ASSESSMENT REPORT:
Health Situation at EU's Southern Borders - Migrant, Occupational, and Public Health

BULGARIA

2014–2015 field work

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CONTENTS

ACRONYMS

BCP	Border Check Point
BRC	Bulgarian Red Cross
BGN	Bulgarian Lev (national currency)
CoM	Council of Ministers
ERF	European Refugee Fund
FRC	First Reception Centre
IBSS	Integrated Border Surveillance System
HP	Health Professional
HIV	Human Immunodeficiency Virus
LEO	Law Enforcement Officer
MoH	Ministry of Health
MoI	Ministry of Interior
NFIs	Non Food Items
NGO	Non-Governmental Organization
NHS	National Health System
OSF	Open Society Foundation
RHI	Regional Health Inspectorate
SAR	State Agency for Refugees
TCN	Third-Country National
UAM	Unaccompanied Minor
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

EXECUTIVE SUMMARY

In 2013–2014, Bulgaria saw an unprecedented migration influx in as a consequence of military conflicts and sociopolitical instability in the Middle East, Afghanistan and sub-Saharan Africa.

The expanding war in the Syrian Arab Republic and Iraq has forced more than 1.6 million[1] refugees to escape to neighbouring Turkey, many of them seeking to continue their journey westward. At the same time, the construction of a fence along the Greek – Turkish border diverted the migration flow to the Bulgarian border with Turkey, it being the other external EU border in the region. Thus, thousands of migrants came to Bulgarian territory without proper travel documents, and while enduring dangerous travelling conditions; a large number of them have also experienced various traumatic events in their countries of origin, and/or during their journey to Europe.

This report presents the results of the assessment of migrant, occupational, and public health which took place in Bulgaria between February and March 2014, and which was continuously updated within the framework of the IOM EQUI-HEALTH project until April 2015. **Migrant Health** encompasses the physical, mental, and social well-being of migrants; **occupational health** refers to the health needs of first line staff engaged in the reception process; and **public health** discusses the health needs of local population in the host country.

The content of this report is structured following the IOM/WHO/Spanish Presidency of the EU "Global Consultation on Migrant Health" conceptual framework (Madrid, 2010) (annex III), according to the following four pillars:

I. **Policy and Legal framework**
II. **Partnerships, networks and multi-country frameworks**
III. **Monitoring Migrant Health**
IV. **Migrant-sensitive health system**

Policy and Legal Framework

The Bulgarian legal and institutional framework in the fields of asylum, borders, and immigration law is comprised of number of legal acts affirming the fundamental freedoms and the right to seek asylum, if requested, guaranteed by the Constitution, in line with the EU legislation.

The **Ministry of Interior Act (2006)** entitles the Border Police (as a structure within the Ministry of Interior (MoI)) to protect and control national borders. The Border Police is the public safety agency charged with preventing irregular crossings and with making the first contact/interception, up to and including the rescue of migrants crossing the Bulgarian border in regular and/or irregular manner. Although the Bulgarian **Penal Code** classifies an irregular border crossing as a felony, punishable by up to five years of imprisonment, the MoI Act (article 279, paragraph 5) states that "not punished shall be those who enter the country in order to avail themselves of the right to asylum according to the Constitution."[2]

[1] See UNHCR data base. Available from www.unhcr.org/pages/49e48e0fa7f.html
[2] Ministry of Interior, Rules and Laws, Penal Code. Available from www.mvr.bg/nr/rdonlyres/330B548F-7504-433a-Be65-5686B7d7FCBB/0/04_Penal_Code_en.pdf

As a member of the EU, Bulgaria is required to secure the rights of, and to provide for the needs of asylum-seekers in the country in line with the EU Regulation known as **The Dublin Regulation,**[3] which mandates that people in need of protection shall request it in the first Member State they physically enter or in the State responsible for their entry into the territory of the EU, Norway, Iceland, Liechtenstein and Switzerland. The Dublin Regulation is part of the "Common European Asylum System" (CEAS) developed after the ratification of the Amsterdam Treaty in 1999. CEAS has added a layer of enforceable EU law to Bulgarian international obligations towards asylum-seekers and refugees.

The **Foreigners Act (1998)** defines the conditions for entry, residence, and work of foreigners in Republic of Bulgaria, as well as the rights of third-country nationals (TCNs) to work. The *2008/115/EC Return Directive on common standards and procedures in MS for returning illegally staying third-country nationals* was transposed in the Foreigners Act through amendments adopted on 28 January 2011. There is only one mention of health in the Foreigners Act.[4] According to Article 10, if a foreigner is suspected of being carrier of an acute communicable disease; or is afflicted with a disease which according to the criteria of the Ministry of Health (MoH) or the World Health Organization poses a threat to public health; or is not in a possession of a vaccination certificate; or is coming from an area with a complicated epidemic or epizootic situation, the person is not allowed entry on Bulgarian territory. Furthermore, Article 42 specifies that the health condition of the foreigner should be considered when applying measures for removal or voluntary return of TCNs. This law also requires that unaccompanied minors (UAMs) be separated from other detainees, as well as UAM are provided with appropriate and suited facilities. In line with article 44 of the Foreigners Act, special facilities for temporary placement of foreigners under order for forcible escort to the border or under an expulsion order are established with the Migration Directorate of the MoI. Their functioning is regulated by the **MoI Ordinance on the regulations for temporary accommodation of foreigners at the special facilities (issued in 2010).**[5] According to article 12 of the Ordinance, transposing the *Return Directive 2008/115/EC,*[6] foreigners that are being admitted in the special facilities are subject to obligatory medical screening. The medical screening is to be implemented by a medical doctor or feldscher (medical assistant) working within the medical office located at the detention's premises, or by health professionals employed by the Medical Institute of the MoI. The Ordinance further requires the intervention of Emergency Services in case of **medical emergency** involving migrants accommodated in special facilities. In line with the Foreigners Act and the Return Directive 2008/115/EC, the maximum stay at these detention centres is six months that can be prolonged up to a maximum of 18 months.

The **Asylum and Refugees Act (2002)** regulates the granting of either refugee status or subsidiary protection. SAR open centres are the places where migrants can officially submit an application and follow the procedure prescribed in the Asylum and Refugees Act. In terms of health care, upon arrival at open reception centre, under the management of the State Agency for Refugees (SAR) an assessment of the migrants' health conditions must be made in line with art.29 (4) of the Asylum and Refugees Act, and following a standard medical form.

[3] See Regulation 2003/343/EC i.e. Dublin II Regulation and Regulation (EU) No 604/2013 i.e. Dublin III.

[4] Ministry of Interior. Available from www.mvr.bg/NR/rdonlyres/8C3CCC42-3E72-4CBB-900A-E8CB6DE82CAD/0/ZVPNRBGESChTS_EN.pdf

[5] Bulgarian State Gazette [Darzhaven Vestnik] DV No .45, June 10 2010. Available from http://dv.parliament.bg/DVWeb/showMaterialDV.jsp?idMat=33652

[6] DIRECTIVE 2008/115/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals.

Partnerships, Networks, and Multi-Country Frameworks

The Border Police Units and Migration Directorate of the MoI manage migrant reception and processing. The Border Police transports people intercepted at the border to the **First Reception Centre (FRC)** in Elkhovo. The FRC is where migrants are registered after crossing in irregular manner the Bulgarian land border with Turkey (in the majority of cases) and/or intercepted without proper documents at the border checkpoint(s) (BCPs) with Turkey. Elkhovo FRC is the only centre of its type in Bulgaria. Fewer crossings are registered at the land border with Greece in comparison to the one with Turkey.[7]

Bulgaria not being a destination country, migrants who have successfully entered the country via either Turkey or Greece try to then continue their journey westwards through Romania or Serbia. If intercepted at these external borders, migrants are sent to FRC (or to detention facilities if the individual has been registered already by the MoI at entry into the country and/or being in an asylum procedure).[8] Sporadic cases of sea rescue have also been registered: 24 persons from Afghanistan (October 2013) and another 63 migrants from Afghanistan and the Syrian Arab Republic (August 2014) close to the northern Bulgarian shores of the Black sea, thus indicating a sea migration route to Romania. In both cases, migrants were sent to the First Reception Centre in Elkhovo prior to further legal proceedings.

In respect to health care, the FRC employs health professionals around the clock to take care of migrants in the centre. In case of emergency, the Border Police contacts the Emergency Units of the nearest hospitals. The reception procedure lasts up to 3 to 5 days at the border before being transferred to a long-term accommodation facility. Priority for referral goes to vulnerable groups – families or single mothers with children, who have been transferred as soon as possible to open reception centres under the State Agency for Refugees (SAR) in case they apply for asylum. If migrants do not apply for asylum at the border and/or declare interest to apply at the BCP, they can still apply for asylum while in the First Reception Centre.

The SAR **open reception centres** provide accommodation to asylum-seekers until a decision on their application is made. Once accommodated at SAR, asylum-seekers should pass a medical checkup; the health assessment is followed by an evaluation of the foreigner's family situation by SAR interviewers, who then make a decision on possibilities for further accommodation that might also mean prolonged stay at the centre before securing accommodation at external addresses.

If a migrant does not seek asylum, he/she is transferred to either of the two **closed/detention centres** (Busmatsi or Lyubimets) prior to removal from the country.

[7] According to information provided by the MoI, 302 out of 6,099 cases of irregular border crossings in 2014 occurred at the Bulgarian border with Greece.

[8] In October 2014, the regional prosecutor in Rouse (the largest Bulgarian city on the south bank of the Danube, opposite Romania) addressed the Ministry of Interior and the municipality mayor with a request to provide [real estate] properties where additional custodies would be built up. According to the prosecutor, these custodies would be used to "accommodate'' foreigners trying to irregularly cross the border". The premises of the custodies in the region could not accommodate the huge number of foreigners detained while trying to cross the border with invalid documents or no documents at all'', the regional prosecutor in Rouse stated. However, no concrete steps in these directions have been undertaken by the authorities since October 2014.

Monitoring Migrant Health

The main negative impact on migrants' health is mainly due to the perilous travelling condition and risks undertaken to come to Bulgaria. The medical records of the Emergency Units covering the First Reception Centre and the border area show that migrant's health is mostly affected by the risks and obstacles during the border crossing in challenging mountainous and unpopulated terrain, which result in psychological stress and physical injuries. Registered medical conditions ranged from pneumonia, bronchiolitis, and nasopharyngitis to frosts, allergies, hypertension, intestinal obstructions, parasitic infections, scabies, and abdominal pain. Only single cases of hepatitis, diabetes, and tuberculosis are reported by medical authorities.

Data collection and exchange of information are limited amongst stakeholders involved in migration management and health care provision. Institutions and organizations providing health care, including mental health, collect and maintain registries of services rendered and patient medical histories, though this is shared only by demand and there is no exchange of information system established.

Migrant-Sensitive Health System

There are two types of reception centres in Bulgaria – open reception centres under the responsibility of the State Agency for Refugees and closed/detention (pre-removal) centres under the Ministry of Interior, Directorate Migration. **The two detention centres** with a capacity of 700 persons, built to accommodate irregular third-country nationals - the one in Busmantsi (Sofia) and the one in Luybimets, both have the same general layout – an administrative building (including management's offices, interview rooms, medical rooms) flanked by the migrant campus. There are open air playgrounds that migrants are allowed to use at the discretion of supervising staff. Facilities are separated into rooms for single males, premises for females, and family rooms. According to interviewed staff at the centres, the premises are regularly cleaned according to the specifications of the Regional Health Inspectorates (MoH). **The First Reception Centre in Elkhovo** is located in a former school and shares a yard (separated by a fence) with an educational institution - secondary school for children with disabilities. The overall capacity of the centre is 240.

The State Agency for Refugees currently manages **six open reception centres**. Although the total capacity of the centres reaches 5,650 people, the SAR management assures that accommodation could be offered to a maximum 6,000 people (as of February 2015). There are 3,657 migrants accommodated in SAR centres (61% of total capacity) as of the same month.

Health professionals and law enforcement officers interviewed stated they have not received any training on migrant health, emergencies, public health or local and international legislation concerning human rights. Without exception, they all expressed a strong desire to be trained in these topics. Health professionals (both SAR and MoI) said they needed practical training in intercultural competence, as well as medical training on various diseases registered in the migrants' countries of origin, which is particularly relevant in the wake of the recent spread of Ebola in Western Africa.

NGO workers appear to be better versed in migration and intercultural issues than SAR staff and law enforcement officers. This might be due to the fact that a significant portion of NGOs' personnel is of migrant origin and/or multicultural background.

1. INTRODUCTION

Military conflicts, economic instability, and political upheaval in Afghanistan, Iraq, and the Middle East unleashed an unprecedented migration influx into Bulgaria in late 2013 and early 2014.

The expanding war in the Syrian Arab Republic and Iraq has forced more than 1.6 million[9] refugees to flood neighbouring Turkey, with many of them seeking to continue their journey westward. At the same time, the construction of a fence along the Greek–Turkish border diverted the migration flow to the Bulgarian border with Turkey, it being the other external EU border in the region. The building of this barrier was preceded by the launch of the ASPIDA operation by the Greek authorities in August 2012, which included the deployment of approximately 1,800 border police officers, assets, and equipment to the Maritsa (Evros) river (which serves as a natural border between Greece and Turkey) region in order to curb and tackle irregular migration across the Turkish–Greek border.[10]

Thus, thousands upon thousands of migrants were forced to travel to Bulgaria in an irregular manner while enduring innumerable hardships and dangers along the way, all this after already having suffered from war, persecution, and grinding poverty. As an example, in the first ten months of 2013, 9,325 migrants have been detained and registered while crossing the Turkish border irregularly, attempting to reach either Greece or Bulgaria (8,686 in the Bulgarian operational area and 639 migrants in the Greek operational area, both surveilled by the Border Police structures of the respective countries).[11]

This report discusses the assessment of migrant, occupational, and public health which took place in Bulgaria between February and March 2014, and which was continuously updated within the framework of the IOM EQUI-HEALTH project until April 2015. **Migrant Health** encompasses the physical, mental, and social well-being of migrants; **occupational health** refers to the health needs of first line staff engaged in the reception process; and **public health** discusses the health needs of local populations.

Based on desk research, field visits and interviews with a wide range of stakeholders (including law enforcement officials, public health authorities, health professionals, non-governmental organisations (NGOs), and migrants themselves), the report examines the policies that either facilitate or hinder migrants' access to health care in Bulgaria. This report provides a comprehensive overview of the health-care situation, with an overall objective to describe the management of complex migration flows during the different stages of the reception process, from rescue at border onwards, including in detention and reception centres. The analysis further explores the gaps in the actual provision of health-care services to migrants, current coordination mechanisms in place, and possibilities for support to access health-care provision, and detection of vulnerabilities.

The content of the report is structured following the IOM/WHO/Spanish Presidency of the EU "Global Consultation on Migrant Health" conceptual framework (Madrid, 2010) (annex III), according to the following four pillars:

[9] See UNHCR data base. Available from www.unhcr.org/pages/49e48e0fa7f.html

[10] Frontex, Fran, Quarterly, Quarter 2, April – June, 2014. Available form http://frontex.europa.eu/assets/Publications/Risk_Analysis/FRAN_Q2_2014.pdf

[11] Frontex, Fran, Quarterly, Quarter 3, July – September 2013. Available from http://frontex.europa.eu/assets/Publications/Risk_Analysis/FRAN_Q3_2013.pdf

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The ***Recommendations*** section at the end of the report aims to help policymakers better understand and address the problems arising from lack of and/or insufficient access to health care for migrants in Bulgaria. The information contained in this report will be useful for all stakeholders in Bulgaria as providers of health care for undocumented migrants. It can be used as a tool for influence, advocacy, empowerment, and innovation.

2. BACKGROUND INFORMATION

After the end of the Cold War and the fall of the communist regime in 1989, and due to regressive economic development, Bulgaria gradually turned from a politically isolated state (similarly to all ex-Eastern bloc members) to an emigrant country whose citizens moved away to the more industrialized economies of states in Western Europe and North America. More than 1.2 million Bulgarian nationals have left the country in the last 25 years.

As of December 2013, Bulgaria's population stood at 7,245,677 (down from 8,487,317[12] in 1992), or 1.5 per cent of the overall EU population. This negative trend continued after EU labour market restrictions for Bulgarian citizens were lifted in January 2014. At the same time, the 2007 EU enlargement (Bulgaria and Romania becoming members) has made the country an attractive destination for citizens of the former Yugoslav Republic of Macedonia, Serbia, Ukraine, and the Republic of Moldova who are of Bulgarian ancestry as obtaining a Bulgarian citizenship would allow them to work and travel visa free within the EU. Even before the country joined the EU, it was an attractive real estate destination for citizens of the Russian Federation and EU retirees many of whom purchased second/seasonal home. Table 1 provides an overview of the population in Bulgaria and residents with non-Bulgarian citizenship in 1992 and 2011.

Table 1: Population (1992, 2001, 2011)

	1992	2001	2011
Total population of Bulgaria	8,487,317	7,932,984	7,245,677
Non Nationals	No data	No data	36,677

Source: National Statistics Institute of Bulgaria.

The 2011 Census recorded 36,677 foreigners living in Bulgaria, comprising 0.5 per cent of the total population.[13] Every second foreign national in Bulgaria comes from a non-EU Member European State. Sixty five per cent (11,991) are citizens of the Russian Federation, 16.6 per cent are Ukrainians (3,064), 5.9 per cent come from the former Yugoslav Republic of Macedonia (1,091), 4.8 per cent from the Republic of Moldova (893), and 3.1 per cent (569) are from Serbia. Twenty-three per cent (8,444) of all foreign nationals residing in Bulgaria are EU citizens according to the 2011 census. A significant number of them come from the United Kingdom – 30.9 per cent (2,605), followed by Greek nationals – 14.85 per cent (1,253), Germans – 10 per cent (848), nationals of Poland – 9.7 per cent (819), and Italians – 5.4 per cent (456). 22.9 per cent of all foreigners come from Asia – Turkey (32.6%), Armenia (13.9%) and China (8.9%).[14]

2.1. Irregular migration to Bulgaria

Acting as one of the branches on the Eastern Mediterranean migration route,[15] Bulgaria registered in 2013 a 600 per cent increase in the number of detected irregular crossings at the Bulgarian-Turkish border. Compared to 2012, this was the biggest year over year increase in all of the European Union. As per Table 2, the number of irregular border crossings has gone up sevenfold in

[12] National Statistical Institute. Available from www.nsi.bg/sites/default/files/files/pressreleases/Population2013_en_AUIT2RS.pdf

[13] National Statistical Institute. Available from www.nsi.bg/sites/default/files/files/pressreleases/Census2011final.pdf

[14] Ibid.

[15] Frontex. Available from http://frontex.europa.eu/trends-and-routes/eastern-mediterranean-route

five years. A significant number of 2013/2014 irregular entries were in fact Syrian nationals who applied for asylum. Additionally, the Eastern Mediterranean route is preferred by migrants from North and sub-Saharan Africa due to the favorable visa regime pursued by neighbouring Turkey and affordable flight options to Istanbul, it being just 250km away from the Bulgarian–Turkish border.

Table 2: Irregular migration to Bulgaria

Year	Irregular Border Crossings
2009	800
2010	900
2011	1,100
2012	1,740
2013	11,618
2014	6,099
2015 (by the end of May)	3,477

Source: Border Police, Ministry of Interior of Bulgaria.

In response, the Government of Bulgarian deployed 1,500 police officers in addition to the border patrol officers already stationed there[16] and announced plans to build a 33km long wire border barbed wire fence to prevent the irregular entries. In October 2013, the Ministry of Defense ordered the army to begin construction of this barrier, which was subsequently completed in July 2014. The fence runs along the border between BCP Lessovo and the village of Kraynovo. The overall control and management of the border fence is responsibility of the Ministry of Interior. The building of the wall has been widely criticized by the UNHCR,[17,18] Human Rights Watch,[19] and other CSOs who claim that with these actions the Bulgarian authorities further jeopardize potential asylum-seekers by forcing them to seek out riskier crossings, and putting them in the hands of smugglers. Nonetheless, Bulgarian authorities announced at the end of 2014 they would extend the barbed wire fence along the whole border with Turkey by another 130 km in an attempt to stem the growing flow of irregular migrants crossing into Bulgaria. The decision was officially adopted at the 24 January 2015 Council of Ministers session.[20]

[16] Police officers guarded the land border for more than 14 months before being withdrawn in early January 2015.

[17] UNHCR, Observations on the Current Situation of Asylum in Bulgaria, April 2014, *''Bulgaria As a Country of Asylum''*; www.unhcr-centraleurope.org/pdf/where-we-work/bulgaria/bulgaria-as-a-country-of-asylum.html

[18] www.reuters.com/article/2015/01/14/us-bulgaria-turkey-fence-idUSKBN0KN1JG20150114

[19] HRW *"Containment Plan"*, Bulgaria's Pushbacks and Detention of Syrian and Other Asylum-Seekers and Migrants; www.hrw.org/sites/default/files/reports/bulgaria0414_ForUpload_0.pdf

[20] Mediapool, Bulgaria: *"A decision to finish the border fence has been taken by the government''*. Available from www.mediapool.bg/ms-reshi-okonchatelno-za-ogradata-po-turskata-granitsa-news229301.html

"This is increasingly leading people, including families with small children, to undertake more dangerous crossings and it further puts refugees in the hands of relentless smugglers and traffickers'' (UNHCR Bulgaria, spokesperson, 14 January 2015)

In fact, the fence is a sequel to the so-called Integrated Border Surveillance System (IBSS) that Bulgaria implemented in July 2012 in accordance with the requirements for Schengen membership, although the country has not accessed officially to the agreement yet.[21] A 58km stretch of border between Kapitan Andreevo BCP and Lessovo BCP at the Bulgarian–Turkish border is currently covered by the IBSS. The system consists of stationary posts with long-range 360-degree cameras triggered by movement-detection sensors. The IBSS is planned to cover the entire length of the Bulgarian–Turkish border (259 km in total, 126 km of which runs along rivers) by mid-2015. The system development and deployment has been financed by EU structural funds as part of Bulgaria's preparation to fully implement the Schengen acquis.

Bulgarian–Turkish Border Surveillance IBSS overview (as of March 2015)

The IBSS and the implementation of the Schengen acquis are not related and should not interfere with the obligations Bulgaria has, as a signatory of the 1951 Refugee Convention and in line with the 2002 Asylum and Refugees Act, to safeguard people seeking international protection.

[21] Bulgaria and Romania joined the EU in 2007 and hoped to be admitted in the Schengen area in 2011. Germany, France and the Netherlands have opposed the move and blocked the Schengen enlargement at a session of the European Council in 2011. While recognizing that the two countries match technical requirements to be part of the area, Paris, Berlin and The Hague are remain critical towards alleged corruption in the judiciary and home affairs systems in both candidate countries.

2.2. Number of asylum applications and main countries of origin

In 2013, the number of asylum-seekers in Bulgaria increased (Table 3) six times compared to 2012. According to EUROSTAT, 7,145 persons[22] applied for asylum in 2013, which would mean 980 applicants per million inhabitants.[23] The biggest group of applicants (4,510, or 63%) came from the Syrian Arab Republic, followed by stateless persons – 565, or 8 per cent. By comparison, in 2012, only 1,385 people[24,25] applied for asylum – 190 per million Bulgarian nationals. Again, the biggest groups of applicants were Syrians – 450 (32%), followed by Iraqi – 325 (23%) and stateless persons – 155 (11%). The number of granted refugees/humanitarian protection statuses was respectively 18/159 in 2012, 183/2,279 in 2013, and 5,162/1,838 in 2014 (See Table 3).

Table 3: Asylum Applications

Year	Asylum Applications	Refugee Status granted	Subsidiary Protection (Humanitarian Status)	Refusals	Procedures suspended	Total number of decisions
2009	853	**39**	**228**	380	91	738
2010	1,025	**20**	**118**	386	202	726
2011	890	**10**	**182**	366	213	771
2012	1,387	**18**	**159**	445	174	796
2013	7,144	**183**	**2,279**	354	824	3,640
2014	11,081	**5,162**	**1,838**	500	5,287	12,787

Source: State Agency for Refugees, Council of Ministers of the Republic of Bulgaria.

A more detailed overview of the predominant nationalities amongst asylum-seekers in 2014 is provided below (Table 4). As in previous years, Syrians lead the group, followed by Afghanis, Iraqis, Algerians, and stateless persons. This trend continued in the first three months of 2015 (Table 5).

Table 4: Asylum-Seekers' countries of origin - 2014

Top 5	Asylum Applications
1. Syrian Arab Republic	5,517
2. Afghanistan	2,468
3. Iraq	454
4. Stateless	255
5. Algeria	151

Source: State Agency for Refugees, Council of Ministers, Republic of Bulgaria.

[22] One person mismatch only with the SAR data.

[23] Eurostat, March 2014, http://ec.europa.eu/eurostat/documents/2995521/5181422/3-24032014-AP-EN.PDF/36a73587-7914-4a51-94a4-8e558a086fba?version=1.0

[24] Eurostat, June 2013, http://ec.europa.eu/eurostat/documents/2995521/5173390/3-19062014-BP-EN.PDF/5adae441-47f4-4669-b9a3-a44b29c64e24?version=1.0

[25] Two persons data discrepancy with SAR provided numbers.

Table 5: Asylum-Seekers' countries of origin (January–July 2015)

Top 5	Asylum Applications
1. Syrian Arab Republic	4,308
2. Afghanistan	2,140
3. Iraq	2,116
4. Pakistan	361
5. Islamic Republic of Iran	91

Source: State Agency for Refugees, Council of Ministers, Republic of Bulgaria.

As one can surmise, the tenfold increase in asylum-seekers is related to the continuing military conflict in the Syrian Arab Republic and the upraising of the so-called Islamic State preceded by the confrontation between the government of the Syrian Arab Republic and opposition forces, which has resulted in the coercive displacement of more than four million Syrian nationals (as of July 2015).[26] The continuing political instability in Afghanistan contributes to the increase of the numbers of asylum-seekers originating from this country, while the inflow of migrants from Iraq is again related to the Islamic State activities in the Middle East.

2.3. Media Coverage and Political Debate

Media coverage of the unprecedented nature of the 2013/2014 migrant influx[27] triggered panic amongst the Bulgarian population and created an information chaos. The majority of published articles and broadcasted news items looked at "risks for the national security" and "threats for the local population" (including health related) by using aggressive and sensational headlines, often of discriminative and xenophobic nature.

"Arabs with babies attack our border," ''Harmanli [reception centre town] wants a state of emergency declared,', ''Refugees from Mali arrested with cocaine," "More police officers dislocated at the reception centres,', "The Algerian immigrants cause problems, not the refugees''
(Media headlines, October 2013).

The refugee debate in the media generally involves all stakeholders: political parties' representatives, ministers and other governmental representatives, regional authorities and NGOs, and is regularly resumed when discussing activities undertaken by respective authorities for securing accommodation, food, health care and schooling. Social unrest (in form of protests and demonstrations) resulting in the creation of a „civil committee for protection," and small scale demonstrations accompanied the opening of a reception centre in the town of Harmanli.[28] Media quoted residents of Harmanli who expressed fears and discontent because the government had allegedly not informed the local population about their plans for transforming a former military base into a migrant reception centre.

''The majority of the people do not accept this refugee camp because it is located in the town centre. They are afraid of illnesses, contagions and criminality. I am worried because the opening of such a camp here is not well planned. There is no functioning sewage system, there are no bathrooms. We do not know who is going to pay for waste collection, for health provision. These

[26] UNHCR, Syria Regional Refugee Response. Available from http://data.unhcr.org/syrianrefugees/regional.php
[27] Although the number of new arrivals was much lower in comparison to Italy and other EU MS.
[28] Located 257 km southeast of Sofia and currently accommodating the largest proportion of asylum-seekers in Bulgaria.

matters have not been consulted with the municipality administration … I do not know how many containers will be transported and how many people will live in them."
(Harmanli local official, for a nationwide TV network, October 2013)

In late April/early May 2014, the population of the village of Rozino (204km east of Sofia) organized a protest against three Syrian refugee families (17 persons, 6 out of them children) who had legally rented a house in the village. Five hundred fifty out of all 1,000 village inhabitants signed a petition urging the foreigners to leave. The village mayor addressed the regional structures of the Ministry of Interior and the mayor of the nearby town of Kazanluk with a request for ''assistance to solve the problem," i.e. the relocation of the Syrian families. In her request she stated that ''this village is one of the ethnically purest in the region'' as an argument in support of the protesters' demands.

''The existing tensions will escalate and the consequences will be unpredictable for Syrian refugees and for the local population as well."
(Rozino local official)

No matter that the State Ombudsman publicly qualified the actions of the mayor and the village inhabitants as ''typical acts of intolerance and discrimination,'' the Syrian families decided to leave the village on their own after being picketed for three days straight.

In September 2014, the parents of 18 children threatened to pull their kids from school in the village of Kovatchevtsi (53 km west of Sofia) if the institution went ahead with plans to admit 12 refugee children from the nearby reception centre. The local city council members voted a declaration in support of the parents' demands and urging refugees and asylum-seekers to leave the reception centre they lived in. The parents in question gathered in the school yard on the first day of school, 15 September 2014 and prevented refugee children to enter the premises.

"We do not want our children to study together with the refugees [children] because we are afraid of diseases, because these are illegal immigrants, because the number of Bulgarian children is limited, therefore an integration would not be possible''.
(Schoolchildren parents)

"We do not accept integration that makes the Bulgarians a minority within a majority of Somalis and Afghans."
(Kovatchevtsi local official)

The last two cases were defined by the Ombudsman as cases of flagrant discrimination based on ethnicity and national origin, subject to penalties under the Penal Code of the Republic of Bulgaria, ratified in 1968 and amended in 2014, and the Antidiscrimination Act, ratified in 2003. However, neither regional nor state prosecutors have undertaken any actions against these violations of the law. Under the Penal Code, article 162 (1), punishment for these crimes would be imprisonment for 1 to 4 years, penalty of EUR 2,500 to EUR 5,000, and public reprimand.

3. METHODOLOGY

3.1. Overview of data collection

For the purpose of the research, IOM team visited all facilities accommodating migrants in Bulgaria, in addition to a number of other locations: Elkhovo First Reception Centre (closed facility) and two detention centres (Lubimets and Busmantsi) under the MoI, seven open reception centres managed by the State Agency for Refugees (SAR), border facilities, hospitals, and emergency units; IOM also met with NGOs and took part in multiple coordination meetings with various stakeholders engaged in the migrants reception process in Bulgaria (Table 6).

Sites Visited

During the visits, a variety of stakeholders were interviewed, including staff of the MSF emergency mission in Bulgaria (November 2013–June 2014), medical doctors and nurses working at SAR reception centres, irregular migrants, asylum-seekers and refugees.

IOM visited the first reception centre in Elkhovo firstly in late February 2014 as part of a joint assessment with MSF and the Bulgarian Ministry of Health. In March 2014, IOM was part of an assessment team, along with UNHCR and UNICEF, which visited the largest open reception centre in Bulgaria (located in Harmanli), the open reception centres in Pastrogor and Vrazhdebna (Sofia), and the detentions centre in Lyubimets. Later, in March 2015, an IOM MHD team visited the detention centre in Busmantsi, the open reception centre at Voenna Rampa in Sofia, and the open reception centre in Kovatchevtsi. In August 2014, IOM revisited the detention centre in Busmantsi. In February 2015, IOM and a team of WHO Venice made visits to the open reception centres in Harmanli, Pastrogor, Voenna Rampa, and Vrazhdebna in Sofia, and the detention centre in Lyubimets. Afterwards, IOM MHD Sofia continued with further research and information collection including meetings and interviews related to the specific objectives of the EQUI-HEALTH project.

Table 6: Sites visited

Type of site	Region
State Agency for Refugees Headquarters	Sofia
Open Reception Centre - Ovcha Kupel (SAR)	Sofia
Open Reception Centre – Voenna Rampa (SAR)	Sofia
Open Reception Centre – Vrazhdebna (SAR)	Sofia
Open Reception Centre – Kovatchevtsi (SAR)	Kovatchevzi, Pernik region
Open Reception Centre – Harmanli (SAR)	Harmanli
MSF Medical Office – Harmanli (within centre)	Harmanli
Open Reception Centre – Pastrogor (SAR)	Pastrogor, Svilengrad
First Reception/ Detention – Elkhovo (MoI)	Elkhovo
Detention centre – Busmantsi (MoI)	Sofia
Detention Centre – Lyubimets (MoI)	Lyubimets
Emergency Unit, Municipal Hospital - Yambol	Yambol
Municipal Hospital – Harmanli	Harmanli
Emergency Unit, Municipal Hospital, Haskovo	Haskovo
Medical Institute of the Ministry of Interior	Sofia
MSF Emergency Mission Headquarters	Sofia
Council of Refugee Women NGO	Sofia
ACET NGO (mental health-care provider)	Sofia

The EQUI-HEALTH team performed a total of 58 individual interviews during the field visits, as provided in Table 7.

Table 7: Number of interviews per profile

Doctors	9	State Agency for Refugees, MoI Medical Institute (first reception and detention centres), and in municipality hospitals located in near proximity of reception centres.
Nurses and medical assistants (feldscher)	5	MSF - Voenna Rampa reception centre (SAR), FRC Elkhovo, Pastrogor reception centre (SAR), MoI detention centre Busmantsi, SAR reception centre Banya.
Law enforcement officers	3	FRC commandant (1), Heads of detention centres (2).
SAR officials	9	Meeting and discussion with Head of SAR, interviews with the SAR Secretary General, Heads of Open Reception Centres (7).
Social workers	3	Bulgarian Red Cross, SAR reception centre Banya, SAR reception centre Kovatchevtsi.
Psychologists	4	MoI Psychologists, Assistance Centre for Torture Survivors NGO.
Migrants	25 interviews	12 migrants from the Syrian Arab Republic, 3 migrants from Iraq, 4 Migrants from Afghanistan, 6 migrants from Somalia. Migrants have been interviewed in SAR open reception centres. One migrant has been interviewed in the FRC. Only 2 female migrants agreed to be interviewed. The rest of the interviewed migrants were male.
Total	*58*	

In addition, IOM MHD Sofia regularly participates in the Coordination Mechanism for Management of the Refugee Crisis in Bulgaria, established in December 2013, hosted by SAR and with the participation of MSF, Ministry of Health, Bulgarian Red Cross (BRC), UNHCR, UNICEF, Council for Refugee Women, Friends of Refugees group and other relevant stakeholders, where most pertinent issues of the refugee situation in Bulgaria are discussed.[29]

3.2. Limitations

The limitations of the assessment in Bulgaria are summarized below.

- **Visited locations:** Access to the living premises in the detention centres administered by the MoI was not obtained.
- **Migrants interviewed**: Main difficulties experienced while interviewing migrants were related to language barriers. This necessitated the assistance of translators in certain cases or migrants able to speak English to certain level facilitated the communication. Interviews were not possible with migrants in detention centres.
- **Elaboration of data:** much of the work done in this report refers to EU and national legislative frameworks on migration, interception/reception/rescue at sea/green border, and detention centres. For a critical assessment of the legal framework, a legal expert is most suited to analyze immigration legislation and legal aspects of access to health for irregular migrants, especially in detention centres.
- **Dynamic situation:** The situation in Bulgaria in respect to the migration crisis is very dynamic and hard to predict. In the 2013/2014 period, the increase of new arrivals was six times higher in comparison to the preceding years. However, the country was considered transit by the large majority of migrants who only stayed here for short time, continuing their journey westwards. These variations in the inflow, linked also to the Bulgarian migration policy have an effect on the changing situation in the country in respect to funding (predominantly EU funds), capacities, state of infrastructure, and services provided to migrants, including the provision of health services and respectively on the picture described.

[29] MHD Sofia represented IOM in the Health and WASH (Water, Sanitation, and Hygiene) Working Group, led by MSF/BRC and in the Communications Working Group led by the UNHCR.

4. FIELD WORK

I. POLICY AND LEGAL FRAMEWORK[30]

I.I International, EU, and national/local legislative frameworks on interception/reception/rescue at sea/green border

The Bulgarian legal and institutional framework in the fields of asylum, borders, and immigration law is comprised of number of legal acts affirming the fundamental freedoms and the right to seek asylum, if requested, guaranteed by the Constitution, in line with the EU legislation on asylum granting.

The **Ministry of Interior Act** of 2006 requires the Border Police (as a structure within the MoI) to protect and control national borders. The Border Police are responsible for the prevention of irregular crossings, and as such it makes the first contact/interception with/of individuals crossing the Bulgarian border, whether legally or not. Although the **Penal Code** defines an irregular border crossing as a felony punishable by up to five years of imprisonment, the MoI Act (article 279, paragraph 5) states that "not punished shall be those who enter the country in order to avail themselves of the right to asylum according to the Constitution."[31]

As a member of the EU, Bulgaria is responsible for securing the rights and providing for the needs of asylum-seekers in the country, in line with the EU convention known as **Dublin Regulation,**[32] which postulates that people in need of protection shall request it in the first Member State they physically enter, or in the State responsible for their entry into the territory of the EU, Norway, Iceland, Liechtenstein, and Switzerland. The Dublin Regulation is part of the "Common European Asylum System" (CEAS) developed after the adoption of the 1999 Amsterdam Treaty that set the foundations of a **common foreign and security policy** of the EU prior to its enlargement. CEAS has added a layer of enforceable EU law to Bulgarian international obligations towards asylum-seekers and refugees.

The **Foreigners Act** of 1998 defines the conditions for entry, residence, and work of foreigners in Republic of Bulgaria, as well as the conditions for employment third-country nationals (TCNs). The *Directive 2008/115/EC (i.e. Return Directive) on common standards and procedures in MS for returning illegally staying third-country nationals* was transposed in the Foreigners Act through amendments adopted on 28 of January 2011. The law differentiates between prolonged residence, long-term residence, and permanent residence. The short-term entry and residence are regulated by existing visa regimes. The possession of valid health insurance is a prerequisite for the issuance of a residence permit, as well as for entry in Bulgaria. There is only one mention of health in the Foreigners Act[33] - Article 10 (8) does not allow entry to foreigners suspected of being carriers of an acute communicable disease; or afflicted with a disease which according to the criteria of the MoH and/or the World Health

[30] Information taken from input for Health MIPEX Strand Bulgaria questionnaire.

[31] MoI, Rules and Laws, Penal Code, www.mvr.bg/nr/rdonlyres/330B548F-7504-433a-Be65-5686B7d7FCBB/0/04_Penal_Code_en.pdf

[32] See Regulation 2003/343/EC i.e. Dublin II Regulation and Regulation (EU) No 604/2013 i.e. Dublin III.

[33] Ministry of Interior. Available from www.mvr.bg/NR/rdonlyres/8C3CCC42-3E72-4CBB-900A-E8CB6DE82CAD/0/ZVPNRBGESChTS_EN.pdf

Organization poses a threat to public health; or not in possession of a vaccination certificate; or coming from an area with a complicated epidemic or epizootic situation. Furthermore, Article 42 requires that the health situation of foreigners should be considered when applying measures for removal or voluntary return of TCNs. This law also requests special facilities for UAMs, corresponding to their needs.

In line with Article 44 of the Foreigners Act, special facilities for temporary placement of foreigners under order for forcible escort to the border or under an expulsion order are established within the Migration Directorate of the MoI. Their functioning is regulated by a **MoI Ordinance on the regulations for temporary accommodation of foreigners at the special facilities (issued in 2010).**[34] According to article 12 of the Ordinance, transposing the *Return Directive 2008/115/EC,*[35] foreigners admitted in the special facilities are subject to obligatory medical screenings. The medical screening is to be implemented by a medical doctor or a feldscher (medical assistant) from the medical office at the detention's premises or by health professionals employed by the Medical Institute of the MoI. In case of referral for specialized treatment, the patient must be transferred to hospital, escorted by MoI officer(s). All health related information must be included in a foreigner's personnel file.

The **Asylum and Refugees Act** of 2002 regulates the process of granting either refugee status or subsidiary protection. When a person who has been detained by the Border Police, or who has approached a border checkpoint (BCP), declares an intention to apply for asylum, he or she is transferred to the State Agency for Refugees, which then reviews the application in accordance with the Asylum and Refugees Act (2002). The procedure foresees "review of the refugee's story," i.e. refugee's background followed by a decision of the SAR chairman that either grants an asylum (refugee status or subsidiary protection) or rejects the application. Upon registration as asylum-seekers, migrants are accommodated in an open reception centre (administered by SAR) according to age, gender, and his/her family situation. These who are refused asylum and/or decide not to apply for refugee status become subject to detention and removal from the country.

Article 30 of the Asylum and Refugees Act specifies that when applying this particular law the specific situation of foreigners defined as belonging to a vulnerable group should be taken into consideration. The law defines as vulnerable all minors (including UAMs), pregnant women, elderly people, single parents, people with disabilities, as well as those who have been victims of psychological, physical, or sexual violence. The law does not contain and does not prescribe specific procedures on assessment of victims of violence nor on the age assessment of UAMs (see section on UAMs below). However, all foreigners belonging to a vulnerable group and "beneficiaries of temporary protection" are entitled to health care and other services similar to Bulgarian citizens.

[34] Bulgarian State Gazette [Darzhaven_Vestnik] DV No .45, June 15 2010.

[35] DIRECTIVE 2008/115/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals.

I. II Legislative and financial frameworks of open/closed centres

In line with the Foreigners Act and the Asylum and Refugee Act, the MoI - Directorate for Migration and the SAR manage the migration reception process, the former being responsible for closed reception centres and detention facilities, and the latter for open reception centres.

First Reception Centre

First closed reception centre – Elkhovo

The closed First Reception Centre (FRC) in Elkhovo, Bulgaria was established in October 2013 as an emergency response by the Ministry of Interior to the increasing migrant influx from Turkey. It is located 28 km north of the nearest border checkpoint and 335 km east of Sofia. For the purposes of the FRC, a three story building within a school campus has been allocated to the Migration Directorate (MoI), separated by fence from a school for vulnerable children. FRC Elkhovo's current capacity is up to 240 persons.

The primary task of the FRC is conduct initial administrative screening and identification services on new arrivals before they are sent to open/closed facilities. The Elkhovo FRC is the only one of its type in Bulgaria. The FRC's internal regulation foresees maximum stay of 3 to 5 days, but migrants' stay might last more if there are no places in the facilities they are to be sent to next. Vulnerable groups – families and/or single mothers with children – have priority for transfers to other centres in the country. Once at the centre, migrants are informed about the procedure for applying for asylum and for voluntary return by the MoI personnel.

Detention (pre-removal) centres

The two existing pre-removal detention facilities are officially named ''temporary accommodation facilities for foreigners," and their functioning is regulated by the **Foreigners Act** and the **MoI Ordinance on the regulations for temporary accommodation of foreigners at the special facilities (2010)**. These detention centres house TCNs who are subject to the compulsory expulsion and coercive removal' from the territory of Bulgaria. In line with the Foreigners Act and the *Return Directive 2008/115/EC,* the maximum stay is six months, but that can be prolonged up to a maximum of 18 months.[36]

[36] The EU Member States may exceed the maximum stay of 6 months to up to 18 months in cases where regardless of all their reasonable efforts the removal operation is likely to last longer owing to: a) a lack of cooperation of the third-country national concerned, or b) delays in obtaining the necessary documentation from third countries. DIRECTIVE 2008/115/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country national. Available from http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:348:0098:0107:EN:PDF

The older detention centre, in existence since 2006, is located in the village of Busmantsi, on the eastern outskirts of Sofia. The facility can accommodate up to 400 persons, but this capacity is often exceeded due to lack of places.


Detention Centre Lyubimetsn

The other detention centre is located in Lyubimets, in close proximity to the Bulgarian–Turkish border (EU external border). It has been in operation since 2011, and was built as part of Bulgaria's preparation for Schengen accession.[37] It has a capacity of 300 beds, though it is currently being remodeled so it can house up to 400 persons.

Migrants' freedom of movement within both centres is limited. They are generally allowed to meet lawyers, representatives of religious organizations and communities (registered in Bulgaria), representatives of foreign diplomatic missions and consulates. They can also have visits by relatives or friends in special visitation rooms in the administrative building of the detention centres. Representatives of International Organizations (UNHCR, IOM) and human rights protection organizations are allowed to visit and provide legal advice to the detainees.

Open Reception Centres

The State Agency for Refugees (SAR) administers and manages all six open reception centres and the one so-called transit centre (in Pastrogor – functioning as open reception centre).[38] Total capacity is 6,000 migrants. This represents a significant progress in comparison to 2013, when there were only three SAR centres with approximate capacity of just 1,000 persons. A specialized centre for reception of vulnerable groups and large families was operational between December 2013 and November 2014 in Kovachevtsi village near Sofia, but it was closed down to cut down on maintenance costs.

In line with the **Asylum and Refugees Act,** the open reception centres (officially named ''registration and reception centres") are to provide accommodation, social, and medical care and to determine the EU MS responsible for handling the asylum application. The SAR initiates

[37] The availability of a special facility for a temporary accommodation of irregular migrants in close proximity to an EU external border is a technical requirement for accessing the Schengen Agreement.

[38] Prior to the massive influx of migrants in late 2013–early 2014 the transit centre in the village of Pastrogor (functioning since May 2012 and located in close proximity to the border with Turkey) was meant to be the only centre where asylum-seekers should be brought after border crossing, registered and accommodated for the period of the asylum granting procedure. The massive influx in late 2013–early 2014 necessitated the urgent opening of 3 open reception centres in and around Sofia, another one in Harmanli (all under SAR) and the first reception centre in Elkhovo (under the MoI), thus making the centre in Pastrogor to function as a regular SAR open reception centre as applying for asylum could be done in all other SAR centres.

and manages the asylum application process for asylum-seekers who have not been registered in another EU Member States.[39]

Table 8: Capacity of reception centres

Location	Capacity – Total: 6,000
1. Sofia/Ovcha Kupel	860
2. Sofia/Voenna Rampa	800
3. Sofia/Vrazhdebna	370
4. Harmanli	3,450
5. Pastrogor	370
6. Banya (UAMs)	150
7. Kovatchevtsi (Vulnerable groups)	350 (centre closed in November 2014)

Source: State Agency for Refugees, data valid for March 2015

The open reception centres in Sofia (Ovcha Kupel) and in the village of Banya (Nova Zagora municipality) opened immediately after the establishment of the State Agency for Refugees in 1993. The transit centre in Pastrogor was established in late 2012,[40] and it was built to allow the Bulgarian State to meet the requirements for accessing the Schengen agreement space. It is located less than 20 km away from the nearest BCP at the border with Turkey.

In 2013, SAR opened two new reception centres located in old disused school buildings - at Voenna Rampa and Vrazhdebna in Sofia. Similar was the situation with the Harmanli reception centre, opened in 2013 in an old military base, located in close proximity to the borders with Turkey and Greece. The Ministry of Defense transferred the ownership of the terrain and belonging infrastructure (which were all in a very bad state due to a lack of any maintenance for the last 20 years) to SAR to help the agency handle the asylum-seeker influx. To cope with the migration crisis, the Bulgarian government applied for and received emergency funding of EUR 5,656,000 from the European Refugee Fund to improve the preparedness of the country in handling the increased migration influx, and to renovate the existing infrastructure.[41] The funding was meant to be used to increase the reception and accommodation capacity of facilities for asylum-seekers, to secure food supplies, and to provide them with medical and psychological assistance.

Bulgarian law does not provide a deadline for a decision on asylum applications, although the practices in 2013–2014 demonstrated that it usually takes 2–3 months. According to the same law, any migrant with an asylum or subsidiary protection status could be entitled to financial support for up to six months meant to secure living accommodation under conditions and

[39] It should be noted that a large number of asylum applicants leave Bulgaria before the asylum procedure is closed. 7,851 identification requests (as of December 2014) for information have been sent to SAR by EU Member States (primarily Germany, Austria and Hungary) in line with Dublin III Regulations. The Bulgarian authorities responded positively to 3613 of these request. However, only 180 people were sent back to Bulgaria by the end of 2014.[39]

[40] Ordinance 106 for the establishment of the Transit centre in Pastrogor was issued by the Council of Ministers on the 17 May 2008 in line with article 47 (3) of the Asylum and Refugees; Bulgarian State Gazette, [Darzhaven_Vestnik]_ DV No .48, 23 May 2008. Available from dv.parliament.bg/DVWeb/showMaterialDV.jsp?idMat=5248

[41] EC, Press Release, 29 November 2013. http://europa.eu/rapid/press-release_MEMO-13-1075_en.htm

order defined by the chairman of SAR and in accordance with the Minister of Finance. In practice, a large number of refugee status holders continue to live at the reception centres up to six months after the date of status granting as SAR is not able to provide the funds in question *(although migrants are expected by SAR administration to leave the centre two weeks after being granted status as according to the Asylum and Refugees Act migrants are entitled to accommodation prior to decision on their asylum applications).* There are cases of people who continue living reception centres even after the end of the six month period prescribed by law as they simply cannot afford to find and pay for a place to live on the outside.

Upon arrival at the facility, an assessment of the migrants' health conditions has to be made in line with art 29(4) of the Asylum and Refugees Act following SAR approved medical assessment form. The health assessment should be followed by an evaluation of the foreigner's family situation before the personnel takes a decision on possibilities for further accommodation.

I.III Entitlements to health care; health service provisions[42]

Legally residing migrants

In line with the **Health Act of 2005**, third-country nationals in possession of long-term residence or permanent residence permits have access to health-care services just like Bulgarian nationals. Foreigners in possession of prolonged residence permits or for short periods of time are supposed to pay for medical aid per the medical costs at the hospital they are treated, in accordance with an ordinance signed by the Minister of Health, the Foreign Minister, and the Minister of Justice. Foreigners with short-term residence permits and those who are only transiting through the country are supposed to have a valid travel health insurance.

Health-care access for asylum-seekers and persons with already granted status (either refugee or subsidiary protection) is regulated by the **Health Act (2005) and the Health Insurance Act**. In line with the Health Act, asylum-seekers are entitled to health insurance, accessible and free of charge medical aid under the terms and conditions for Bulgarian nationals, i.e. based on insurance contribution. The **Health Insurance Act** states that the obligation of SAR to insure an asylum-seeker starts at the moment of the asylum procedure launch. Then the SAR is supposed to cover the health insurance of asylum-seekers by sending funds to the National Revenue Agency, which in turn transfers the money to the National Health Insurance Fund. After being registered as insureds, asylum-seekers are entitled to:

- access medical care within the framework of the medical procedures guaranteed by the budget of the National Health Insurance Fund;
- choose and register at a personal general physician;
- receive a document needed to exercise their entitlement to medical care *(health insurance card).*

Migrants who are granted asylum i.e. people with refugee and/or humanitarian protection status are required to contribute to the health-care system on their own and through their employer's (if they are officially employed) contributions similarly to Bulgarian citizens. If they

[42] Information taken from input for Health MIPEX Strand Bulgaria questionnaire.

cannot contribute due to lack of financial means, they are entitled to health-care provision (again similarly to uninsured Bulgarian citizens) in case of:

- Emergency;
- Prophylactic medical screening during pregnancies in line with **CoM Ordinance 26** (2007) (foreseeing one free of charge medical screening and the right to choose a hospital where to give birth);
- Psychiatric help;
- Additionally, the uninsured refugees/ subsidiary protection beneficiaries are entitled to specialized types of treatment including organ transplantations and blood transfusion free of charge.

Irregular migrants

Irregular migrants in detention have access to health-care services in medical facilities inside and outside of the centres free of charge (covered by the MoI). The medical care for migrants in detention includes: primary health care, prophylactic, rehabilitation, and hygienic services in support of overall physical and mental health, referral to specialized medical aid and/or hospital treatment. The transportation and safety of the patient is an obligation of the detention centre management. MoI Ordinance on the regulations for temporary accommodation of foreigners at the special facilities requires the intervention of the emergency medical services of the nearest hospital in case of medical emergency involving a detainee.

Undocumented migrants outside detention centres have no access to free health care and so have to pay the same cost for any medical service as uninsured Bulgarian nationals, except emergency services.

Unaccompanied minors

The responsibility for protecting UAMs looking for asylum against any form of physical and psychological violence or humiliating treatment is imputed on SAR by the Asylum and Refugees Act. Art 29 (4, 5) entitles UAMs (as asylum-seekers) to health insurance, accessible medical care and free health care and mental health support similarly to all Bulgarian citizens. In line with article 26 (1) of the law, UAMs are entitled to education and professional training under the same conditions as Bulgarian nationals as well. Up to adulthood (age of 18), UAMs are to be accommodated "with relatives or close family acquaintances; with a foster family; with specialized institution (in line with the Child Protection Act) or with other places of accommodation able to provide special conditions needed by the children."

In terms of age assessment, there is no established legal policy or procedure. An assessment of the age is done by SAR employees interviewing children when applying for asylum, taking into consideration information provided by the UAMs themselves or persons (compatriots) who purport to know them personally.

Recently, during discussions of possible amendments of the Asylum and Refugees Act, UNICEF has questioned article 25(1) of the Act requiring that ''a guardian should be appointed to Unaccompanied Minors (UAMs) in line with the Family Code." As this imposes obligations to the guardian similar to the obligations of physical parent, there are no candidates willing to take this role as it is an excessively time-consuming and engaging process, and not financially

supported by the state. Currently, this regulation leads to the appointment of an ''UAM representative," an employee of the Social Support services Directorate of the MLSP (Ministry of Labour and Social Policy), in line with article 25 (5), to represent the UAM during the asylum application process. Unfortunately, the MLSP representative is not in a position to facilitate and support UAMs' access to education and/or health care or to initiate any possible integration activities; in reality he/she is only present during the so-called asylum interview and when the decision of the asylum application is announced. In this context, UNICEF have requested an amendment of the law allowing the elaboration of a structure (possibly an NGO or a group of NGOs), under the supervision of the Ministry of Labour and Social Policy, whose employees can act as guardians providing social protection to the minors and accompanying and assisting them when dealing with social, health care, and educational institutions beyond the asylum process. UNHCR issued a statement in support of the UNICEF's stand on this issue.

Another amendment of the Asylum and Refugees Act that the BHC (Bulgarian Helsinki Committee) opposed was the proposed accommodation of UAMs either in closed centres or in closed areas within open centres, which is in legal discordance with the Children Protection Act. According to the BHC this regulation if approved could negatively influence the physical, mental and social development of the children as it would deprive them from educational opportunities. UAMs are entitled to attend school in line with article 26 (1) of the currently in force Asylum and Refugees Act. BHC criticized the authors of the law to amend the Asylum and Refugees act to have improperly interpreted article 8 (3) of the Directive 2013/32/EU of the European Parliament and the Council of 26 June 2013 on common procedures for granting and withdrawing international protection (recast). The BHC notes that respective legal clauses are transposed in the law amendment "verbatim and without taking into account the specificities of the national procedures in respect to the Asylum and Refugees Act and the particularities of the various stages of the asylum granting process."

Transposition of the EU legislation

On 20 March 2015 the Bulgarian Parliament voted on first reading a bill to amend and supplement the Asylum and Refugees Act.[43] The overall aim of the bill is to make the now acting law functional in regards to the increased migration inflow and to transpose two EU Directives. The first one is *DIRECTIVE 2011/95/EU of the European Parliament and of the Council of 13 December 2011 (i.e. Qualification directive) on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection*. The aim of the directive is to unify the regulations for provision of international protection guarantying uniform rights for access to the labour market and health-care provision. The *Qualification directive* would be transposed in the Asylum and Refugees Act through the introduction of the international protection concept that includes refugee status and subsidiary protection (humanitarian status), and a strict justification for granting ''international protection." A justification for refusing an asylum application would be also introduced with the planned change. At the moment, Bulgaria has missed the 21 December 2013 deadline to transpose this directive into national legislation. Another reason to amend the Asylum and Refugees Act is to transpose *DIRECTIVE 2013/33/EU of the European Parliament and the Council of 26 June 2013 laying down standards for the reception of applicants for international protection.*

[43] Bill to Amend and Supplement the Asylum and Refugees Act, accessible at the website of the National Assembly of the Republic of Bulgaria (Parliament). Available from www.parliament.bg/bg/bills/ID/15049

An amendment that was criticized by the UNHCR and the Bulgarian Helsinki Committee in the proposed Bill to Amend and Supplement the Asylum and Refugees Act[44,45] is the introduction of ''closed zones that would allow only limited movement" within the open reception centres of SAR. This amendment would be aimed at securing the physical presence of the asylum - seeker and his/her availability for interviews and additional information gathering at least once every two weeks during the application procedure. The asylum-seekers placement in a "closed zone" would be effectuated under the order of the SAR chairman or an employee authorized by the chairman himself. The BHC argues that such a law amendment would be in violation of Articles 7 and 8 of the *Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013, laying down standards for the reception and treatment of international protection applicants (recast Directive 2003/9/EC)* and of Article 5 of the *Convention for the Protection of Human Rights and Fundamental Freedoms (1950)* that guarantees the right to liberty and security. According to the BHC, the requested limitations would violate the rights of the asylum-seekers to health care, social support, and access to education.[46]

Lastly, the BHC opposed a proposed introduction of financial bail (to be paid by asylum-seekers when submitting application for asylum) "because it does not bring any grounds for its application, nor the terms and conditions under which to determine the amount to be paid in each individual case, thus creating preconditions for absolute administrative arbitrariness in the imposition of the bail".[47] The financial bail would serve to deter asylum-seekers from leaving the country before a decision on their asylum application is taken.[48]

I.IV Discussion section

Vulnerable groups and unaccompanied minors age assessments

A major deficiency in the legislation covering the reception process is the lack of protocols in place for identifying victims of psychological, physical, and sexual violence, thus leaving the decision at the discretion of SAR employees in charge of the interviews or to the health-care professionals (if available). The untimely identifying of a victim could worsen the person's condition and hinder the process of further treatment.

Another serious lapse in the current legislation is the absence of an obligation of the SAR or another relevant institution to perform age assessment tests of the UAMs arriving in the country. Thus, the age assessment is largely left to SAR employees performing asylum interviews – employees who have neither medical backgrounds, nor specific training on determining the age of minors. This might lead to inconsideration of specific children's needs and rights, often resulting in the disappearing of the children who run away and try to continue

[44] UNHCR, 4 December 2013. www.unhcr-centraleurope.org/bg/pdf/resursi/pravni-dokumenti/predvaritelni-komentari-i-preporki-na-vkboon-po-zid-na-zub.html

[45] BHC, 15 November 2013. www.bghelsinki.org/bg/novini/press/single/poziciya-na-bhk-otnosno-prietiya-ot-ms-zakonoproekt-za-izmenenie-i-doplnenie-na-zakona-za-ubezhisheto-i-bezhancite/

[46] Ibid.

[47] BHC, 28 November, 2013, Comments on proposal for amendments of the Asylum and Refugees act. Available from www.bghelsinki.org/bg/novini/press/single/komentar-na-bhk-po-zakonoproekta-za-izmenenie-i-doplnenie-na-zakona-za-ubezhisheto-i-bezhancite/#

[48] Ibid.

their journey towards Western Europe by the help of smugglers, which in fact represents increasing of their vulnerability and dropping out of the educational and social support system.

Planned legislative changes to the Asylum and Refugees Act and respect of international and EU legislation

The legislation amendments that introduce limitations of the freedom of movement of the asylum-seekers would not only be in violation of the international and national legislation but would impose an extrinsic role on the SAR. The refugees' agency is not entitled to perform law enforcement functions, yet the introduction of the so called "closed zones" in its centres would inevitably bring these closed zones under its responsibility. Additionally, this would lead to a confusion of the roles of SAR and MoI that is legitimately responsible for performing law enforcement duties. On another note, the proposed system of posting bond when seeking refuge, instead of securing the asylum-seekers' presence in the country during the procedure could instead encourage corruption practices.

Bulgaria's accession to the EU did signify the end of harmonization with EU law in the country. The establishment of a Common European Asylum System, as well as Bulgaria's plans to join the Schengen area promotes new dynamics in the field of migration management. However, the harmonization of national law should be more than a transposition into Bulgarian legislation; it needs to be accompanied by a harmonization of different parts of Bulgarian law, as well as to ensure the close link between the principle and the practice. Laws and governmental ordinances' implementation in reality are often hindered due to limited capacity, lack of resources and administrative barriers. Although the Asylum and Refugees Act specifies that medical screening must be provided to all asylum-seekers at registration, this often happens to be impossible simply because health professionals are not present at reception centres due to the lack of financial means for their remunerations. The asylum-seekers are health insured by law but in practice their access to health care remains limited due to long administrative procedures meant to transfer insurance related data from SAR to the National Revenue Agency and from there on to general physicians.

Obstacles to health-care provision

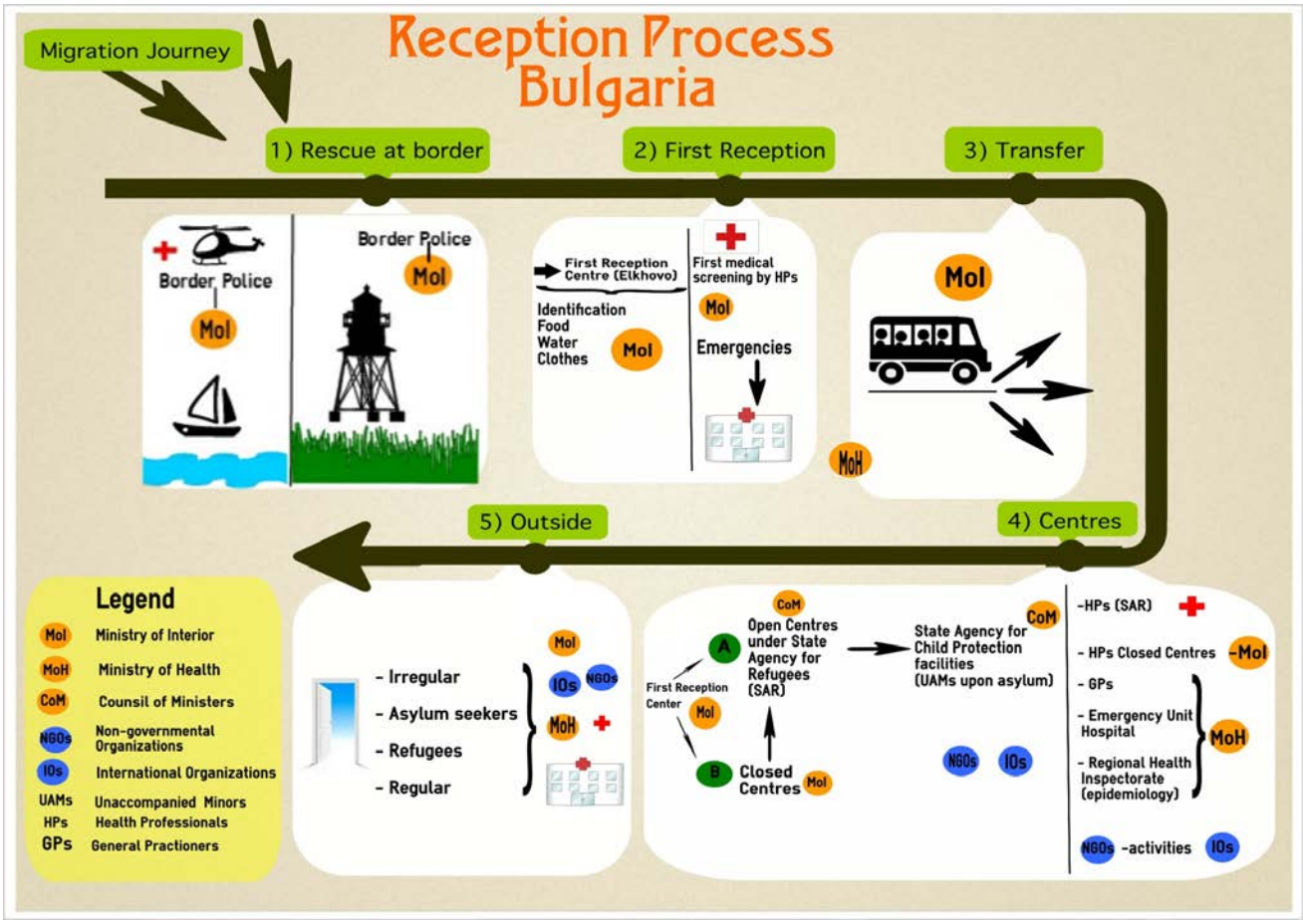
Migrants with an already granted refugee status are supposed to contribute to the health insurance system by paying monthly premiums, but many of them have in fact no income of any kind, which is in turn due to limited job opportunities and the lack of integration programmes. Hence, this leads to a situation where refugees' access to health care is in practice curtailed, despite being in theory guaranteed, thus further increasing their health and socioeconomic vulnerability.

II. PARTNERSHIPS, NETWORKS AND MULTI-COUNTRY FRAMEWORKS

II.I Description of the reception process and coordination

The assessment covers all phases of the reception process in Bulgaria, divided as follows: rescue at border, first reception, transfer to open/closed centres, and post-release/living at external addresses.

Figure 1: Reception Process, Bulgaria



Source: IOM EQUI-HEALTH project.

Rescue (at green border)

"We went a long way to reach Bulgaria. Firstly, from Syrian Arab Republic to Istanbul, then we crossed the border. I have 6 children – five girls and one boy. We came with another 5 families. I paid 500 euro for each of my children. It's expensive. We slept open air two nights. The kids were constantly crying, they were scared and tired…" **(Migrant, Harmanli RC)**

In line with their roles and responsibilities, the Border Police (Migration Directorate, MoI) are the main actor in the reception process from interception to respective administrative procedures and providing further transfer to other institutional actors. In respect to health, local health authorities and MoI medical staff provide first aid when necessary. Medical emergency cases are transferred to the hospital.

Box 1. Black Sea Rescue

There have been sporadic cases of sea rescue - 24 persons from Afghanistan were rescued in October 2013 and another 63 migrants from Afghanistan and the Syrian Arab Republic *were detected in August 2014 close to the northern Bulgarian shores in the Black sea, suggesting a sea possible migration route to Romania. These were cases when the local authorities requested and received help from the Bulgarian Red Cross, and local hospitals treated a number of migrants from dehydration. In both sea rescue cases, migrants were sent to the First Reception Centre in Elkhovo prior to further processing.*

First Reception Centre Elkhovo

After interception of an irregular migrant, he/she is transferred to the First Reception Centre in Elkhovo, where registration takes place. In case of massive influx (as, for example, in the winter of 2013/2014) migrants are held for a day or two at police stations in villages near the border before being transported to the FRC. As previously mentioned, the procedure requires maximum stay of 3 to 5 days though in cases of massive influx, people may spend up to several months there.

Migrants can state formal intent to apply for asylum at the First Reception Centre. Once such intent is recorded, the applicant is transferred to SAR reception centres. Migrants who do not apply for asylum are transferred to a detention centre (either in Lyubimets or in Busmantsi (Sofia)) prior to removal from the country.

"We stayed in Elkhovo for 4 days. The rooms and the toilettes were awful. I was crying every day. I felt extremely tired. I wanted to go back to the Syrian Arab Republic".
(Migrant, Open Reception Centre, Sofia)

"Before they brought us to Elkhovo, we spent a night in an arrest in the village [the location where migrants were detained after border crossing]. We slept on the floor".
(Migrant, First reception Centre)

With respect to health care, FRC's medical staff performs medical checkups following migrants' initial arrival at the centre. In case of emergency, first aid is provided when detaining migrants at the border and/or in case of visible signs of sickness, the Border Police medical staff relies on Emergency Services from hospitals in Haskovo and/or Yambol. There are no medical quarantine rooms in the FRC due to the centre's limited space. There are no social and/or other specialized services for migrants provided at the FRC.

A Refugees Friends Activist Group (volunteers that use social networks for coordination to support refugees) detachment is present and active in the largest open reception centre in Harmanli (in close proximity to the border) and occasionally takes part in the reception process if contacted over the phone and alarmed by migrants already living in the open reception centres.

Detention Centres (DCs)

As previously explained, detention centres accommodate irregular TCNs prior to their removal from the country. Detained TCNs are allowed to receive legal aid from representatives of the Bulgarian Helsinki Committee (BHC) or private lawyers. IOM provides consultations on voluntary return programmes as well.

In terms of health care, the detention centres have medical rooms served by a doctor and a nurse (or medical assistant – feldscher) and an isolation/quarantine area where sick patients can be treated locally. In case of more complex health care needs, patients are transferred to the Medical Institute of the MoI premises and/or specialized hospitals. DCs also have at their disposal two psychologists (MoI employed) to provide psychosocial support.

Integration Alternatives

A National Strategy for Integration (2014–2020) was elaborated by the Ministry of Labour and Social Policy and approved by the Council of Ministers in July 2014. The Strategy foresees launch of a pilot programme targeting 500 persons aiming to financially support the refugees and relocating them accordingly to the labour needs of the country regions. In practice, the integration of the asylum status holders remained inaccessible in 2014–2015 as there was no working financial framework approved by the government. The lack of access to integration (amongst other reasons as well) a large number of refugees to continue their journeys at to look for alternatives for employment and settlement in other EU Member States.

Open Reception Centres

As already discussed, SAR open reception centres accommodate asylum-seekers while their applications are being processed. The MoI coordinates with SAR the available places before transportation to an assigned facility. The majority of open centres were opened at the end of 2013 when the migration flow towards Bulgaria increased and were in disastrous conditions before they could be remodeled. The migrant quote below reflects some of the challenges migrants faced back then:

"I simply do not accept life like this… There are problem between inhabitants… Nonstop quarrels… We are two families in our room… that would mean more than 10 people. We do not have personal space to relax a bit. I just need my papers to continue my journey to Germany". **(Migrant, Sofia)**

Bulgaria is generally considered a transit country for the majority of asylum-seekers who plan to continue their journey westward once granted a refugee status. A number of cases of irregular migrants who have not been detected by the Border Police during irregular border crossing and/or within the country have been reported as well. Various individuals and families showed up at the open reception centres premises and requested accommodation in late 2013 and throughout 2014. In such cases, centre management contacts the Border Police to handle initial registration, incl. fingerprinting and interviewing, before housing them.

A specialized reception centre opened in December 2014 in the village of Kovatchevzi (58 km west of Sofia) to accommodate vulnerable groups: single mothers and children, pregnant women and spouses, and large families. Originally, the premises of the centre had operated as an international summer student camp, before being forced to close due to a lack of

funding. Although afterwards being partially renovated with ERF funds, the SAR chairman ordered the closure of the centre in November 2014 due to the high maintenance and heating costs that the agency could not afford to pay anymore.

Unaccompanied Minors (UAMs)

In 2014, the open reception centre in the village of Banya (able to accommodate up to 150 persons) was transformed into reception facility for UAMs following the recommendations of the then SAR chairman, and prompted by the stated difficulty in establishing specifically designated areas for unaccompanied children in other centres. Thus SAR developed a plan for construction of additional facilities within the centre in Banya (houses, playgrounds, and classrooms). A gradual transfer of UAMs to Banya began in May 2014. However, this initiative turned out to be rather controversial as a large number (more than 50) of UAMs escaped from the centre.[49] This prompted additional criticism directed at the SAR for placing UAMs in an even more vulnerable position than previously, as the centre was located in a remote area without community integration and educational opportunities.

"It is too isolated. There is no medical aid and psychological support. Children couldn't attend school. The Ministry of Education refuses to allow them going to school. Entitled to Bulgarian lessons are only the children who obtained a refugee status. However, older children are enrolled in groups with younger kids. The older are ashamed and quickly quit school. SAR is absolutely unable to prove they are able to take care about the UAMs. Anyways they send them there. I would say this is a kind of "deportation''. Finally, the kids disappear; they simply run away" **(NGO, Sofia)**

In the community

Asylum-seekers and refugees go to hospitals and other health-care facilities primarily after a doctor's referral, while health-care access remains a major challenge for the uninsured and undocumented migrants. The Red Cross provides financial support for vulnerable groups by covering medical expenses and specialized treatment, as well as refers patients to health professionals with migrant origin who also provide health care services (sometimes for free).

[49] SAR centres are open reception centres and its inhabitants, including UAMs are allowed to move freely in and out. UAMs run away in order to continue their journey westwards.

Box 2 Good Practices

Refugee Crisis Coordination Mechanism

A Refugee Crisis Coordination Mechanism was created in late 2013 to coordinate the efforts of all stakeholders participating in the reception process in Bulgaria: SAR, UNHCR, UNCIEF, the Emergency Mission of Doctors without Borders (November 2013–April 2014), IOM, BRC, BHC, Women Refugees Council (NGO), and the activist group Refugee Friends. By invitation of SAR and hosted at the premises of the Red Cross participants in the mechanism met twice a month to discuss concrete issues in respect to the refugee crisis, as well as future steps and overall coordination of actions for managing the crisis. Since the very beginning of the existence of the Mechanism, thematic sub-groups were formed on Protection (legal issues), Health & Wash, Integration, Information, and Media. The sub-groups members met occasionally in the spring of 2014. The Refugees Crisis Coordination Mechanism has been transformed into Refugees Reception Mechanism and it is still functioning with two stakeholders' meetings per month hosted by SAR.

Friends of the Refugees informal group

In addition, an informal Refugees Friends group of volunteers is active in SAR centres and outside in the migrant community and helps asylum-seekers with information, access to legal aid, and assistance for finding accommodation. The group was itself founded in 2013 in the context of the refugee crisis, and later developed into an informal organisation relying on modern media channels for communications (Facebook, Viber groups, etc.) to organize small mobile units for assistance for refugees and asylum-seekers in and out of the open reception centres. As such it has played a vital role in supporting refugees in vulnerable situation over the last two years in Bulgaria.

II.II Public health in border communities

No epidemic outbreak or any other critical health-related events were registered in the border regions affected by the migration influx in late 2013–2014. Registries maintained by health-care professionals operating within the border area do not contain data on contagious diseases representing a threat to public health. Records (October 2012–December 2013) of the Emergency Unit of Yambol Hospital (which provides medical aid to migrants in the First Reception Centre) indicate that migrants were predominantly younger (18–45 year old), and that conditions they suffered from were mainly triggered by the migratory journey. Only isolated single cases of hepatitis and TB were reported by health authorities.

Although the state institutions have not been prepared for the large migrant influx, they responded adequately to the crisis at the end of 2013, and the beginning of 2014. The MoI assigned health professionals to provide shifts at the FRC Elkhovo in order to ensure health-care service for newly arrived migrants and to contain any risk of a possible health epidemic. The Emergency Units of the hospitals (MoH) located near the FRC and the largest open reception centre in the border region worked hard to provide ambulances and emergency services 24 hours a day. Recalling the very beginning of the refugee crises, i.e. October-November 2013, interviewees from the Haskovo municipal hospital explained that an ambulance was assigned to serve the needs of the few thousand migrants who passed through the Harmanli reception facility in the winter of 2013.

The emergency system in Bulgaria is overloaded, insufficiently staffed and poorly paid and has the capacity to provide only limited health services to the Bulgarian population. In such a context, the emergency units serve reception centres and respond to 112 calls. Few medical incidents were reported in 2013–2015 period.[50] However; the emergency services served huge population without additional resources, interpreters and any other help. The Emergency unit of the Haskovo municipal hospital serves Harmanli and Pastrogor open reception centres and Lyubimets detention centre. In 2013–2014, the emergency unit responded to more than 1,500 emergency calls from the three facilities. Patients were referred to the hospitals in Haskovo, Harmanli, and Svilengrad for follow-up treatment when needed.[51]

"We have 3 emergency teams and 3 ambulances covering population of 110,000 in the region of Haskovo[52]…In October – November 2013 - 2014 one of the ambulances and the team have been constantly on duty in the reception centre in Harmanli…Then, the emergency mission of Doctors without borders took over from us but we kept answering 112 calls and sending teams. For a period of 2 months we have had 152 emergency calls from Harmanli only… and we do not count here the emergency calls from the detention centre in Lyubimets, and from the border check points. This is an enormous pressure on our capacity that is limited". **(HP)**

In an effort to secure emergency medical aid SAR bought two ambulance cars in 2014 with the funding received by ERF. However, these ambulances have not been provided with the medical equipment needed for their normal functioning due to the lack of additional resources, neither medical teams have been trained and hired to work with the ambulances. The cars have been assigned to the reception centres "Vrazhdebna" in Sofia and to Harmanli. Since then, the cars are used by SAR for non-urgent transportation of patients to hospitals for examinations or for a transport from Harmanli to Sofia.

II.III Discussion Section - II

Sustainability of health services

Although funding has been secured by the European Refuge Funds/Emergency Funds, a limited part of it was invested in improving the direct provision of health services. It mostly covered building and renovation of infrastructure and food supplies, as well as the purchase

[50] A 32 year-old asylum-seeker from Afghanistan and father of three children died in "Voenna rampa" reception centre in Sofia after a heart attack in November 2013. The then health minister ascertained the emergency unit arrived quickly but the health professionals were not able to help as the death occurred before their arrival. However, rumors that death has been caused by freezing provoked disorder in the centre that necessitated the police to interfere.

A 4 year-old girl from the Syrian Arab Republic passed away in May 2015 in the reception centre in Harmanli due to streptococcal infection caused by tonsillitis. The mother of the child sought help three days after the first complaints. The security guards often called the emergency number 112 and an ambulance car transported the girl to the Haskovo hospital with high fever. Although she was immediately brought to intensive care the girl died a few hours later.

[51] Information provided by the Regional Health Inspectorate Haskovo.

[52] Bordering Turkey and including the reception centres in Harmanli, Pastrogor and the detention centre in Lyubimets.

of two ambulances for the needs of the open reception centres. The purchase of ambulances, even though funded by the EU, provoked a negative attitude among the local population living nearby the centres who felt that foreigners are better cared than Bulgarians. A possible solution for improving the provision of health services in a context of chronic deficiencies within the system but also in respect to the local population is to finance and consult the MoH, as the public health service providers are at the end the one who are best positioned to provide health services to people accommodated in the centres.

"Our hospital is divided into 6 departments and we have the capacity of 101 patients, to cover a region with a population of 37,000 – Harmanli and the villages in the municipality. Suddenly, additional 2,500-3,000 people arrived I mean the reception centre in Harmanli. Surely, we are totally unprepared to provide adequate health services and we do not know who is going to pay back the expenses and when. Of course, we helped everyone who needed medical assistance but it's difficult to do this… Without translators we simply could not understand each other - it takes much more time and the doctors and nurses are exhausted … The pregnant women are unwilling to be examined by male gynecologists…Where to find female gynecologist only?" **(HP)**

As from the MoI perspective, the fact that the Ministry has medical personnel working within its Medical Institute is a good practice that has positively contributed to the provision of health-care services to irregular migrants during the reception process. However, the function of the medical staff is to provide health-care services and treatment exclusively to MoI personnel and so the department has limited financial resources to provide for all the needs of migrants held in detention for longer periods of time. The migrants that are treated by MoI HPs are accommodated in detention centres and are uninsured due to their irregular status. This creates problems for the MoI Medical Institute budget as the treatment costs remain unreimbursed, thus leading to financial shortages. Furthermore, the staff is overloaded and exposed to burn-out, which further jeopardizes the quality of health services provided.

Coordination between health-care providing entities

A chaotic atmosphere prevailed in the beginning of the refugee crisis at the end of 2013 due to the poor initial coordination of the various state agencies, but the situation was eventually brought under control thanks to the efforts of the SAR, BRC, UNHCR, and the Refugees Friends activist group, thus preventing an epidemiological outbreak. An enormous contribution was also provided by the emergency mission of Doctors without Borders, who opened medical rooms and provided hygiene materials for the three newly opened reception centres (See Box 3: Good practice, Work of Doctors without Borders). Unfortunately, the MSF mission ended in June 2014 and left many unsolved problems in respect to health in the reception system in place.

III. MONITORING MIGRANT HEALTH

III.I Migrant health

At arrival, the unfamiliar environment, the unknown language, the uncertainty about the future, and the lack of knowledge of the application procedures are some of the factors that aggravate migrants' health and specifically their psychological well-being. Some of the newcomers do not know exactly where they are. In most cases, Bulgaria was not intended as their final destination. Others demonstrate optimism and believe they have passed through the worst after crossing the border and/or being rescued/detained by the police, as they see this as a chance to obtain documents and the possibility to start the asylum procedure and a new life in Europe.

"I don't want to stay here. I will try to go to Italy, France or Germany. There is different from Bulgaria". **(Migrant, Banya reception centre)**

The medical records of the Yambol hospital emergency unit[53] (which cover the first Elkhovo reception centre and the Turkish border area) show that newly arriving migrants mostly suffer from physical traumas and stress. Major medical conditions registered were pneumonia; bronchiolitis, nasopharyngitis, but also frosts, allergies, hypertension, intestinal obstructions, parasitic infections, scabies, and abdominal pain. The age of registered patients is on average 18–40, the majority are families with small children. Isolated cases of hepatitis, diabetes, and tuberculosis were registered by the medical authorities in 2013/2014 as well.

III.II Provision of health-care services and social assistance

Overview of health services in FRC & Detention centres:

- ✓ In all locations - medical office operated by doctor, feldscher and/or nurse (employed by MoI) and a psychologist
- ✓ Initial health screening (in First Reception Centre)
- ✓ No vaccinations
- ✓ Medical tests performed per doctor's decision & at referral → hospital
- ✓ Problems with communication: *when needed interpretation provided by migrants and/or staff members*
- ✓ No cultural mediators
- ✓ Red Cross and volunteer organizations provide hygiene and cleaning products

[53] Data provided by the Yambol hospital emergency unit covers the period between 21 July 2013 and 26 November 2013. 11,158 irregular entries have been registered for the whole year 2013 by the MoI.

As already explained, different health and social services are available to migrants in First Reception Centre (FRC), detention centres, open reception centres, and outside of centres in the community.

First Reception Centre and Detention Centres

The urgently established in October 2013 **First Reception Centre** in Elkhovo was and still is the institution performing first health screening following a checklist provided by the Institute of Medicine of the MoI – Ambulatory Sheet (see Box 5).

According to the HPs interviewed, the first medical screening is a medical check-up/pre-symptomatic diagnosis, followed by measurement of the blood pressure. No medical tests are performed unless the case is not an emergency requiring immediate medical care. There is no vaccination programme at the FRC.

"If one has yellow eyes/face I could think of hepatitis, otherwise there's no other way for me to detect hepatitis. A woman from Ghana who was having a head injury and stated she was having HIV. The HIV test happened was negative".

(HP)

The detention centres in Busmantsi (Sofia) and Lyubimets employ 90 law enforcement officers each (plus civilian staff), one MoI contracted medical doctor and one nurse – all with 8a.m. to 5p.m. working hours.[54] There are four medical assistants employed by each centre, working a 24hr shift followed by 72 hours off. Both centres have fully equipped medical rooms. Costs of medications are also covered by the Medical Institute of the MoI. In addition, MoI has signed contracts with municipality hospitals in Sofia and in the town of Svilengrad (in close proximity to the FRC and the detention centre in Lyubimets) for referral of patients in need of prolonged and/or specialized care, which they also cover. However, referrals are hindered due to a legislative measure for patients to be accompanied in the hospital by a law enforcement officer, thus affecting the normal functioning of the centres. There are two psychologists per centre, employed by the MoI, offering psychosocial support in case of need. The Assistance Centre for Torture Survivors NGO, which provides rehabilitation services for victims of torture, is also allowed to operate in the detention centres.

A psychologist accompanied by interpreter visits the detention centres once a week to provide psychosocial support. No interpreters and/or social workers are employed by the DCs. Migrants are frequently requested to help with interpreting for fellow migrants when there are no options available.

Migrants are not provided with hygienic kits upon arrival. They are supposed to buy soap, shampoo, towel, tooth paste, tooth brush, and/or any sanitary pads with their own money. Twice a week (Monday and Friday), two migrants (who have previously compiled a list of items needed by other migrants and have also collected money) are accompanied by police officers to a shop in town where they can buy the needed supplies.

[54] In January 2015 the medical doctor working with the detention centre in Sofia has been assigned to the HQ of Migration Directorate, thus leaving the medical room at the detention centre.

"If they have money, they have soap. If they don't have money, they don't get soap. But usually most of them come to FRC with some money". **(LEO)**

Open Reception Centres

In line with the Asylum and Refugees Act, the open reception centres are required to establish medical rooms (posts) in order to provide health-care services.

In Sofia, the **Ovcha Kupel reception centre** acts as a coordination facility for the other two centres located in Sofia, and provides initial screening for all migrants arriving from the FRC or other open centres in the countryside. After registration and health screening, migrants are accommodated in the coordination centre and/or transferred to the other two open reception centres in Sofia – at Voenna Rampa and Vrazhdebna.

Open Reception centres overview:

- ✓ SAR HPs: Medical doctors (2) feldschers (medical assistant) & nurses. Employed part-time. Unfilled places due to low remuneration (EUR 350).
- ✓ When available, SAR HPs do medical screening; facilitate registration at GPs, and referral of patients to specialists.
- ✓ MoH initiates vaccination campaigns (in line with the national calendar).
- ✓ Red Cross and Friends of the Refugees Informal group operate within the centres: donate medications (to HPs), blankets, food packages and cleaning products.
- ✓ Psychiatric help (NGO)
- ✓ Sporadic interpretation/no cultural mediators

As per interviews with centres staff, migrants who are HIV positive, are housed like all other asylum-seekers; medications are provided by the SAR health professionals who also advise them on special protection measures to take. The medical professionals working with the open reception centres offer to migrants a free HIV test, following a standard procedure which includes the signing of informed consent form.

"There is no risk for contamination of other migrants. It is us who are under such a risk due to the medical procedures we are supposed to implement" **(HP)**

According to the interviewed health-care providers (HPs), upon patient declaration that he/she suffers from diabetes or cancer, the HPs at SAR facilitate urgent registration with a general physician (GP) as a GP referral is needed for procurement of insulin or cancer relieving treatment and medication.

A medical room in the Vrazhdebna RC was built by MSF's emergency mission in Bulgaria. After MSF left Bulgaria in April 2014, management of the medical office was handed over to SAR. The agency hired a medical doctor originally from the Syrian Arab Republic but educated in Bulgaria with a right to practice in the country. Unfortunately, due to limited funding, he is

only employed part-time (four hours per day); and he was not hired in the period December 2014–January 2015. In February 2015 his contract was renewed for additional three months.

The Ministry of Health monitors health-care provision and hygiene standards in the open reception centres through its Regional Health Inspections in the Sofia and the Haskovo (covering Harmanli) regions. In September 2013, the MoH ordered vaccination of all asylum-seekers and refugee status holders under the age of 15. All children have been vaccinated against diphtheria, tetanus, polio, haemophilus influenza, measles, mumps, and rubella. These vaccinations were carried out in specialized medical offices under the direct management of the RHI-Sofia in order to avoid any delay that may precede the registration at general physician offices. The number of vaccinated children in 2013/2014 was 1,890, in line with the immunization calendar approved by the MoH of Bulgaria. The Regional Health Inspectorates reported they continue the implementation of vaccinations according to the Bulgarian immunization calendar.

Box 3: Good practice, Work of Doctors without Borders

Doctors without Borders (DwB) stepped in and established an emergency mission in Bulgaria from November 2013 until April 2014 in the newly opened centres in Sofia "Voenna rampa," "Vrazhdebna", and in the largest centre in Harmanli.

In order to start their mission, DwB signed a Memorandum for Understanding (MoU) with SAR. DwB started operating with teams comprising of 2 medical doctors and 2 nurses in each of the three centres and general support staff. The majority of the health professionals were local hires. A DwB WASH (Water, Sanitation, and Hygiene) officer actively helped the SAR personnel while repairing and increasing the capacity of the sewage system and other technical aspects of the newly opened centres. During the second month of the DwB mission, a psychologist was assigned to work with asylum-seekers in the centre of Harmanli. The DwB team provided medical care to an average of 65-70 people daily in the beginning of their mission.

"The most common complains are related to respiratory diseases – coughs, colds, flu. We are not involved in the first medical screening. It happens at the FRC. Our main problem is the chronic diseases, because they need daily care and attention. People with diabetes and kidney transplants (we have two of them) go to local policlinics but they get back to us because we buy the medications". **(CSO).**

Doctors without Borders assisted migrants for registration with GPs and covered incurred medical expenses for hospital and/or any other specialized treatment incl. child birth, etc. They also covered medications as often these are covered partially or not at all by the standard medical package of insured people in Bulgaria.

"We had 15 pregnant women that made an agreement to take blood test, but Doctors without Borders had to pay" **(CSO)**

Unfortunately, after the end of Doctors without Borders emergency mission, these good practices were not continued. The organization officially handed over the facilities constructed by them to state authorities. Unfortunately insufficient funding and/or lack of proper organization impeded proper continuation of the services. The medications supply relies solely on the Bulgarian Red Cross and campaigns occasionally organized via social media by the Refugees Friends Group.

The **centre in Harmanli** provides accommodation to the largest part of asylum-seekers in Bulgaria – this centre house more migrants than all other centres taken together. After having served as emergency accommodation during the influx crisis of 2013/2014, it is now able to accommodate 3,450–3,500 persons after the renovation works funded by the ERF. In terms of health-care services, there are scarce medical facilities in the centre. After Doctors Without Borders ended their mission in Bulgaria in early June 2014, the centre remained in fact without medical presence. The first SAR employed health professional was hired in September 2014, a pediatrician from Harmanli municipal hospital. She did not receive a salary (similarly to the health professional at "Vrazhdebna" in Sofia) in December 2014–January 2015; she was re-contracted in February 2015.

"I am supposed to work par-time but very often I work 8-9 hours a day. At the same time, I haven't got salary already three months. I can't remember already the number of people I own money to. I have to take small loans from friends and relatives, so my family could survive." **(HP)**

The Harmanli HP has an assistant (feldscher), who also works at the MoI detention centre in Lyubimets. Both work in a poorly equipped medical office located in the underground part of the administrative building of the reception centre. Medical supplies are limited, thus making it impossible for migrants to follow up treatment if they do not have the funds to buy their own medications, this being very often the case. Lack of proper medical equipment for the functioning of the medical room was also reported by the staff interviewed. The Regional Health Inspectorate (RHI)[55] in Haskovo has inspected the centre and prescribed measures to be taken on multiple occasions as the medical office functions in non-compliance with the standards prescribed by the MoH. The measures would include the deployment of equipment for taking samples for medical tests and maintaining higher hygiene standards. In December 2014, the chief state health inspector threatened to fine the SAR for being unable to set up a normally functioning medical facility.[56] Unfortunately, since then until the spring of 2015 little progress has been made to improve the quality of medical services provided at the centre.

A medical team consisting of a medical assistant and a nurse provide health-care services to asylum-seekers at the **centre in Pastrogor** (close to the Turkish border). Urgent cases are covered by the emergency unit of the municipality hospital in the border town of Svilengrad. The same hospital has had a contract with SAR since 2013 to provide long term treatment and follow-up procedures to asylum-seekers when needed.

"Foreigners come to me and I create a medical file for everyone. I ask all for illnesses they might suffer, what, since when. A HIV test is offered to anyone that might want to pass it after informed consent. Wasserman samples are taken as well samples for intestinal parasites. In summer time, we also check for malaria".

"Doctors from the TB department of the municipal hospital in Svilengrad regularly visit the centre to take samples for TB and to implement Mantoux test. All TB patients are treated for free as they are health insured in line with the Asylum and Refugees law. But we cannot control everything… 13 asylum-seekers complained from indigestion. After series of tests we found out they have eaten a poisonous herb that is similar in appearance to an edible herb in the Syrian Arab Republic…However, the majority of medical cases are related to respiratory diseases. And these are children mainly…All of them are immunized according to the Bulgarian calendar. Many of the parents bring the immunization passport of their kids and an interpreter working with the centre translates the content, so we have information on vaccines already implemented". **(Medical assistant)**

Medical workers state that the medications provided by SAR are not enough. Doctors without Borders supplied certain amounts of drugs during their mission in Bulgaria, though this not on a regular basis. Medical information on centre residents is passed on to SAR regularly, as well as to the Regional Health Inspectorate of the MoH in Haskovo. The first reception centre

[55] MoH structure covering the region where Harmanli is located.
[56] See Darik Radio News Service; http://dariknews.bg/view_article.php?article_id=1372344

(under MoI) in Elkhovo also provides information to the medical office in Pastrogor on the results of the first medical screening done after rescue.

A medical assistant is in charge of the health-care provision at the **reception centre of Banya** (capacity 350–370). The emergency unit of the municipality hospital in Nova Zagora intercedes in cases of emergency. A follow up treatment is provided by the same hospital. Any case requiring surgical intervention is to be referred to the municipality hospital in Sliven, although there have been no such cases up to the present. The lack of resources for medications and the language barrier are quoted as the main problems by an emergency doctor interviewed.

"Some English is not enough to understand each other and we do not speak their languages. We rely on people who have spent some time in the centre and are already able to understand Bulgarian. There have been always problems with the language barrier…. Usually, we bring the children to the hospital for examinations. We should not take risks with children… A follow up treatment in the centre is almost impossible for children and they might contaminate the others…"

"We prescribe medications and it is on them to buy them but we do not know whether it really happens…. An epicrisis in Bulgarian language is given to the migrants after a medical check-up. We mainly treat neurosis and we had only one case of miscarriage. No, we have not registered any cases of TB or hepatitis. The reasons for neurotic crises are the change of the environment that accumulates stress. However, this is my opinion… they could not tell me what might be the reason as we do not have a common language… But a greater risk is that might lead to depressions… They may visit a psychologist but I do not know where, when or any other details…"
(Medical doctor)

Social Services within and outside of centres

A few NGOs are involved in providing social services to migrants in and outside of the centres.

In respect to food and non-food items, the **Bulgarian Red Cross (BRC)** provided crucial assistance to the State Agency for Refugees to cope with the increase migrant influx in 2013/2014. The offices of BRC in Sofia, Sliven (reception centre in Banya), and Haskovo (covering the border region) provided food, clothes, and medications at the peak of the crisis at the end of 2013/beginning of 2014. Currently, BRC delivers sanitary packages with tooth brush, tooth paste, and disinfection products (bleach) once a week.

Table 9: BRC donors in 2013/2014

UNHCR country office	540,000 BGN (270,000 euro)
Dutch Red Cross	2 million BGN (1 million euro) – hygiene promotion, construction of laundry premises in the open reception centres, buying of hygiene products and humanitarian aid, psychosocial help
Swiss Red Cross	300,000 BGN (150,000 euro) – medications, food items for asylum-seekers registered at external addresses
US Embassy in Sofia	50,000 BGN (25,000 euro)

Ministry of Health (through The Global Fund to Fight AIDS, Tuberculosis and Malaria)	43,000 BGN (21,500 euro)
European Refugee Fund	70,000 BGN (35,000 euro) – social mediation to support access to health care for asylum-seekers.

Source: Bulgarian Red Cross.

With the help of European Refugee Fund, the BRC began a social mediation project (February–June 2014), the third in a row since 2012, aiming to support the integration of refugees, including access to health care. Seven migrants residing in Sofia and two in Nova Zagora (in close proximity to the reception centre in Banya) have been trained to assist asylum-seekers when looking for housing, when registering at the municipality and obtaining a social security number, when signing up at a GP, and when going to hospitals for treatment and/or medical check-ups. All mediators have been recruited from within the migrant communities. In line with the ERF social mediation project, two other teams of social workers comprised of psychologist and an Arabic language translator have been trained in Sofia and Haskovo. These teams form mobile units able to provide psychosocial support at the reception centres, as well as for refugees living at external addresses. Though the results are positive, the project is evaluated as not sustainable by the BRC itself due to the short term funding – only four months per calendar year.

"There is no continuity of the projects. The gaps in-between projects last 7-8 months. This makes it extremely hard for us to keep already trained mediators. In my current project I have only one of the mediators that worked last year. The rest of them just rejected our offer. Additionally, they are employed under consultancy contracts without any social benefits. Sometimes, we are not even able to pay monthly remunerations on time. At the end of the project we transfer the owned money at once". **(BRC)**

Besides the delivery of food, non-food items, and implementation of social mediation projects, BRC also covers the cost of medications prescribed to refuges and/or asylum-seekers by GPs and/or specialists. The US Embassy in Sofia donated 5,000 USD and the OSF provided 2,500 BGN in 2013–2014 to cover any such costs. The Bulgarian Red Cross has a verbal agreement with two pharmacies in Sofia to provide medications when verified prescription are presented and be reimbursed on a weekly basis by the BRC.

"We do not have a signed contract with these pharmacies. It's a good will, verbal agreement. We managed to help approximately 200 asylum-seekers in 2013/2014".
(BRC)

There are two main mental health support providers to migrants in Bulgaria: the MoI Institute of Psychology (which permanently employs full-time psychologists to detention centres), and the **NGO ACET (Assistance Centre for Torture Survivors**), active in Bulgaria since 1998. The currently implemented programme of ACET is funded by the United Nations Voluntary Fund for Victims of Torture. The NGO works in the SAR open reception centres, and additionally provides weekly treatment sessions to migrants in the MoI detention centres. In fact, ACET took over providing psychological assistance services from Doctors without Borders at the biggest open centre (in Harmanli) in early June 2014. The organization developed a system for

early identification of asylum-seekers who need psychological help. In late 2013/early 2014 ACET provided professional help to 120 refugees and asylum-seekers. The certificates issued by ACET (describing the mental health of their patients) could be used by certain migrants' lawyers in appeal cases when refugee status application is rejected by SAR.

"Our patients have been victims of systematic beatings, electroshocks, hangings by legs or arms, rapes while in arrest, threats to the life of other family members. We speak about people arriving from the Syrian Arab Republic, the Islamic Republic of Iran, Iraq, and Afghanistan. All use all possible ways to escape. Some have paid bribes to get out of the prison and headed for Bulgaria via Turkey. We have a case of a man who survived 12 times imprisonment in the Syrian Arab Republic". **(NGO, Sofia)**

According to ACET experts, there is a need to improve communication between asylum-seekers and SAR workers, including SAR staff training on better understanding the needs of migrants and the difficulties they have been through. In many cases, the inability of SAR employees and migrants to understand each other due to the lack of common language leads to conflicts that aggravate the uneasy situation of both groups.

Box 4: Good practice, Work of Women Refugees Council (NGO)

The Women Refugees Council started in January 2014 a year-long "Social mediation and support for the refugees" in Bulgaria project, funded by the UNHCR country office in Bulgaria. The project aimed to facilitate the initial orientation and adaptation of asylum-seekers (living at external addresses in Sofia) and refugees through social mediation, consultation, and provision of information. 800 asylum-seekers and 600 refugees have been assisted since the programme's inception. Five social workers (fluent in Arabic, French, Turkish, Kurdish, Farsi, English, and French languages) have been accompanying migrants when requesting services from institutions. The social workers informed migrants on their rights and obligations according to Bulgarian law, and facilitated access to health care and various types of social assistance programmes. Social workers also assisted asylum-seekers at GP offices, and/or provided advice over the phone.

The beneficiaries of the project were from Iraq, the Syrian Arab Republic, the Islamic Republic of Iran, Afghanistan, Somalia, Tunisia, Lebanon, as well as stateless persons.

"We help them to check their health insurance status, choice of GP, to visit a doctor; we support them prior to specialized medical examinations. On their behalf we write an application form for health insurance to the National Revenue Agency accompanied by a certificate issued by SAR". **(WRC social worker)**

When accompanying migrants to the doctor's office or to the hospital, social workers stay with the migrants until the very end of the process, and help out with communication issues which may arise

"We even had a case to provide translation over the phone (with loudspeakers on) while delivering birth… On a later stage we help the women to register their newly born kids and to obtain a birth certificate". **(WRC social worker)**

The WRC contacted health professionals from maternity centres that provide consultations on healthy breastfeeding. After delivery, mothers sometimes have a hard time registering at GPs once again. The most common explications given by GPs on their unwillingness to work with asylum-seekers and refugees are *"I do not speak their language," or "They do not inform us when leaving the country."*

III.III Data Collection

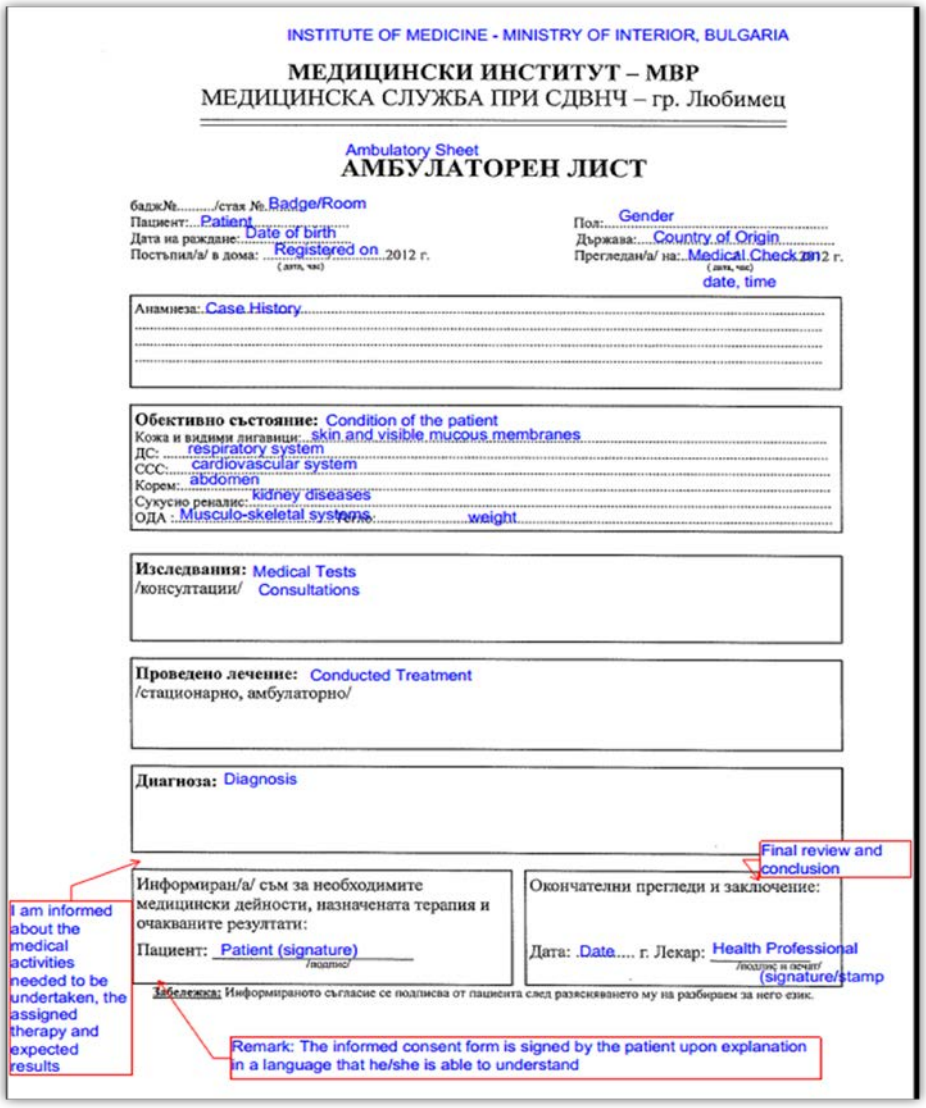
Data collection and exchange seem to be limited amongst stakeholders in the field of migration and health care provision in Bulgaria. All institutions and organizations providing health care, including mental health, collect and maintain registries of services rendered and patient medical histories, though this is shared only sporadically. Furthermore, medical archives are not in electronic format and thus hard to link, aggregate, and/or analyse on a regular basis.

At central level, the MoH receives data on treated patients when they are referred from MoI Medical Institute to other hospitals for specialized treatment according to contracts previously signed between the institutions. Similar is the situation regarding NGOs providing health care or health mediation. The MoH receives information only when their direct involvement is requested and/or when they request the medical files with patients' medical history from the NGOs.

FRC and Detention Centres

According to the doctors at the FRC, after examination, patients are provided with **a medical file** to keep with them and provide to other HPs if referred to a hospital and/or transferred to another facility. The FRC medical records are kept within the facility and aggregated data are reported firstly to the Medical Institute of MoI and then to the Ministry of Health (MoH) once a month.

Box 5: Ambulatory sheet, Institute of Medicine, MoI, Bulgaria


INSTITUTE OF MEDICINE - MINISTRY OF INTERIOR, BULGARIA

МЕДИЦИНСКИ ИНСТИТУТ – МВР

МЕДИЦИНСКА СЛУЖБА ПРИ СДВНЧ – гр. Любимец

Ambulatory Sheet

АМБУЛАТОРЕН ЛИСТ

бадж№...../стая №: Badge/Room

Пациент: Patient

Дата на раждане: Date of birth

Постъпил/а/ в дома: Registered on 2012 г.

Пол: Gender

Държава: Country of Origin

Прегледан/а/ на: Medical Check 2012 г.

date, time

Анамнеза: Case History

Обективно състояние: Condition of the patient

Кожа и видими лигавици: skin and visible mucous membranes

ДС: respiratory system

ССС: cardiovascular system

Корем: abdomen

Сукусно реналис: kidney diseases

ОДА : Musculo-skeletal system; weight

Изследвания: Medical Tests

/консултации/ Consultations

Проведено лечение: Conducted Treatment

/стационарно, амбулаторно/

Диагноза: Diagnosis

Final review and conclusion

I am informed about the medical activities needed to be undertaken, the assigned therapy and expected results

Информиран/а/ съм за необходимите медицински дейности, назначената терапия и очакваните резултати:

Пациент: Patient (signature)

Окончателни прегледи и заключение:

Дата: Date.... г. Лекар: Health Professional (signature/stamp

Забележка: Информираното съгласие се подписва от пациента след разясняването му на разбираем за него език.

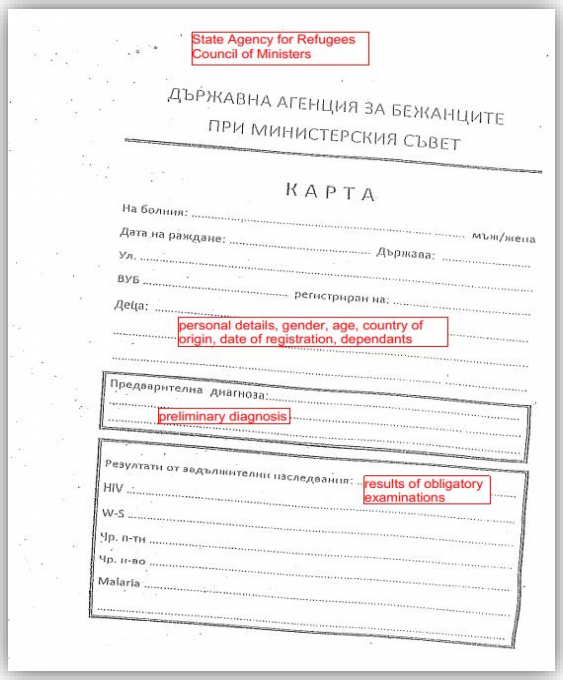
Remark: The informed consent form is signed by the patient upon explanation in a language that he/she is able to understand

In open reception centres as in FRC/DC, the medical checkup is a pre-symptomatic diagnosis (See Box 6). The doctor/nurse checks heart rhythm, respiration (lungs), and blood pressure. X-rays are generally not done, however health professionals follow a questionnaire evaluating potential TB risk. If there is an indication of TB risk, patients are referred to a specialized hospital for more detailed medical tests.

The TB examination and treatment are provided and covered within the framework of a prevention programme, implemented by the MoH and funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Voluntary free of charge tests for HIV/AIDS and syphilis are offered to migrants.

"They do not mind [HIV/AIDS tests and syphilis], especially if they have had multiple and unsafe sexual contacts in the past. We only had two positive HIV cases confirmed. Virus carriers are transferred to the Infectious Diseases hospital in Sofia where they undergo specific treatment".
(HP)

Box 6: SAR medical file, Bulgaria



MoH work since the beginning of the migration crisis in Bulgaria

In the 2013/2014 period, the Regional Health Inspectorates of the MoH organised a number of medical interventions to evaluate the physical conditions of the newly arrived migrants. Medical tests and vaccinations undertaken by the Regional Health Inspectorates (MoH) in the SAR open reception centres in 2013/2014 period included parasitological tests, microbiological tests, and vaccinations as described in below tables:[57]

[57] Ministry of Health, Regional Health Inspectorates (RHI), Data on medical tests and vaccinations provided to refugees and asylum-seekers in the period 2013–2014. The number of tests performed is larger than the number of migrants registered as the majority of migrants underwent a few tests each.

Table 10: Test performed by MoH, RHIs (2013–2014)

RHI Sofia	➢ Parasitological tests (intestinal parasites, malaria, filaria): 1,311 ➢ Microbiological test (bacterial intestinal infections): 2,174 ➢ Children vaccination: 51 actions to vaccinate 1,143 children
RHI Pernik (Kovatchevtsi)	➢ Parasitological tests: 1,609 ➢ Microbiological test: 3,758 ➢ Children vaccinations: 94
RHI Sliven (covering Banya)	➢ Parasitological tests: 2,227 ➢ Microbiological test: 1,780 ➢ Children vaccinations: 77
RHI Haskovo (covering Harmanli & Pastrogor)	➢ Parasitological tests: 9,351 ➢ Microbiological tests: 9,969 ➢ Serological tests: 5,309 (HIV 2,697; Syphilis 2,612) ➢ Children vaccinations: 282

Source: MoH.

Regional Health Inspectorate Haskovo health-care activities implemented in 2013/2014 in respect to migrants in the region included:[58]

Table 11: Activities performed by MoH, RHI Haskovo (2013–2014)

Harmanli open reception centre	➢ 63 regular weekly monitoring visits ➢ 63 protocols of findings issued ➢ 20 hygienic and anti-epidemic measures prescribed ➢ 4 protocols on water control based on microbiological and chemical parameters
Pastrogor open reception centre	➢ 67 monitoring visits ➢ 60 protocols for findings issued ➢ 7 hygienic and anti-epidemic measures prescribed ➢ 14 on water control based on microbiological and chemical parameters ➢ 7 monitoring visits to the medical office in Pastrogor → 11 prescriptions to the health professionals and centre commandant

Source: RHI Haskovo.

[58] All data provided by the Regional Health Inspectorate Haskovo, Ministry of Health.

In addition, RH Haskovo has implemented the following immunizations of asylum-seekers (children) in the region (Table 12). After each immunization, RHI issues a medical note of the applied vaccine that is given either to the patient or to the parents of underage migrants.

Table 12: Children immunizations (2013–2014)

Pentaxim	Tetraxim	MPR	Hepatitis B	Total
134	93	22	33	282

Source: RHI Haskovo.

Overall, as of the end of 2014, the following infectious and parasitic diseases have been registered amongst migrants in the region:

Table 13: Registered infectious medical conditions (2013–2014)

Enterocolitis	14
Rotavirus gastroenteritis	1
Viral meningoencephalitis	1
Bacterial meningoencephalitis	1
Chickenpox /varicella	20
Scarlet fever	3
TB	3 possible and 1 confirmed case
Severe viral infection	6
Otitis media acuta	1
Hepatitis E	1
Skin leishmaniasis	1

Source: RHI Haskovo.

III.IV Discussion Section - III

In just over two years, Bulgaria came a long way – from being caught off guard and unprepared to deal with a large-scale migration crisis due to the lack of personnel, infrastructure, and resources to the establishment of a reception system able to provide accommodation to at least 6,000 asylum-seekers. Still, a number of challenges remain, specifically with regards to bringing the level and quality of migrant health care up to international standards and national recommendations by health experts and CSOs.

Structural barriers

The main reception system deficiency back in 2013, when Bulgaria faced a tenfold increase in migration influx over the previous year, was the lack of appropriate facilities and staff to accommodate new arrivals, despite prior indications that the country might face increased migration flow as a result of number of geopolitical developments, i.e. the deteriorating sociopolitical and military situation in the Syrian Arab Republic, Iraq, as well as the huge number of refugees massing in neighbouring Turkey. The first SAR priority was the establishment of reception centres, while health-care provision was limited if not altogether lacking. This situation was greatly improved with the involvement of Doctors without Borders emergency mission in Bulgaria (November 2013–April 2014) in the newly opened centres

“Voenna rampa,” “Vrazhdebna, and Harmanli. Following the departure of Doctor without Borders, provision of health services to migrants lapsed once again, one of the reasons being the lack of financial resources. Reception centres were left in a situation without proper system of health care provisions, without proper medical facilities, with low and often lacking pay to employed health staff, and with limited provision of medical supplies and medications. The Red Cross and other CSOs and volunteers currently support migrants in need to buy medicaments or by linking with the health system but this solution is neither sustainable nor efficient for the many people who do not have access to such support. There is a need to ensure a long-term sustainable provision of health care services, with well-defined roles and responsibilities of the different institutions involved in the reception process in Bulgaria, taking into consideration migrant, occupational, and public health needs.

Health data collection and storage

Report findings suggest that all the entities involved in the reception process collect medical data, which is however rarely shared, aggregated, and analysed. A well-protected web based system can help monitor migrants’ health and provide information for timely follow-ups and treatment. Furthermore, a medical data sharing system which guarantees confidentiality and privacy can minimize duplication of efforts, medical tests, etc., thus increasing efficiency of medical staff, facilitating communication and medical information exchange, and improving the overall quality of health-care services for migrants. It is very encouraging that the MoH collects data on the epidemiological situation from the reception centres, and additionally monitors developments and provides recommendations. However the MoH resources and capacity are limited, including on controlling and requesting implementation of recommendations given by the Health Inspectorates.

IV. MIGRANT-SENSITIVE HEALTH SYSTEM

IV.I Infrastructure and physical conditions

The IOM research team visited open reception centres in Sofia – "Ovcha Kupel," "Vrazhdebna," "Voenna rampa"; and in Harmanli, Pastrogor, Banya, and Kovatchevtsi, as well as the first reception centre in Elkhovo and the detention centres in Busmantsi (near Sofia) and in Lyubimets.

First reception centre and Detention centres

The First Reception (detention) Centre is located in Elkhovo. The overall capacity of the centre is 240 persons, but the numbers change daily (see Table 14). The facility is located in a three-story building.

Migrants are accommodated on the first and second floor, while the administration and medical offices are located on the third floor. Families and single females are accommodated separately from the rest of the residents. Food is delivered under a catering contract with a local company; however, migrants complain about the quality of meals. Hygiene and cleaning procedures are reported to be supervised by the Regional Health Inspectorate. Toilettes and bathrooms are shared – one at each floor; equipment is quite old but maintained and functioning. The main complaints of migrants are related to insufficient quantity of hot water. There are no medical isolation facilities on site where sick migrants can be quarantined. Whenever a case requires quarantine, the patient is transported to the municipal hospital in Yambol.

The overall capacity of the **two detention centres in Sofia and in Lyubimets** is 700 people. Both centres have identical structure and separation of premises. The number of actual inhabitants changes constantly due to transfers to SAR centres, removals, and/or voluntary returns.

"We have 270 people right at this moment, but 10 migrants are supposed to leave tomorrow and maybe we will have new people coming from the first reception centre as well. So, giving an exact number is practically impossible". **(LEO).**


Detention centre in Lyubimets

The research team was not granted access to the living premises of the detention centres. According to the information provided, people are divided between rooms for single males, females, and family rooms. There are also short stay premises for UAMs prior to their transfer to the SAR centres. There is a TV room, table tennis room, and a children playground as well. During the day, migrants are allowed to move within the living facilities, but the corridors' doors are locked during the night. Meals are brought in by outside providers, as the detention centres do not have kitchen facilities. Migrants are provided with soap to take care for their clothing. The linen is washed once a week by the centre personnel in charge of cleaning.

According to personnel interviewed at the centres, the premises are cleaned under the supervision of the health professionals employed in the centres and following the prescriptions of the Regional Health Inspectorates (MoH). However, health professionals acknowledge the presence of lice, scabies and fleas in the centres. This has also been reported by other sources, including the migrants. The medical rooms at both locations are well equipped, and migrants can be isolated in special premises attached to the medical rooms in case of need. Medications are provided by the Medical Institute of the MoI, and distributed among patients in need under the direct supervision of the medical staff.

Table 14: Capacity and number of migrants in detention centres (under MoI) as of March 2015

Migrants in detention centres and first reception centre (under migration directorate of the moi)	DC Busmantsi (Sofia)	DC Lyubimets	FRC Elkhovo	Total
Capacity	400	300	240	940
Accommodated (by 19.03.2015).	386	339	247	972
Accommodated in 12.03.–19.03.2015 period	110	48	179	337

Source: Ministry of Interior, Bulgaria.

Open Reception Centres

Table 15: Capacity and number of migrants in open reception centres (under SAR) as of February 2015

Migrants accommodated in the open reception centres under SAR *(SAR provided data)*		Banya	Pastrogor	Ovcha Kupel (Sofia)	Vrazhdebna (Sofia)	Voenna rampa (Sofia)	Harmanli	Total
Capacity		150	300	860	300	700	3,340	5,650
Accommodated migrants	Total	57	270	544	293	630	1,881	3,675
	% of used capacity	38%	90%	63%	98%	90%	56%	61%
	Syrian Nationals	36	218	260	6	571	1,655	2,746
Migrants living at external addresses		53	4	382 (Sofia)	0	0	11	450

Source: Ministry of Interior, Bulgaria.

The reception centre in **Harmanli (located in former military barracks)** is organized in several buildings with rooms for families, for men, etc. Additionally, living containers for families have been placed in rows in the centre's yard. Unfortunately, old buildings that are falling apart are still accessible in the surroundings (formerly part of the military base), thus making the environment unsafe for children. Maintenance of the renovated facilities happens to be difficult. SAR management complains about *''the refusal of migrants to take good care for the sleeping accommodations at their disposal and the fact that they destroy instead of keeping what they have been given''* and that migrants are not motivated to clean facilities. SAR employs cleaners who maintain hygiene standard in the common premises, but the sleeping quarters (made by erecting pony walls in the former soldiers' dormitories) are to be cleaned by the asylum-seekers. In terms of alimentation, the UNHCR country office funded the construction of a kitchen in Harmanli and in "Vrazhdebna" in Sofia where meals are prepared twice a day by SAR hired personnel.[59]

*"It was difficult in the beginning. We lived in a tent. We had a shower once per 3 weeks. It's better now. We have been given a room – 5 persons. But the toilet is outside and the shower is in another building. We are having a shower once per week now. Sanitary pads are distributed among us by Refugees Friends. Doctors without Borders also helped. When we arrived we were going to the town market for food. Now we got a food cooked by the army but the Bulgarian food is not like ours….There are problems between people. We are too many and we all come from different countries and we are all undergoing tough situation."***(Migrant, Harmanli reception centre)**

The reception centre at **Voenna Rampa** is located in a former middle school on the outskirts of Sofia. At its urgent opening in the end of 2013, migrants were being accommodated in class rooms outfitted with outdated military style beds and old blankets. Migrants used sheets to create personal space for themselves and to secure privacy for their families. Single males were accommodated in large dormitories for 30 to 50 people. Cooking facilities were missing and migrants used ovens located in the sleeping facilities that they brought in themselves. The outdated electrical system posed risks for the lives of the inhabitants who were connecting random electrical wires in order to get connected to the electrical network, which often led to shorts resulting in prolonged blackouts. Similar was the situation with the sewage and plumbing which systematically clogged up. In 2014, the centre was renovated with ERF funding and with the support of the UNHCR and Doctors without Borders (which helped to repair the sewage system along with the medical assistance provided).

The **Vrazhdebna** reception centre had also previously been a school, long since closed, and so when it opened in 2013, it was in a state of ruin, with many missing windows. Renovated under the same programme as **Voenna Rampa** in early 2015, it is currently the best maintained SAR facility. Lately, the centre has specialized to accommodate families. There is a large schoolyard type outdoor space, allowing children to play in a relatively protected area. In addition, Doctors without Borders funded the construction of three medical rooms. The kitchen facilities constructed in Vrazhdebna with the help of the UNHCR supply all reception centres in Sofia with food (hot meals). Additionally, migrants also have at their disposal cookers located in shared premises at the ground floor where they could prepare their own food.

[59] In March 2015 SAR decided to cancel the breakfast as according to the agency personnel the majority of migrants had not shown up in the mornings, thus making them to throw away large amounts of food.

The **Ovcha Kupel** reception centre (named after the Sofia neighbourhood where it is located), is the oldest reception centre – in operation since the very beginning of the establishment of the SAR in 1993. The rooms are capable of accommodating 4-5 persons each, there are cooking and bathing facilities on each floor, and tap water is accessible in all premises. There are children playgrounds in the back yard of the centre. All asylum-seekers transferred to Sofia from other centres within the country and from MoI detention centres undergo initial medical checkup in Ovcha Kupel prior to a transfer to other locations in Sofia as the centre in Ovcha Kupel is the only one in Sofia in possession of the equipment needed.

The reception centre in **Pastrogor** (in close proximity to the Turkish border) is a four story building constructed specifically to accommodate asylum-seekers (overall capacity of 300 persons), in operation since since 2012. The rooms are capable of housing between 4 and 6 persons. Families are accommodated in the same type of rooms. A kitchen facility was built where a kiosk for petty goods had formerly been.

The reception centre in **Banya** has recently been specializing in accommodating UAMs prior to status granting. For this purpose, a small facility corresponding to the needs of minors is being built. Although limited in size (150 beds), it does have its own cooking facility.

Food supplies and daily activities in the centres

During the crisis period, the Ministry of Defense supported SAR by providing reception centres with military mobile cooking facilities which prepared the food of asylum-seekers based on donation and limited funding. Back then and even now, SAR experiences food supply shortages due to problems with supplier contracts and lack of funding. In line with national legislation, the food supplier has to be chosen through public tender; however, rejected companies can appeal in court, which delays and/or block the signing of a contract.

According to SAR, meals are prepared according to the religious requirements of migrants, although people often complain the menu is limited to “badly cooked potatoes, rice, beans, and sometimes chicken’’.

In terms of daily activities, asylum-seekers have limited options in reception centres, mainly a possibility for language course. However there isn’t much interest in Bulgarian language training. Refugee Friends volunteers organize language courses for children in Bulgarian and English in Sofia centres and in Harmanli, as well as other educational activities. Apart from this, jointly with local Job Centres in Sofia and Harmanli (under the Ministry of Social Policy and Labour), SAR organized information sessions on different job opportunities, though of little interest to migrants due to the type of jobs and small remunerations, and because most migrants want to continue their journey westwards once they obtain refugee status or subsidiary protection.

“We asked for Bulgarian language courses. But we got no answer. Many people want to go to Europe. They don’t want to stay here. I will stay here 6 months, maybe 1 year and then I will go. But it would be better to learn some Bulgarian. Unfortunately, there are no courses.”

"I want to learn Bulgarian, but there is no teacher. Besides Bulgarian we want to have a German language teacher. Someone came in here and requested us to pay 10 BGN per month for German language lessons. This guy was not Bulgarian but from another country. In the beginning he said it would be for free, but then he asked for 10 BGN…"
(Migrants, Harmanli)

IV.II Occupational health of staff

During the field visits and according to the MoI and the SAR, there were no personnel (either law enforcement officers or health-care/general staff) who contracted an infection or a disease in the course of their work. A common complaint is that neither SAR employees nor MoI officers get vaccinated, mainly due to lack of resources.

"The cost of Hepatitis A and B vaccination is approximately 180 BGN (EUR 90)… Not all employees could afford it. I would say only a few could afford it…The agency does not offer vaccination packages. Surely, the people I am working with are concerned. They do not know where these people [migrants] come from, what they could bring… Of course, we want to help and we help but we want to make sure we'll go home healthy".
(Open reception centre)

"No, we are not subject to a vaccination programme. Yes, all officers employed at the centre are worried. Worries are not only related to their own health, but to their families as well".
(Detention Centre employee)

Health professionals

The few SAR health professionals working in open reception centres in late 2013/early 2014 were overwhelmed. They were frustrated by the inability to help patients due to the lack of medications and/or medical equipment. Apart from difficulties experienced while working, health professionals expressed feelings of insecurity and instability related to the lack of job security. A SAR health professional's pay is about EUR 350 per month for part-time engagement and under short-time (three month-long) consultant contracts that do not include social security payments and benefits (health insurance and contributions to pension funds).

"I have not been paid for December and January [2014-2015] and it seems we worked without contracts. I am a single mother taking care about my daughter. I do not even remember the names of all friends and colleagues that I borrowed money from in order to buy food and to pay electricity bills. Nobody tells us anything. Yes, my contract is for part-time work but I often stay here 8–9 hours. You very well understand that I can't say to people waiting to see me: "Go now, come back tomorrow''. And we speak about migrants holding their children and babies who I need to see. They can't wait. If it continues like that … I don't know … what will happen … I don't know" **(HP).**

Law Enforcement Officers

Health risks stemming from a difficult working environment affect Border Police officers (MoI) involved in the first reception process. The majority of law enforcement officers have been hastily assigned to the border from other regions of the country. LEOs were not adequately

equipped to work at the green border, further complicated by their continuous exposure to diverse and sometimes challenging seasonal weather.

When needed, the MoI officers can seek medical help at the FRC medical office in Elkhovo. However, due to the obligations of the health professionals to first perform medical screening of the newly arrived migrants, their schedule remains full and this would bring additional burden on them to also address staff needs. The law enforcement officers are usually referred to the Medical Institute of the MoI, established to take care of the health of ministry's employees and their. Border police officers *(as per the information provided by the MoI Medical Institute)* go through a medical screening once every six months as per the requirements of the Medical Institute of the MoI, where data on their health conditions are reported to be dully kept.

IV.III Health knowledge, attitude, and practices

Communication barriers

Difficulties in communication come from the limited number of interpreters and lack of intercultural mediators in SAR centres and in detention facilities, as well as from the lack of this type of professionals in the hospitals and the limited number of GPs fluent in foreign languages.

In order to facilitate communication, SAR health professionals, employees, and law enforcement officers resort to the help of migrants themselves or rely on volunteers belonging to established migrant communities (predominantly in Sofia). Difficulties in establishing clear channels of communication can easily lead to negative consequences, including misunderstandings, aggressive behavior towards personnel and unwillingness of GPs to register asylum-seekers and refugees. Additionally, health professionals are constantly worried that their diagnoses and prescriptions are not well understood by the migrants, which can in turn adversely impact treatment.

"What I say in English is translated into Arabic by both Arabic and French speaker to be once again translated into French to someone who is only able to understand French. Finally, my words reach the patient. From the answers I get (linguistically the other way around) I am not sure the patient properly understood my advices…" **(MoI psychologist)**

"The only help I have here is this young man. A Syrian National who speaks Russian as he studied for a pharmacist in Ukraine. Although Bulgarian and Russian are Slavic languages, they are different anyways… We understand each other but to certain extent only. And when it is about putting a diagnosis, giving a medical advice, follow up treatment – ''to certain extent'' is not enough. It can be dangerous even. However, its better he helps me with translation than not having any help. As soon as he gets a decision on his asylum application he would leave. Then I do what?" **(HP)**

Although detention centres employ experienced health professionals and happen to be best equipped to provide health care, still communication between doctors and migrants is an issue. Many doctors, nurses, and medical assistants are able to communicate in English or in French, while only a limited number of migrants understand these languages. Sometimes,

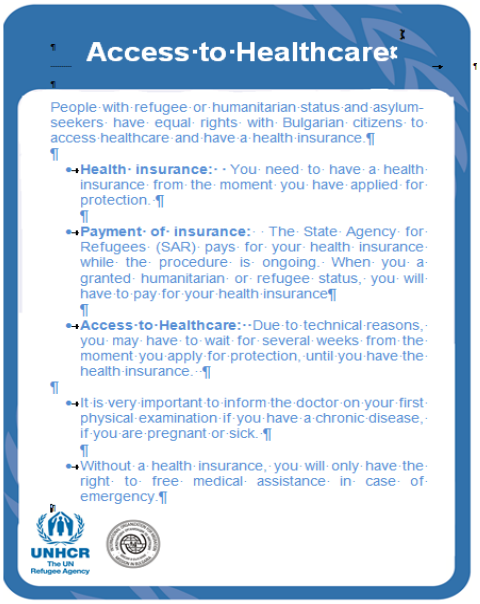
migrants are simply not capable of informing staff that they need to see a doctor. On the other hand, the MoI is not in a position to assign translators from specific languages (Arabic, Farsi, Kurdih, Pashto, etc.) for medical purposes:

"This automatically creates staff shortages. Officers on duty at the centre should do the job of those staying with the migrants in the hospital. This always risks creating tensions".
(LEO, Detention centre, Sofia)

Another example of a difficulty health professionals have to deal with is the task of convincing migrants to give biological samples needed for the general health screening upon arrival in centre. There are migrants who perceive such requests humiliating and offensive. SAR doctors and RHI representatives have to sometimes resort to drawings to explain what to do and why this is needed.

Information on health-care entitlements

Often, migrants are not aware of their rights to health care and procedures they have to follow to get access to medical care outside the open and closed centres. All laws and regulations defining rights to health care are available online only in Bulgarian and English. SAR health professionals and BRC social workers are often the only source of information, while at the same time registration at a GP would not be possible without the mediation (based on personal contacts) of SAR medical doctors.


Access to Healthcare

People with refugee or humanitarian status and asylum-seekers have equal rights with Bulgarian citizens to access healthcare and have a health insurance.

Health insurance: You need to have a health insurance from the moment you have applied for protection.

Payment of insurance: The State Agency for Refugees (SAR) pays for your health insurance while the procedure is ongoing. When you a granted humanitarian or refugee status, you will have to pay for your health insurance

Access to Healthcare: Due to technical reasons, you may have to wait for several weeks from the moment you apply for protection, until you have the health insurance.

It is very important to inform the doctor on your first physical examination if you have a chronic disease, if you are pregnant or sick.

Without a health insurance, you will only have the right to free medical assistance in case of emergency.

UNHCR
The UN Refugee Agency

UNHCR, with the support of IOM Bulgaria, developed a brochure/poster on ''Access to Health care'' for asylum-seekers and refugees and distributed it within the SAR open centres in April 2014. The information has been translated in English, French, Arabic, and Farsi to reach as many migrants as possible.

Training needs

Health professionals and law enforcement officers interviewed stated that they have never received any training on migrant health, emergencies, public health or local and international legislation concerning human rights. All without exception express a strong desire to be trained in these topics.

"I have re-read my text books on tropical medicine. The ones I have from the times I was still a medical student… No, we have not passed any training on how to deal with migrants neither on medical, nor on cultural competences. I am not worried for people who come from the Syrian Arab Republic for instance. They use to suffer from similar diseases as the Bulgarian people. But I must confess that I do not know much about the epidemiological situation in Sub-Saharan countries. And we have migrants coming from Mali, Togo, Sierra Leone…I try to get information on internet when I get back home from work".
(HP)

"I can't hide that my officers are constantly worried they might catch a virus and bring it home…We have never had a training. Many of them are not vaccinated. We have requested trainings for first aid and protection, but nothing happened so far. They [officers] ask me how to recognize Ebola symptoms now…How does one answer this question if not a doctor!?!"
(LEO)

Health professionals (both SAR and MoI) declared their need for receiving hands-on training on intercultural competences, as well as on diseases registered in the countries of origin of migrants. The spread of Ebola in Western Africa brought new fears related to this illness, and SAR staff (centres commandants and employees) requested training on this specific issue. Law enforcement officers identified their training and development necessities as: 1) human rights and intercultural competences; 2) basic health-care provision and infectious diseases protection; 3) Ebola prevention and other related concerns.

NGO workers were found to be better trained in intercultural issues than other actors involved in the migrant reception process. This might be due to the fact that many of the NGOs' employees are of diverse sociocultural or migrant background, and have frequently had to navigate and adapt to different cultural environments. Generally, lack of knowledge of the cultural background of the newcomers leads to misunderstandings that lead to a "widening the gap" instead of ''building bridges'' and thus facilitating the work of LEOs and SAR personnel.

IV.IV Discussion Section

Living conditions in open reception centres and in detention

Although SAR received EUR 5.6 million from the ERF to renovate facilities to cope with the increased migrant influx, infrastructure needs to be constantly cared for through the careful allocation of resources for building maintenance and upkeep. Many of the already remodeled buildings suffer from deterioration, a process which should not be allowed to happen.

In terms of living conditions, many of the migrants interviewed in open reception centres and in detention reported problems with availability of hot water and the quality and quantity of food provided. Large families (with three or more children) stated they had not been provided with enough living space for their families' needs.

Occupational health of staff

Law enforcement officers working in close proximity to the border and involved in the first reception process were found to be overwhelmed and exhausted. Detention centre officers experience high level of stress and health related worries. Most of them are specifically concerned about the danger of contracting a contagious disease from migrants they deal with. Vaccination programmes (for Hepatitis A and B and others) are limited. Those who wish to be vaccinated have to cover expenses on their own, which often is not possible taking into consideration the low pay (especially for the SAR personnel). In such a context, more attention to the occupational health of staff should be paid and on a regular basis, taking into consideration not only their physical but also mental health needs.

Training needs and opportunities

Neither SAR, nor the MoI have so far provided trainings on health topics and intercultural competences for employees, thus leaving them to learn from their own mistakes. Communication is hindered by the lack of command of foreign languages, limited if at all presence of social workers and mediators, and the inexistence of intercultural mediators working within the health care system in Bulgaria. SAR is compelled to hire translators who facilitate the so-called ‘’asylum interview,’, but does not have the resources to secure the presence of translators at the medical office. In such a situation, SAR and MoI health professionals and the general staff at centres rely on their own creativity and limited fluency in foreign languages to secure minimum levels of working communication with migrants, which needless to say is not a sustainable long term approach. Furthermore, there are urgent needs for training at all levels - basic health knowledge for law enforcement officers and general staff, human rights and intercultural communication for all categories of employees, early identification of vulnerable groups and [basic] provision of psychological support prior to handing cases over to specialized NGOs.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1. Conclusions

Approximately 17,000 migrants crossed Bulgarian borders irregularly in 2013/2014 – many of them driven out from their countries of origin by civil unrests, wars, or poverty. Sitting on the route between East and West, Bulgaria is a natural entry point to Europe. The unprecedented migrant influx to Bulgaria created a crisis at multiple levels, challenging the functionality of the system of reception and putting the migrants' health care at risk. Hungry asylum-seekers and their children sleeping in dilapidated and filthy military tents and warming up on burning woods were common sights in Bulgaria's reception centres in November and December 2013. It took months, EU aid, and efforts of state institutions and hundreds of volunteers to improve the conditions in migrant facilities.

There have since been positive developments in the government's efforts to manage irregular migration – the establishment of the First Reception Centre; the initial overload of asylum applications has been overcome and the majority of asylum-seekers now obtain decisions on their statuses relatively promptly.

Health care provided to asylum-seekers remains unsustainable and the number of health professionals employed by the State Agency for Refugees is insufficient to deal with the newly arrived migrants. Improvement of coordination and exchange of information between stakeholders in the field of health care is badly needed to save time and to facilitate timely services. Additional investment in translation and social services, introduction of health and intercultural mediation at reception centres, hospitals, and clinics is needed to facilitate access to health care and to further integration. Focus should be put on giving the State Agency for Refugees and the health-care system adequate human and material resources in order to meet the needs of both regular and irregular migrants in an equitable and timely manner.

Currently, no system exists for the exchange of medical information between health professionals working in detention centres and open reception centres. The needed information on patients' medical files reaches GPs mainly through personal contacts with SAR medical doctors.

Living conditions in detention centres and open reception centres are rough and deteriorating in cases where maintenance is deferred. On the basis of observations and discussions with stakeholders, planned changes continue to be insufficiently implemented in practice, hindered by lack of financial resources.

5.2. Recommendations

Our recommendations based on the assessment carried out in Bulgaria in 2014–2015, and were further revised during National Consultative Committee (NCC) meeting in Sofia in June 2015, are as follows:

I. Policy and Legal Framework

EU level:

- In line with the EP resolution in response to the Mediterranean Sea Tragedies,[60] expand and promote existing EU legislation and procedures allowing safe entry into the EU.

- Develop common and concerted EU operational responses for addressing root causes of forced and irregular migration.

- Dublin Regulation was devised to prevent ''asylum shopping,', however it has increased the burden on border Member States, as well as led migrants to remain in irregular status while trying to reach the country of actual destination where they intend to apply for asylum. Discuss/address burden sharing among EU MA, including the cost of health-care provision to migrants, covering not only the initial phase of application processing, but all the way to resettlement.

- Reception conditions and procedures should fully respect migrants' dignity and fundamental rights. To complement the Council Directive 2003/9/EC on Minimum standards on the reception of applicants for asylum in Member States, it is recommended to develop more specific indications as to provisions of health care and minimum standards (such as type and number of personnel required and ratio of medical staff to migrants) to be applied during the reception process.

- Develop scientific EU guidelines, taking into consideration in best interest of children, ensuring prompt access to a fair and timely asylum procedure. As indicated by the previous EC Commissioner for Home Affairs Cecilia Malmström: ''the rights of the child must always come first. We need clearer and more predictable EU asylum rules for unaccompanied minors.''

- Align procedures and protocols for assessment of vulnerabilities and timely provision of protection of vulnerable groups.

National level:

- Ensure compliance with National, European, and International legislation on the right to health.

- Transpose EU legislation: Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals

[60] European Parliament resolution on migratory flows in the Mediterranean, with particular attention to the tragic events off Lampedusa (B7-0476/2013).

or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted; Directive 2013/33/EU laying down standards for the reception of applicants for international protection.

- Amend the Asylum and Refugees Act (or elaborate new act); Withdraw planned amendments on the establishment of (closed) areas with limited movement within the open reception centres to avoid hindering of health provision and possible further violation of human rights.

- Ensure appropriate vulnerability screening and referral for treatment of vulnerable groups (disabled, elderly persons, pregnant women, single parents, and victims of torture, rape or other serious forms of violence) within the legal framework. The responsibility to identify and refer to relevant authorities potential vulnerable people early in the reception process and/or held in detention should be delegated to one specific actor, with the right competences to monitor such cases.

- Establish new open centres for unaccompanied minors and other vulnerable groups in major cities, thus enhancing opportunities for integration and adequate health-care provision; Ensure sustainability by allocating EU funding for their functioning.

- Detention of unaccompanied minors and other vulnerable groups, when unavoidable, should take place only in facilities specifically appropriate for these groups.

- Promote integration policy and measures with targeted interventions focused on migrants and national population to promote a two-way process. Some examples could be language classes and cultural awareness/diversity training for the public/community.

II. Partnerships, networks and multi-country frameworks

EU level

- Promote policies that uphold migrant health by strengthening transnational/cross border networks/bilateral agreements.

- Enhance dialogues, exchanges of practices, and effective cooperation and solidarity at regional level, at EU level, and globally.

- Facilitate accessibility to the solidarity/social cohesion, AMIF funds for social and health service provision for local and regional stakeholders working in the field of migration.

National level:

- Ensure respect of human rights by the reception system, which has to be responsive and adaptable to migration flux/ numbers based on the recognition that migration is a steady phenomenon and responses characterized by urgency/emergency mode are best avoided and/or used only for a limited period of time.

- Integrate health policy in detention/open reception and ensure compatibility with national health policy.

- Establish a network for the exchange of information and good practices between all structures and services working with migrants.

- Improve SAR cooperation with the Regional Health Inspectorates of the Ministry of Health with a view to improve health-care provision and prevention activities implementation.

- Implement regular vaccination and hygiene promoting campaigns.

- Work with local communities where the open reception centres are located by providing information and discussing possible fears and resentment towards migrants, addressing them and diffusing them through open communication.

- Promote an overall constructive discourse and reporting on migration and public health as important in fostering social integration, while at the same time addressing misperceptions in the community. Malpractices and miscommunication lead to fears of diseases spreading both among local authorities and the public. In this respect, the socially responsible collaboration with the media is paramount, and information campaigns on the positive contribution that migrants make to the community should be encouraged and emphasized.

III. Monitoring migrant health

- Implement guidelines for border management, detention and reception centres with special reference to securing a public health perspective.

- Develop a systematic and comprehensive health assessment, data collection (for communicable and non-communicable diseases) and referral mechanism.

- Ensure continuity of health care.

- Improve psycho-social support for migrants in detention and reception settings.

- Appropriate share of health-related data locally, nationally, and at EU level. This implies setting up an information system able to better encourage a more global take on responsibility and a better continuity of migrant care.

IV. Migrant-sensitive health system

- Reinforce health and social support systems, including interpretation, cultural mediation, psychosocial assistance and training for staff involved in the reception process (in the centres and also within the national health system). It is strongly advised to develop standardized procedures in order to guarantee the presence of competent/fully trained interpreters and cultural mediators for all the steps of the reception system (not only during initial registration).

- Ensure humane and dignified conditions in reception facilities (both detentions and open reception centres) in line with international, CoE, and EU recommendations. Alternatives to detention should be sought out and applied when possible.

- Provide information to migrants about their entitlements to health care according to their legal status, at all stages of the reception process, and once out of centres.

- Improve living conditions and foster migrants' subsequent integration by promoting low or no cost activities: sport facilities, sport, cultural activities, training courses, media in multiple languages, and internet access.

- Continuous training for health professionals, law enforcement officers on a broad range of topics identified by respondents; inter-cultural competencies, languages, first aid, tropical diseases, human-rights, safety and security at the work place, etc.

- Special attention should be paid to occupational health of staff – vaccinations, information of possible risks at work, self-protection and hygiene measures that need to be taken.

- Psychological support for the staff should be given high priority.

- Professionals working with migrants should be provided with organizational support on the part of institutions as much as on the part of their supervisors.

- In the community: foster effective provision of quality health care to irregular migrants and especially to children, facilitated by interpreters and cultural mediators.

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ANNEXES

ANNEX I. EQUI-HEALTH topics covered under the assessment, out of Conceptual Framework IOM / WHO / Spanish EU Presidency, 2010

Monitoring Migrant Health	Policy and Legal Frameworks
Assess with multi-stakeholder perspective how health of migrants is determined from the borders onwards; the accessibility to health and support services; the quality of care and of data collection analysis, storage and dissemination; health status perception and knowledge of the epidemiological situation. The IOM assessment focuses as well on routine information gathered from the borders on data collection, processing, analysis, dissemination, storage.	Information collected under this section is related to policies, laws and legal frameworks concerning health rights of migrants, taking into consideration how they are implemented, monitored and evaluated. A special focus is also devoted to division of responsibilities and roles as well as financing aspects. Assess the adoption and implementation of relevant international standards and policies on the protection of migrants and the right to health in national law and practice, the development and implementation of national health policies that incorporate a public health approach to the health of migrants and promote equal access to health services for migrants, regardless of their status.
Migrant-sensitive health systems	**Partnerships, networks and multi-country frameworks**
Assess existing health and support services preparedness for diversity, human resources, infrastructures including physical and living conditions, hygiene and safety, referral institutions; and occupational health of staff working at the borders and in open/closed centres, including health concerns, work conditions, perceived health risks, health knowledge, attitude and practices. Also, the information collected under this section aims at understanding the quality of health services provided to migrants and collect information inter alia, in the migrant sensitive health system component (routinely available medicines, equipment, vaccines, PEP kits, etc., as well as PPE). Workforce issues are included in several components of the IOM assessment (types and numbers, preparedness of staff). The IOM focus is on personnel working from the borders on and in related communities/settings with specific focus on	Information collected under this section looks at partnership in the area of migration and health among various stakeholders. The IOM assessment focuses on institutional cooperation between actors involved in the migration management process in the country, with special focus on the referral mechanisms in place, personnel management, partnerships, network and multi-country framework, exchange of good practices. Links to EWR, IHR as well as information of critical events, incl. emergency situations and issues of public health concern, public health promotion and prevention campaigns are also included.

cultural competency and also on their occupational health.	

Source: IOM Equi-Health.

ANNEX II. Open/closed centre checklist

1	a. Name of the centre	FRC	DC Busmantsi	Harmanli (open reception)
	b. Type of centre (short term, long term, open, etc.)	First reception (Detention)	Detention	Open
	c. Under whose authority is the centre?	Ministry of interior	Ministry of Interior	State Agency for Refugees
	d. Under whose management is the centre?	Migration Directorate	Migration Directorate	State Agency for Refugees
	e. Type of the staff	Police and civilian	Police and civilian	Civilian
2	Total number of employees at the centre:			
3	Short description of the centre's environment:	Located 30 km from Zagreb, in close proximity with the border with Turkey	Located in the outskirts of Sofia	Located 257 km east of Sofia, former military barracks
4	How many stayed in the centre last year?			
5	What is the average time spent at the centre?	3–5 days	18 (6+12) months	Upon granting an asylum
6	What is the maximum time that a migrant can spend at the centre?	Approximately a month [61]	18 (6+12) months	Approximately 6 months
7	What is the maximum capacity of the site?	240	App. 400	3,450

8	What measures are taken when the available premises are insufficient?	Organize faster transfer to other camps	Transfer to other detention centre.	Accommodation in tents
9	Is any pre-screening done for identification of most vulnerable groups of migrants before admission to the centre?	Yes	Yes	Yes
	a. Who is responsible for this pre-screening of migrants?	MoI health professionals	MoI Health Professionals	SAR health professionals
10	Are then migrants separated by:			
	a. Gender?	Yes	Yes	Yes
	b. Family status?	Yes	Yes	Yes
	c. Age? (Unaccompanied minors from adults)	Yes	Yes	Yes
	d. Vulnerability? (I.e. pregnant, elderly, etc.)	Yes	Yes	Yes
	e. Nationality?	No	Yes	Yes
	f. Religion?	No	Yes	Yes
	g. Healthy and ill?	No	Yes	Yes
	h. Suspected contagious and non-contagious persons?	No/Emergency Unit	Yes	Yes

Health care provided at the Open/Closed Centre

		FRC Elkhovo	DC Busmantsi	Harmanli RC (open)
11	a. Do migrants undergo medical examination before being admitted to the centre?	Yes	No	Yes
	b. Is there a protocol/template for the medical examination/check-up	Yes	Yes	Yes
	c. If yes who does the screening /medical examination?	MoI Health-care Professional		SAR doctor/assistant
12	a. Is there a health care facility available at the centre?	Yes	Yes	Yes
	b. Short description (e.g. facility/ equipment, permanent/non-permanent staff, etc.)	Minimum equipment	Full equipment	Minimum equipment
	c. Is the health care facility servicing the staff of the centre?	If needed	If needed	No
	d. If yes, are there prevention programmes (vaccinations, etc.) for the staff?	No	No	No
	e. Is the same health staff providing care for both migrants and staff?			
	f. Does the staff report to (is hired by) public health or border authorities?	MoI	MoI	MoH

	Number by types of staff:			
13	a. # Nurses:	1	1	1
	b. # Physicians	1	1	Medical assistant (part-time)
	c. # Social workers	No	No	1
	d. # Psychologist (working with staff)	Only on MoI level	Only on MoI level	No
	e. # Psychologist (working with migrants)	1	2	No
	f. # Others /specify:			
14	a. Are there NGOs or international organizations working with the centre?	No	Yes	Yes
	b. List/short description.	N/A	BHC, IOM	BHC, BRC, UNHCR, ACET
15	Can migrants consult with a specialist:			
	a. Dentist	No	No	No
	b. Optician	No	No	No
	c. Specific hospital services (i.e. infectology)	Yes	Yes	Yes
	d. Psychologist	Yes	Yes	No
	e. Other /specify			
16	Who do you inform first in case of critical health incidents (events) at the centre (e.g. hunger strike, violence,	Emergency Unit	Emergency Units	Emergency Service

	emergency)?			
17	a. Are there any regulations for handling "health incidents (events)" at the centre? If yes, please provide a copy.	No	No	No
	b. Is there a protocol or procedure in place in case of outbreaks? (e.g. SARS or Avian Flu procedures?). If yes, please provide a copy.	No	No	No
	c. Is it practiced/ researched?			
18	Have you been trained/ informed as to the lines of responsibilities in the centre as to the WHO IHR (International Health Regulations) health event notification procedure?	No	No	No
19	a. Is there a possibility to quarantine and observe persons displaying symptoms of infectious disease on site?	No	Yes	No
	b. If yes: Where? Describe:	Separate and equipped rooms that have toilet.	Separate entrance, fully equipped with sanitary requirements	
20	a. Location of the nearest emergency services/ambulance station:	Yambol	Sofia	Harmanli
	b. Distance (in km and in time) from the centre:	38 km	10–15 km	Within town
	c. How much time (estimated) does it take for emergency services to	30 min–1 hour	10–20 mins	10–15 min

	arrive?			
21	a. Location of the nearest physician's office:	N/A	N/A	Within town
	b. Distance (in km and in time) from the centre:	N/A	N/A	Within town
22	a. Location of the nearest out-patient facility:	N/A	N/A	Within town
	b. Distance (in km and in time) from the centre:			
23	a. Location of the nearest in-patient facility:			
	b. Distance (in km and in time) from the centre:			
24	a. Location of the nearest public health service/office station:			
	b. Distance (in km and in time) from the centre:			

Conditions at open/closed centres

25	Are scheduled hygiene inspections (premises, pest control, water quality and food preparation) conducted?	Yes	Yes	Yes

26	Do you have cleaning regulations at the centre?	Yes	Yes	Yes
	a. Do you have cleaning staff at the centre?	Yes	Yes	Yes
	b. If no, who performs the cleaning?			
	c. Is cleaning also performed by migrants (in sleeping quarters for example)?	Yes	Yes	Yes
27	a. Does the cleaning staff use protective gear?	Yes	Yes	N/A
	b. If yes, please list:	Gloves, Shoes, Clothes	Gloves, Aprons, Shoes	N/A
28	How often are the premises cleaned?	Daily basis	Daily basis	N/A
29	a. Does the staff possess protective gear against infections?	Yes	Yes	
	b. If yes, please list:	Gloves	Gloves	
	c. Are these easily accessible for all the staff?	Yes	Yes	
	d. Is there a regulation/training regarding their usage? If yes, please provide a copy.	No	No	
30	Has the staff received training on personal hygiene? If yes, please provide further details.	Yes, first aid training	Yes, first aid training	N/A
31	a. Are disinfecting substances used for cleaning?	Yes	Yes	Yes
	b. Where are the disinfectants stored?	In repository	In repository	In repository
	c. Are these easily accessible for all the staff?	Yes	Yes	Yes

	d. Is there a regulation/training regarding their usage?	No	No	No
32	Is disinfection performed after the discharge/transfer of a migrant with an infectious condition?	Yes	Yes	Yes
33	Has the staff received training on infection control and prevention?	No	No	No
34	a. What is the minimum area ensured for migrants in the sleeping quarters?			
	b. Short description of the sleeping quarters (e.g. Dormitory-style, individual rooms, rooms for families, private or shared lavatories/showers):	Dormitory style, 10–15 beds	10–15 beds	5–10 beds
35	Is there any extra room in the facility, which is used for disciplinary confinement? If yes, please provide a short description of it.			
36	Is potable water permanently secured and available in migrants' areas?	Yes	Yes	Yes
37	Is hot running water permanently secured and available in migrants' areas?	Yes	Yes	Yes
38	Which basic hygiene supplies are available in the lavatories?			
	a. Liquid soap			

	b. Bar soap	Yes	Yes	Yes
	c. Paper towels	No	No	No
	d. Cloth towels	Yes	Yes	Yes
	e. Hand dryer	No	No	No
	f. Toilet paper	Yes	Yes	Yes
39	Is constant electricity supply assured in the centre?	Yes	Yes	Yes
40	Is there ventilation in the facility? Describe (e.g. windows, vents)	Yes, windows	Yes, windows	Yes, windows
41	a. Short description and number of lavatories in the centre:		.	
	Ratio in relation to hosts (question 7)			
	b. Are there separate facilities for women and men?	Yes	Yes	Yes
42	a. Short description and number of showers in the centre:	The showers are collective, but they are separated.	Collective.	Collective
	Ratio in relation to hosts (question 7)			
	b. Are there separate facilities for women and men?	Yes	Yes	Yes

Conditions for staff

43	Location and short description of staff's sleeping and hygiene quarters and offices?			
44	a. Is a separate lavatory unit ensured for the staff?	Yes	Yes	Yes
	b. If yes, short description and number of lavatories for the staff:	1 female/male lavatories	1 female/male lavatories	1 female/male lavatories
45	Number and types of hand wash stations for staff:			
46	Number of showers for staff:			
47	a. Is there a possibility to clean the uniforms of personnel on site?	No	No	No
	b. Are there washing machines?	Yes	Yes	Yes
48	Short description of the social area.			

Living conditions of migrants

49	Do all migrants receive:			
	A plastic dinner set?	No	No	No

	A mug?	No	No	No
	Duvet cover?	Yes	Yes	Yes
	Sheets?	Yes	Yes	Yes
	A blanket?	Yes	Yes	Yes
	A bed?	Yes	Yes	Yes
	A towel?	Yes	Yes	Yes
	Night clothes?	No	No	No
	Slippers?	No	No	No
	Extra clothes?	No	No	Yes
	Soap?	No	No	Yes
	Tampons? Sanitary pads?	No	No	No
	Toilet paper?	No	No	No
	Toothpaste? A toothbrush?	No	No	No
50	Do you ensure the weekly change of:/every two weeks or according to needs:			
	Shaving foam? Razor blades?	No	No	No
	Night clothes?	No	No	No
	Duvet cover?	Yes	Yes	Yes
	Sheets?	Yes	Yes	Yes
	Towel?	Yes	Yes	Yes

51	Is there an obligatory daily routine in the centre?	No	No	No
	If yes, are migrants obliged to follow the daily routine programme?	No	No	No
	Can migrants do routine activities outside of the scheduled programme?	No	Yes	No
52	Does the centre provide any of the following facilities?			
	a. Library	No	No	No
	b. TV room	Yes	Yes	Yes
	c. Sport facility	No	Yes	Yes
	d. Kitchen	No	Yes	Yes
	e. Room with PCs	No	No	N/A
	f. Other / please specify?			
53				
	a. Time for washing?	Yes	Yes	Yes
	b. Time for meals?	Yes	Yes	Yes
	c. Time for open air walks?	No	Yes	Yes
	d. Time for medical examinations?	Yes	Yes	Yes
	e. Time for education?	Yes	Yes	Yes
	f. Time for social activities?	No	No	Yes
54	Is access to daily showers guaranteed for migrants?	Yes	Yes	Yes

55		How do you deal with communication/linguistic problems? (I.e. with interpreter, mediators, NGOs, other migrants, etc.)	Interpreters, interpreters over telephone, other migrants	Interpreters	SAR Translators
		Do you organise common programmes for migrants, such as:			
	a.	Sport activities?	No	No	Yes
	b.	Cultural events?	No	No	No
	c.	Training courses?	No	No	No
	d.	Other / Please specify?			
56	a.	Is there a possibility for migrants to practice their religion?	Yes	Yes	Yes
		Please describe	Muslim migrants have an area inside the centre for their daily prayers, nearest church.	There are areas devoted to the prayers, both for Muslims and Christians	N/A
57		Is there a possibility for migrants to keep their dietary requirements and cultural and religious eating customs?	Yes	Yes	Yes
58		Can migrants prepare their own food at the centre?	No	No	Yes
59		Are there special conditions, caring instructions and trained staff to assist particularly vulnerable people, such as elderly, persons with disabilities, pregnant women, unaccompanied minors, victims of	Yes	Yes	No
60	a.	Are migrants informed about the administrative /legal measures and procedures related to their case?	Yes	Yes	Yes

Source: IOM EQUI-HEALTH.