onwards. While progress was made in providing access to essential health care, the mental health of FD-Ms still remains a big challenge.

To ensure the sustainability of the support to FD-M children and women after the joint UNICEF-MdM-BE project finished in June 2018, UNICEF advocated strongly for the project to fall under government responsibility. To assist in the transfer of this project, UNICEF initially funded it while the government implemented the project during the handover. UNICEF's actions contributed to the Ministry of the Interior ensuring financial resources were made available through the EU Asylum, Migration, and Integration Fund to finance the provision of medical/mental healthcare services to FD-Ms. Thus, from July 2018 onwards, a total of 4,563 GP consultations were conducted for 1,837 patients. This is a crucial outcome as it means that, going forward, FD-M persons arriving in Croatia can benefit from access to essential health care.

More recently, UNICEF Croatia has been advocating for minimum health standards and services to be provided by the Government to guarantee better health coverage for non-citizens. UNICEF has provided technical assistance to the Ministry of Health (MoH) as part of this endeavour. For example, in 2019, the MoH prepared the Ordinance on standards of health care for the seekers of international protection. This is currently awaiting adoption by the Government and represents an important piece of legislation, as it contains a stipulation regarding the protection of vulnerable groups and access for FD-M children and pregnant women to enjoy full-spectrum health services, as per Croatian citizens. If adopted, this would mark an important step in the extension of social protection for FD-M families and children.

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