

Istituto Nazionale
per la promozione
della salute
delle popolazioni Migranti e per il contrasto
delle malattie della Povertà

INMP



NIHMP

National Institute for Health
Migration and Poverty

Ospedale San Gallicano

Roma

Committee on the elimination of Discrimination against Women

New York 11-29 July 2011

49th session

United Nations Headquarters
Conference Room 3 North Lawn Building



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1. THE HEALTH OF FOREIGN WOMEN IN ITALY

Among the 4,235,059 foreign citizens resident in Italy on 1 January 2010, 2,171,652 (51.3%) are women. This ratio between genders is only apparently balanced, as the communities are far from being homogeneous and in each of them significant differences can be found.

In the principal most numerous selected groups with a majority of women, on 1 January 2010, a more significant imbalance was observed. Mainly composed of women are the communities from Eastern European Countries: Ukraine (79.4%), Poland (70.6%), Moldova (65.7%).

Analysis of the national data on hospital dismissal forms, on childbirth assistance certificates (CeDAP) and voluntary interruption of pregnancy (VIP) in the years 2006-2007 shows the following picture: women's most frequent cause for ordinary hospital admission is delivery (and other reasons concerning reproductive health) among the immigrants from Countries with high migratory trends, whereas in those from advanced development Countries, chronic diseases related to heart insufficiency and arthrosis prevail. As regards the outpatient activity, data on VIP are confirmed, concerning 41% of all admissions for the women from Countries with high migratory trends, against 4% for the women from developed countries.

Analysis of CeDAP data reveal that the women from Countries with high migratory trends giving birth in Italy have increased risk of experiencing delayed access to health care compared to those from developed Countries. Risk decreases with age, regardless of the origin country. Housewives and unemployed women are more at risk than employed and so are low-educated women¹.

There definitely are gender-related health problems for women.

¹Sources:

- Ministero della Salute "Lo stato di salute delle donne in Italia" Primo Rapporto sui lavori della Commis. "Salute delle Donne"; Roma, marzo 2008-Relazione del Ministro della Salute sull'attuazione della legge contenente norme per la tutela sociale della maternità e per l'interruzione volontaria di gravidanza (legge 194/78) - dati preliminari 2006 - dati definitivi 2005.; Roma, 4 ottobre 2007-Programma della Commissione e Proposte dei Gruppi di Lavoro, Commissione Salute e Immigrazione" Luglio 2007 (D.M. 27 Novembre 2006);
- Donati S., Spinelli A. "La salute sessuale e riproduttiva delle donne immigrate in Italia" Gyneco 2-2007: Pagina 9

Foreign women currently living in Italy are usually young and in reproductive age and nonetheless for them “paraphysiological events”, such as pregnancy and delivery, are much more risky than for Italian women. Moreover, owing to numerous reasons also related to insecurity deriving from migrant status, they resort to VIP 3-4 times more frequently than Italian women, with an abortion rate of 26.5‰ against 7.1‰ of the Italians. In 2007, VIPs of foreign women have been 31% of all those performed in Italy; also repeated VIPs reached 38% of the cases for the foreigners, and 22% for the Italians.

In addition, it turns out that pregnant immigrant women have lower access to health services, with follow-up starting on average with a month delay and fewer echographies compared with Italians. Also, foreign women have limited access to information on reproductive health and contraception and, if both parents are immigrants, their children have more problems than Italians at the moment of delivery and in the neonatal period.

A crucial issue for the immigrants’ health situation is the level of availability and accessibility of the public health services which, besides depending on law regulations, also rely on the cultural competence and intervention capability of the health professionals and workers to meet the needs of the foreign population with adequate responses.

2. NIHMP RECEPTION AND CARE MODEL

The health care services provided at the NIHMP include laboratory tests, examinations and medical advice in a number of medical specialties, namely plastic and reconstructive surgery, dermatology, tropical dermatology, dietetics, gynecology, infectious and tropical diseases, travel medicine, internal medicine, microbiology and mycology of the skin, child neuropsychiatry, social ophthalmology, social dentistry and gnathological rehabilitation, pediatrics, ethnopsychiatric-oriented clinical psychology.

The NIHMP also provides legal advice and psychological counseling.

¹Sources:

- Spinelli A., Forcella E, Di Rollo S., Grandolfo M. “L’interruzione volontaria di gravidanza tra le donne straniere in Italia” Istituto Superiore di Sanità. Rapporti ISTISAN 06/17-Spinelli A., Grandolfo M, Donati S., Andreozzi S., Longhi C., Bucciarelli M.(ISS, Laboratorio di Epidemiologia e Biostatistica, Roma), Baglio G. (Agenzia di Sanità Pubblica, Regione Lazio). “L’assistenza alla nascita delle donne straniere dopo l’introduzione delle nuove normative Atti dell’intervento alla VII Consensus Conference – V Congr. Naz. SIMM, Erice, 19-22 maggio 2002 Dossier Caritas/Migrantes 2010.

The medical center can be accessed directly, no reservation is needed and there are no waiting lists. The center also supplies to the entitled persons the codes STP (for foreigners temporarily present on the national territory) and ENI (for European persons not registered with the National Health Service).

A team of 30 transcultural mediators (28 women and 2 men) from the main emigration countries provides social interpreting service in the center. Their daily activity allows to receive foreigners in their origin language and guarantees the understanding of their social and health needs by using a transcultural approach and by cooperating with health professionals and in an effective and culturally appropriate way. Experience evidences that the presence of cultural mediators at the national level should be promoted in order to properly meet the social and health needs of migrants; to this purpose a project was implemented for the promotion of migrants' access to health care services and for the development of information and social and health care guidance in Italian local health centers. The project was financed by the Italian Ministry of Labor, Health and Social Policies and 167 transcultural mediators (131 women and 36 men) were trained and involved in the social and medical activities of 85 local health centers in Italy.

2.1 RECEPTION AND ASSISTANCE OF FOREIGN WOMEN

From September 2007 to 31 June 2011, 15,218 foreign women accessed the NIHMP outpatient department in Rome. Their total accesses in the same period were 45,591. Therefore, the average rate of foreign women re-accessing the outpatient department is around 3.

Among them 7.5% are homeless people, 4.1% are refugees, asylum seekers or victims of torture.

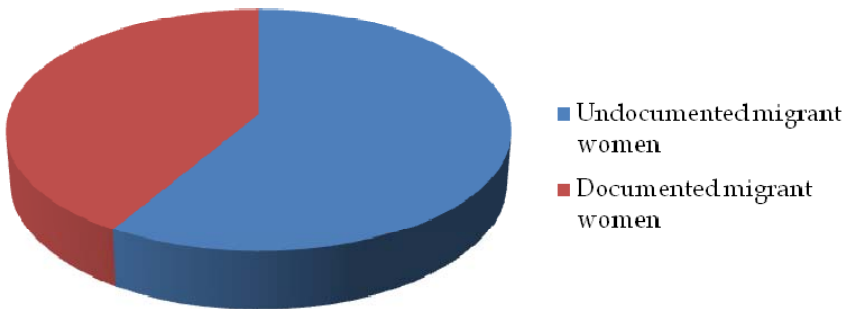
Classification	Frequency	Percentage
Women seeking advice and guidance	2,190	14.4
Refugees/Asylum seekers/ Victims of torture	619	4.1
Homeless women	1,144	7.5
Foreign women	11,265	74
Total	15,218	100

2. NIHMP reception and care model

Among foreign women cared for at the NIHMP, 58% are undocumented migrants and 41.4% have regular documents.

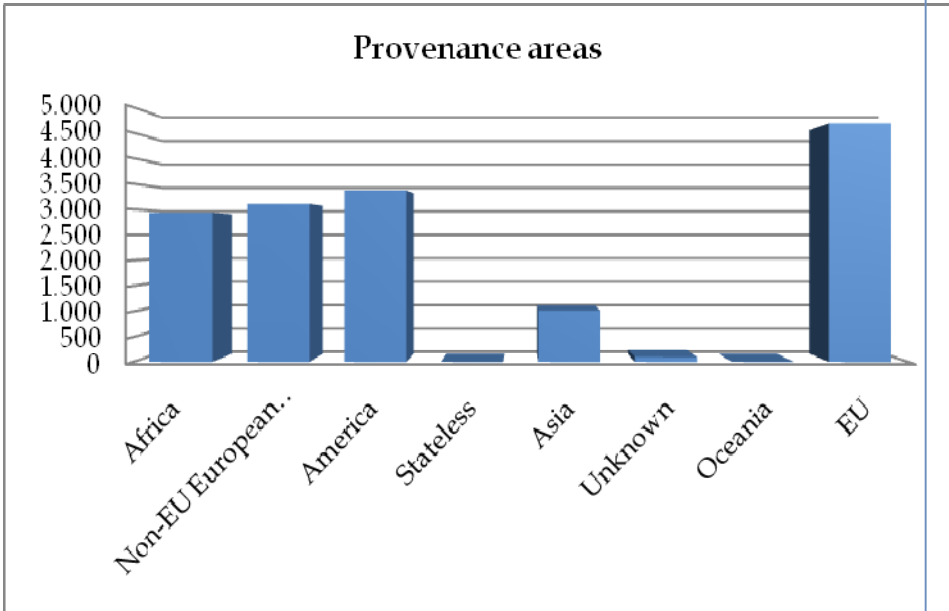
Legal status	Frequency	Percentage
Undocumented migrant women	8,913	58.6
Documented migrant women	6,305	41.4
Total	15,218	100

Intervention categories



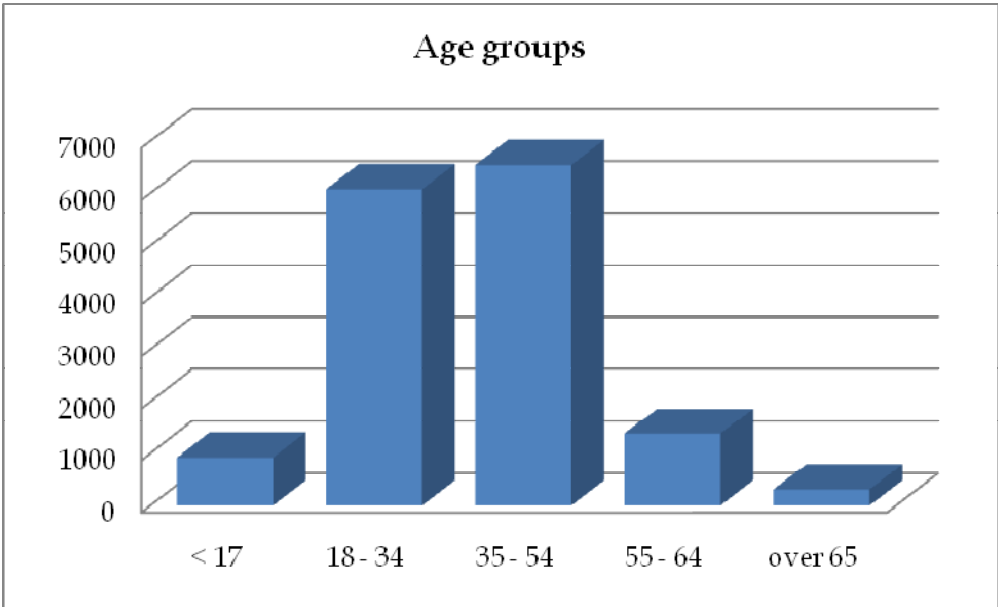
The main provenance areas of foreign women accessing the NIHMP services are - in decreasing order - the European Union and other non-EU European countries (51.2%), America (22.2%) and Africa (19.3%).

Provenance areas	Frequency	Percentage
Africa	2.936	19,3
Non-EU European countries	3.103	20,4
America	3.373	22,2
Stateless	3	0
Asia	1.019	6,7
Unknown	93	0,6
Oceania	2	0
EU	4.689	30,8
Total	15.218	100



The age group distribution shows the prevalence of people aged between 18 and 54 years (83%).

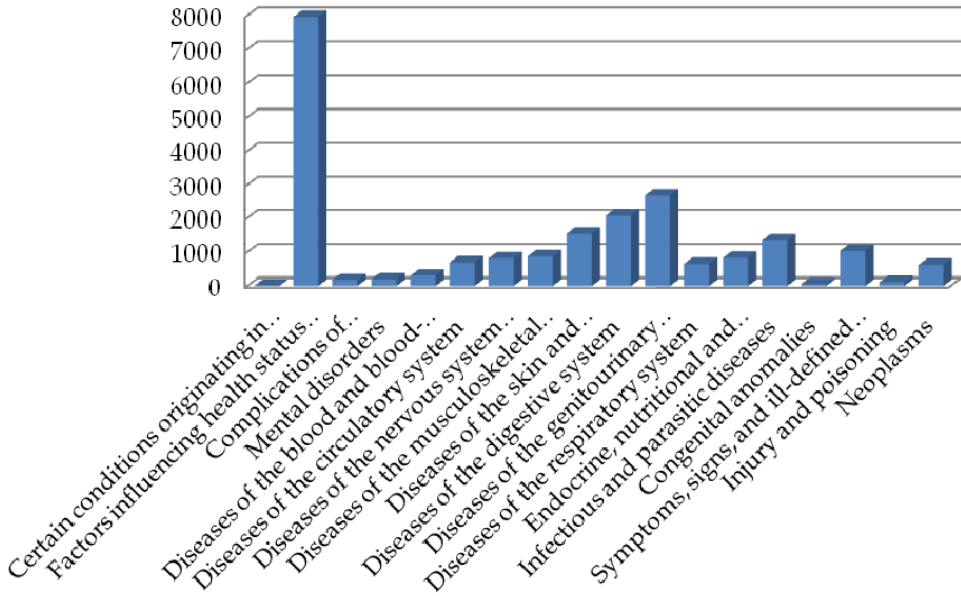
Age group	Frequency	Percentage
< 17	918	6
18 - 34	6.075	39,9
35 - 54	6.540	43
55 - 64	1.377	9
over 65	308	2
Total	1.5218	100



2.2 EPIDEMIOLOGICAL ANALYSIS

Data on the most frequently reported diagnoses – in accordance with the ICD-9-CM – show that referral to the NIHMP Outpatient Department represents the first contact with the National Health Service for a great number of foreign women. Indeed, 36% of them do not access services reporting well-defined symptoms but mostly seeking screening tests or first medical examination. Therefore, the NIHMP represents for them the first access point to western medicine, especially if they are undocumented.

ICD-9-CM groups

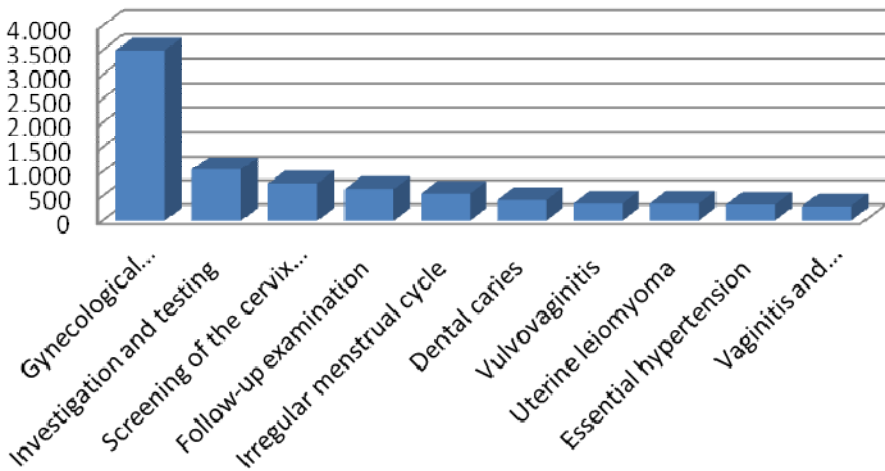


Top-ten medical examination causes in accordance with ICD 9-CM

Analysis of the first ten causes leading migrant women to undergo medical examination shows that they mostly refer to the services for specialist examinations, particularly gynecological visit (15.8%), investigation and testing (4.8%).

Medical examination causes in accordance with ICD 9-CM codes	Frequency	Percentage	ICD9-CM Code
1. Gynecological examination	3.501	15,8	V72.3
2. Investigation and testing	1.057	4,8	V26.2
3. Screening of the cervix for malignant neoplasms	767	3,5	V76.2
4. Follow-up examination	646	2,9	V67
5. Irregular menstrual cycle	552	2,5	626.4
6. Dental caries	419	1,9	521.0
7. Vulvovaginitis	347	1,6	131.0.1
8. Uterine leiomyoma	345	1,6	218
9. Essential hypertension	321	1,5	401
10. Vaginitis and vulvovaginitis	293	1,3	616.1

Top-ten medical examination causes



3. NIHMP SOCIAL AND HEALTH CARE SERVICES ON WOMEN'S HEALTH

3.1 WOMEN'S RIGHTS AND HEALTH SERVICE

The Service activities are aimed at promoting the rights of women and their minor children and at combating discriminations.

The Service provides cultural mediation, information on women's rights and advice against social exclusion and unemployment. It promotes health education, medical assistance, information and prevention for women victims of physical and psychological violence. As regards domestic violence, from January 2010 to 1 July 2011 the specialist service *Aurora* provided assistance to 105 women mainly from Eastern Europe (46%), Africa (26%), Latin America (14%), Asia (8%), Italy (8%). Among them, 45% were at the same time subject to sexual, physical and psychological violence, while 9% were victims of trafficking.

3.2 ETHNIC DERMOCOSMETOLOGY SERVICE

The Service provides information and counseling on the use and efficacy of cosmetics, according to the different types of skin. The medical activities supplied include dermocosmetological examinations, skin check-ups, microbiological tests, cryotherapy, diathermocoagulation, chemical peeling and scar treatment. From 26 November 2009 to 5 July 2011 the service carried out 284 peelings on 95 patients to treat skin diseases causing slight blemishes and requiring chemical and surgical treatment. Patients belong to different ethnic groups, which allowed proper investigation about manifestations on dark skin and definition of suitable specific treatments. The top-six origin countries are Romania (29.8%), Italy (19.8%), Nigeria (14.9%), Brazil (14.3%), Ukraine (10%), Poland (5.2%). The Service cooperates with the laboratory for research and study on ethnic dermocosmetology of the Italian Integrated Research Center on Metabolomics (CIRM).

3.3 CLINICAL SERVICE FOR SEXUAL HEALTH AND EMOTIONAL EDUCATION

The service is open to young and adult people in need for assistance for reasons related to sexual health and emotional education. The service adopts a multi and trans-disciplinary approach considering the existence of different social and cultural-related views. The working team is composed by a gynecologist, a dermatologist, an

anthropologist, a psychologist and a cultural mediator who carry on clinical, research and experimental activities. From 1 January 2007 to 1 July 2011, 349 migrant women (average age 33 years) were assisted.

3.4 SERVICE FOR INTERNATIONAL PROTECTION SEEKERS, REFUGEES AND VICTIMS OF TORTURE "PASSAGGI NEI TERRITORI DI GIANO"

The multidisciplinary and transdisciplinary working group, namely psychologists, doctors, anthropologists, transcultural mediators and nurses, cooperates in order to properly consider all the dimensions related to the person's wellbeing (of physical, psychological, socio-cultural, economical and ecological nature). In particular, synergy between transcultural mediators and the other professionals allows an holistic approach to the care, where all the biological, psychological and cultural aspects of the persons in their uniqueness are considered. In the framework of the Service, 688 women were received.

3.5 SERVICE FOR THE HOMELESS AND SOCIALLY FRAGILE GROUPS

The Service is addressed to the homeless and poor persons, affected by serious processes of relational, economical and social impoverishment. The relational approach reveals pivotal in helping start a path of personal and social development in order to safeguard the health of the assisted persons. From the year 2009 to present 142 women have been assisted. Foreign women are mostly caregivers who lost their job and found themselves in high psychological/psychiatric fragility conditions. Their poverty process is also related to the complex phenomenon of the *hoboing*.

3.6 TRANSDISCIPLINARY ETHNO-PSYCHIATRY ORIENTED CLINICAL PSYCHOLOGY SERVICE

A team of psychologists, anthropologists and cultural mediators provide psychological support and counseling. About 120 women have been assisted by this innovative public service. One of the most remarkable phenomena observed regards East European women, mainly caregivers, who show relational and job problems. Most of them suffer from low self-consciousness in different social contexts owing to gender prejudice.

4. NIHMP PROJECTS

Since the very beginning of its activity, the NIHMP has devoted particular attention on gender medicine and has developed a number of projects for the health promotion of Italian and migrant women.

4.1 TRANSCULTURAL INTERVENTION GUIDELINES IN PRIMARY AND CHILD HEALTH CARE

The Project, coordinated by the Public Health Agency of Catanzaro (Region Calabria), aims at promoting exchange of good practices, already in use in some collaborating health centers. It further develops multiple interventions aimed at improving the skills of the involved operators and mediators; at fostering the integration between primary health care, territorial services and hospitals; at designing services and actions to promote and improve access to maternal and child departments in the local health centers.

The NIHMP is tasked with training the social and health care professionals involved in the project in order to improve their competences and promote univocal communicative styles on gender medicine and intercultural health. The training program, structured in twenty-one training sessions of seven hours each, is going to be realized in the Operative Units involved in the project: the Public Health Agency of Catanzaro and Palermo (Region Sicilia), the local health centers of Cagliari and Olbia (Region Sardegna), the Hospital *Pugliese Ciacco* of Catanzaro and the Hospital *G. Rummo* of Benevento (Region Campania). In each local center 70 participants, selected through a questionnaire concerning social and health operators' training needs, are expected to participate in the training course.

4.2 MOTHERS AND CHILDREN IN PRISON: ANALYSIS OF THEIR RELATION AND SEPARATION PROCESS

The project contributed to elaborating a research focused on the following issues: mother-child relation in the first three years of life in situation of constraint outside the family unit; child development inside the prison and his/her preparation to be separated from the mother after reaching 3 years of age. The project was implemented inside the day nursery of Rebibbia women's prison, in Rome. The specialist team, in charge of assessing the relation mother-child, was composed of a scientific coordinator, a psychologist, a child neuropsychiatrist and a psychomotion therapist. The assessment was performed in the period May-June 2010 and included fifteen mother-

child family units. Data show that, apart from one child, the children's development profile was on average. In most cases, the only aspect diverging from the standard concerns language, which results poorly developed. Analysis of this trend should consider that most children were foreigners (13 Roma, 1 Nigerian, 1 Italian), and that language development could be affected by the imperfect bilingualism they are exposed to.

4.3 PRISON WITHOUT BARRIERS: TOWARDS SOCIAL AND WORKING INCLUSION OF DETAINED WOMEN AS CAREGIVERS

In the year 2011, training courses addressed to detained women were implemented in the women's prison of *Rebibbia*.

The courses provided basic knowledge on the main age and handicap-related health problems as well as assistance, nutrition and communication skills, with the objective of promoting working inclusion of the women after the detention period.

The NIHMP planned and implemented the training courses in collaboration with its doctors, nurses, biologists, psychologists, anthropologists and cultural mediators as teachers and trainers. Over 40 detained women participated in the courses, which were organized in three 60-hours units, providing 40 hours theory and 20 hours practice.

The project offered the opportunity to receive information and tools for carrying out one of the most requested jobs in Italy today. It also represented the opportunity for detained women to imagine their future out of prison, to find a job, to feel again useful for society and to realize their dream of redemption.

4.4 HEALTH PREVENTION CAMPAIGN FOR WOMEN ORGANIZED BY THE REGION LAZIO

The project had the objective of raising awareness of the public opinion on health and prevention through information activities in shopping centers of Rome and in the Region Lazio. Free specialist examinations were provided to women, also with the objective of reducing regional waiting lists for health services.

From 21 December 2010 to 6 January 2011 social and health care professionals on four mobile medical units provided free specialist examinations aimed at assessing the health status of the target population, at giving useful information and advice about the prevention of a number of diseases.

50%) were aged between 40 and 60 years; in particular, 26% were between 40 and 50 years old and 22% between 50 and 60.

Among them, 54% declared never undergoing routine check ups (gynaecological examination, pap-test, mammography and breast ultrasound), another 23% reported only occasional check ups and only 23% had routine check ups.

The 33% of the women welcomed the possibility of undergoing a specialist examination, 24% declared not having enough time for caring about their health and 11% participated out of curiosity.

Out of the total women interviewed, 83% defined the initiative as a useful service they would like to avail themselves again.

The most requested services were dermatological, gynaecological, ophthalmological and internal medicine examinations as well as psychological counseling, which was offered to 404 women on the whole territory. The main pathological conditions observed were seborrheic keratosis and pendulous fibroma in dermatology; uterine fibromatosis and leukorrhea in gynecology; hypermetropia and myopia in ophthalmology; average good nutritional conditions and occasional overweight in internal medicine; edentulism and caries in dentistry. 1,123 mammographies were performed and 26 women were addressed to health centers in order to undergo further examinations. 351 pap tests were performed and 12 resulted positive. 128 women underwent pelvic ultrasound.

4.5 HIGH-LEVEL TRAINING AND UPDATING FOR CULTURAL MEDIATORS SPECIALIZED IN THE PREVENTION AND CONTROL OF FEMALE GENITAL MUTILATIONS (FGM)

The high-level training for combating and eradicating FGMs was planned by the NIHMP in full respect of ethics and of cultural differences by using innovative training and skills transfer methods. Courses were implemented in Rome, Turin, Florence, Bari, Lecce, Messina, Agrigento and Palermo. The general objective was to promote training of a skilled network able to detect the phenomenon and prevent it in routinary social and health activity.

The training activities involved highly qualified professionals specialized in the fight against FGMs. They consisted in full-immersion training sessions of 32 hours each, providing four 8-hour meetings.

About 200 cultural mediators were trained, together with health care professionals, doctors and nurses attracted by the high-level quality of the proposed training.

In-depth analysis of the subject contributed to raising the awareness of participants to creating new intervention strategies and best practices besides overcoming prejudices and stereotypes. Particular attention was given to FGM-related health, social and psychological risks.

Simulation and role-playing techniques were used in order to focus on the personal experience of the trainees and on the routine work of operators working with women with FGM. Materials and documents on national and international regulations on FGM were delivered to participants and class registers were created for each training site.

A website and a virtual community were also created in order to propose new interpretations, in-depth analyses, paths, ideas and concrete strategies for completely eradicating the practice. These are useful tools for social workers, doctors, nurses, teachers, students, communicators and people interested in collecting information and strategic proposals to fight the risk of excision and infibulation, and so protecting the new generations from the suffering caused by tradition.

One of the main expected results of the activities was to allow the participants to act as a “bridge between cultures” able to reduce social, psychological and cultural conflict with the final objective of eradicating FGMs.

4.6 INCIDENCE, MEANINGS AND PERCEPTION OF THE FEMALE GENITAL MUTILATIONS (FGM): FROM ACTION RESEARCH TO INTERVENTION MODELS

An action-research has surveyed the incidence, the meaning and the perception of FGM by health professionals and workers through a quality-quantity method in eight regional capitals of five Italian Regions: Lazio, Piemonte, Puglia, Sicilia and Toscana.

The following instruments were used for the survey. As concerns the quality method, focus groups were conducted and in-depth interviews were performed. As concerns the quantity method a focused multiple-choice response questionnaire was developed. The questionnaire was administered to a random chosen sample taking as the object of the research a hospital structure having “dedicated” services for immigrants and a “control” hospital without this kind of facility. Out of 2,500 questionnaires administered, 2,000 were given to social and health workers and 500 to cultural mediators. Responses to the questionnaires were returned by 1,421 professionals (313 cultural mediators and 1,108 health workers). Three were the fields of interest

concerned: socio-graphic area, social and health area, technical and scientific education standard and information level. These domains have a significant role as regards the capacity of having an impact on the attitude towards FGM. The work context of the surveyed sample was distributed as follows: 58% of the mediators are employed in the social area, 12% in the school and 30% in the health system. As regards health workers, the principal professional figures are nurses, gynecologists/andrologists and obstetricians representing more than half the sample.

At the cognitive level, FGM practice seems to be a well-funded knowledge for 85% of the cultural mediators, but a significant part of them affirm lacking knowledge of the problem (15% out of 313 interviewed), even if most of them are willing to know more and declare their interest in further investigating the issue ((8.2%). In comparison with men, women are better informed and more sensitive to the problem, even if men show greater interest in going more thoroughly into the matter. Apparently, young people are less informed about the problem than older colleagues: out of 100 mediators, aged over 35, more than 38 declare being well aware of the practice, whereas only 22 young mediators under 35 give the same answer. A strong formative offer is consequently quite advisable, in order to guarantee a higher and more diffused awareness of the problem, also through specific interventions expressly planned for this target. Interesting to be noted is that, regardless of the age, a 7% mediators are completely indifferent to the problem. Therefore, in regard to this target, a significant formative effort is needed, even through different courses and with different motivation. Information channels conveying knowledge about FGM practice are mostly the mass-media (29%), personal experience (15%), professional training (19%), scientific literature (13%). Only 9% of the health professionals collected information on folders, leaflets and audio-visual materials. The 9% of the answering persons declare coming to know about FGM in the course of professional activity. Work places (private practice, and in particular public social private enterprise and partnership), different competences (educationalist, assistant, "minor" work roles), professional qualification in terms of formative standard attained (above all the youngest working persons) may represent the mainstay of a territorial plan, also on voluntary grounds, for disseminating knowledge about FGM practice. Specific interest on this issue and willingness to be involved in formative projects have been largely expressed by all the above described health professionals and workers, prompting towards the use of innovative methods of

communication and spreading of the scientific evidence on the matter. Also to be considered are massive information campaigns based on “light” materials such as booklets, folders and, above all, audio-visuals.

A clear indication is the work developed by the NIHMP, referral center of the Italian Region Lazio for the observation and treatment of women with FGM. Under their informed consent, 4,477 women aged 18-46 years were observed, who had been exposed to different types of excision, from excision of prepuce to complete infibulation with narrowing of the vaginal opening. The evaluation of the phenomenon and the health and cultural aspects of the interventions to counter FGM usually highlight scarce information of health workers and a larger knowledge of the practice by the cultural mediators. A woman subject to excision, in addition to the suffering for the effects on her sexual and reproductive sphere, associated to psychosomatic problems and disorders affecting a large series of cerebral functions, experiences feeling completely alienated when even the body language is silent and remote.

With equal intensity the research has sensed and taken up the request from all health workers, from the south to the north of Italy, also in areas where the practice is only rumors, of formative actions on FGM as complete as possible, both from the medical and from the social, anthropological, and psychological point of view.

4.7 FGM IN REGION LAZIO

The project has activated formative courses addressed to social and health workers of Region Lazio provinces: Roma, Rieti, Viterbo, Frosinone and Latina.

Purpose of the project was to improve and develop formation and upgrade of the social and health workers of the local health centers. This was carried out through the creation of an adequate network, with five appointed persons in charge of the formation - one for each province -, one person in charge of the organizing secretariat and a tutor for each class group. In order to create shared objectives and univocal interpretation of the mission, each tutor of each town has been formed by NIHMP personnel.

Activation of the network has been realized inside the competent territory of each local health center, so allowing facilitation and identification of the formative needs of the health workers, i.e. doctors working in the public health system, specialists, nurses, obstetricians and other professional figures such as social assistants, psychologists, cultural mediators, administrative personnel, persons

responsible for education and training. Involvement was pursued and facilitated of all the persons in charge of the health safeguard of the migrants and fragile groups of population in every specialized health structure, whether or not belonging to the National Health System, included Emergencies and Family doctors. The project led to the creation of paths facilitating the access to health services and to the reception of foreign families. Considering the importance of the formative offer, Continuing Medical Education credits (CME) have been obtained from the Ministry of Health. Each course was divided into 9 didactic units, 8 of which were carried out at local sites and one, the conclusion, at the NIHMP headquarters. The duration of the course was 32 full immersion hours, divided into 4 to 8 hours per day, according to the different needs of the involved local health centers.

In order to design intervention models for women with FGM and to promote policy strategies aimed at combating and eradicating the practice, an action research was realized by use of a questionnaire, which was administered to cultural mediators and health workers.

The purpose of this tool, also used by the NIHMP in the framework of a national research published in the book *"Sessualità e culture"* (ed. Franco Angeli), was to assess the knowledge of the practice. The questionnaire was re-used to further investigate the skills and possible training needs of social and health care workers. The above-mentioned action research was implemented by a team of NIHMP transcultural mediators who administered the questionnaire in the five involved local health centers and stored the collected data in a database. The presence of foreign people in the research team is one of the strengths of the project as it evidences a successful example of social inclusion. At the end of the formation and training courses, a closing conference was organized at the NIHMP and an attendance certificate was issued to all participants. The results and the activities carried out during the courses are on the websites of the NIHMP and participating local health centers.

The great majority of participants was registered in Viterbo (21.6%), followed by Latina and Rome (20%), Fondi, (14.9%) and Rieti (8.7%). At the end of the courses, an evaluation questionnaire was administered. Data analysis showed that the most appreciated aspects were the high-level professional skills of the trainers and their clear way of explaining and discussing the issues.

Extremely positive evaluation was given to the possibility of acquiring new information, updated know-how and skills, of discussing interesting subjects, of interacting with competent professionals and fruitful sharing in an open and friendly

atmosphere. Also acknowledged as successful were the aspects related to the organization of the courses, their usefulness, duration and effectiveness.

The results so attained have supplied social and health workers with valid work tools as regards both normative and legal aspects, and medical and scientific subjects.

Particularly stressed has been the formative aspect of the relationship as a useful tool to improve the daily practice of raising awareness against FGM and in favour of the promotion of health.

4.8 SUPPORT TO THE DJIBUTIAN PROGRAMS FOR WOMEN'S HEALTH

The Ministry of Foreign Affairs has approved the initiative "Support to the Djiboutian programs for women's health", to be implemented on the basis of an agreement with the NIHMP. The start of the Project, lasting 3 years, is foreseen for the second half of 2011.

The objectives are the following:

- To improve the professional competences of health workforce of the Djiboutian public health sector with regard to the following themes: 1) identification and treatment of FGM major and minor complications; 2) management of fetal suffering and neonatal intensive care; 3) cytological sample collection techniques; 4) cytological analysis (Pap- test) methods and 5) counseling for psychological problems related to the practice of FGM.
- To improve the knowledge concerning the epidemiology of FGM, the related complications and the socio-cultural aspects of the practice of FGM in Djibouti.
- To improve the knowledge of the community with regard to reproductive health and the consequences of FGM.
- To strengthen the institutional competences and capacity to design policies and actions aimed at combating FGM through the exchange of knowledge at the national and international level.

4.9 HIV PREVENTION

The NIHMP is a partner in the European Project "AIDS & Mobility Europe" which promotes a strategy for HIV prevention among migrant communities according to a peer education approach. In the framework of the project, 23 young mediators (11 women and 12 men) attended a training course in Rome on HIV prevention. Through targeted information campaigns, they reached out to a total of 325 migrants (110 women and 215 men) aged 19-59 from Afghanistan, Iran, Romania, Albania, francophone African Countries, Brazil, Egypt as well as people belonging to Roma communities.

4.10 PROJECT LAMPEDUSA

The NIHMP in on Lampedusa Island (Southern Italy) since 2008, on the occasion of the first massive boat landings of migrants from the North African coasts. A reception model based on the principles of migration medicine is adopted, in collaboration with law enforcement institutions. The holistic approach of the action considers social and cultural aspects as important factors influencing the health. The social and health care path provides a first **intervention on the wharf** and further assistance in the **NIHMP equipped health station**. The activities are carried out in the framework of a more comprehensive program for providing health assistance to migrants present on the island.

From 12 April to 2 July 2011, 1,534 migrant women landed on the island, and in 2008 and 2009, 583 women undergone clinical screening.

4.11 PROJECT MARE NOSTRUM

From January 2010 to June 2011, the NIHMP worked in Malta as a partner of the project “Mare Nostrum”, financed by the European Refugee Fund of the European Commission. The project leader institution is the Italian Ministry of the Interior. The Ministry of Justice and Home Affairs of Malta and the International Organisation for Migration also participated in the action. The objective of the project was to improve health care for the asylum seekers hosted in Maltese open centres and in Italian reception centres through training and information campaigns for health, civil and police workers. In particular, the project activities provided second-level health assistance in Malta and training campaigns for health, civil and police operators and dissemination of information materials in Malta and Italy.

From August 2010 to June 2011, 2,216 migrants (384 women) were interviewed and observed by two NIHMP women doctors (one dermatologist and one infectious disease expert). Out of the total women observed, 163 reported being subject to FGM.

Type of FGM	Frequency	Percentage
Non classified	7	4,3%
I	25	15,3%
II	8	4,9%
III	84	51,5%
IV	39	23,9%
Total	163	100,0%

NIHMP

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Italy, Rome



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