

The Maltese National Contact Point (NCP) of the European Migration Network (EMN) organised its yearly seminar on the 4th December 2009, with the theme: **The European Migration Network - objectives, structure and activities**

Annual seminar - 2009

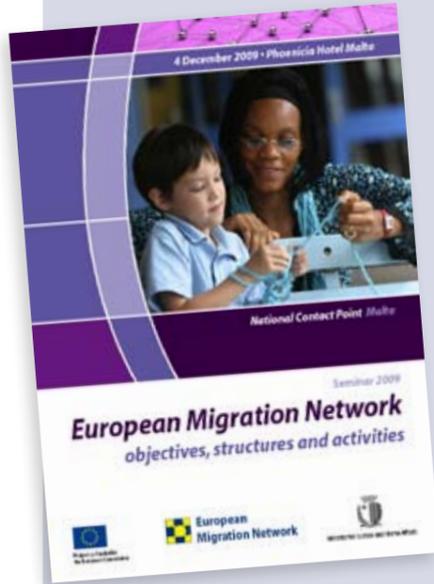
it has already synchronized its activities to those of the other EMN NCP's and produced the reports outlined in the seminar presentations. He pointed out its growing importance at both European Union and National level since migration and asylum have become increasingly challenging and complex. Mr Azzopardi underlined the unique nature of collaborative networking at National and community level intended to produce comparative information across 27 EU member states.

The studies undertaken during 2009 by the Maltese NCP were presented at the seminar. Dr Alison Gatt, Policy Development Officer delivered a presentation on the study 'Non-EU harmonised protection in Malta: Temporary humanitarian protection'. Ms Maria Pisani, Head of IOM (Malta) presented the 'Assisted returns and re-integration' study and Charles Pace made a presentation on 'Unaccompanied minors in Malta: situation

and services'.

Speakers from the Italian Contact Point were invited to address this seminar which operates in collaboration with IDOS Study & Research Centre and Caritas Italia. Dott. Antonio Ricci gave an overview of the Italian EMN structure, and presented recent studies and analysis. Dott. Delfina Licata spoke on the evolution of Italian migration in the Mediterranean context whilst Dott. Luca di Sciuillo gave an in-depth presentation on methodology and statistics.

Other speakers were Mr Joseph St John (Director Policy Development), who also chaired the seminar, and who gave an overview of recent developments in migration and asylum in Malta. Mr Mario Caruana, Director General (MJHA), conducted the opening remarks. ●



In its endeavours to make further progress in widening its network, the National Contact Point invited local and foreign partners with the aim to share experiences and new data as a result of research and studies.

EMN Co-ordinator, Mr Mario Azzopardi said that while the Malta NCP is young,



The project's end date is June 2011

Finding a better future

EU Pilot project for intra-EU reallocation from Malta

This Pilot Project allowing for persons granted protection to be relocated to other Member States can be traced back to the European Pact on immigration and asylum agreed on in 2008 and the European Council Conclusions of 18-19th June 2009, which had stated that:

'The European Council calls for the coordination of voluntary measures for internal reallocation of beneficiaries of international protection present in the Member States exposed to specific and disproportionate pressures and highly vulnerable persons. It welcomes the intention of the Commission to take initiatives in this respect, starting with a pilot project for Malta...'

For this project, to be mostly financed by the European Refugee Fund, it is estimated that 255 persons will be reallocated in 10 Member States: Germany (100), France (approx. 80), Hungary (approx. 10), Luxembourg (6), Portugal (6), Poland (6), Romania (7), Slovakia (10), Slovenia (10), and the United Kingdom (10). While the actual relocation will take place during the summer months of 2010, integration programmes will be conducted for the beneficiaries in each respective country. Prior to their departure from Malta the selected individuals will benefit from a cultural orientation programme and counselling so as to allow for better preparation.

Besides partners from the various Member States involved, the local UNHCR Office, the International Organisation for Migration, and the Emigrants Commission are partners on this project. The project is also being supported by the Agency for Welfare of Asylum Seekers (AWAS) and the Office of the Refugee Commissioner. ●

Connecting cultures... Managing diversity

Welcome to our first issue of the EMN Malta newsletter. We are looking forward to this year's challenges. Our journey as National Contact Point is a very exciting one

We have started the preparations to develop the asylum and migration glossary in Maltese. The purpose of the glossary is to provide common definitions and understanding of terms used in this area. This would be a useful reference guide for Maltese stakeholders who work in the field of asylum and migration, researchers, as well as media practitioners who have an important role in the formation of perceptions.

We are working hard on widening our network with professionals and academics. We have our most valued experts who help us with the ad hoc queries and with their expert advice. We would also like to widen our team of professionals – and hope that more students and researchers conducting

related research will join the Malta network.

On the to-do-list we also have the embellishment of our web pages – definitely a priority to introduce ourselves to the community and to keep the pages up-dated with news items.

The Malta NCP works within the Third Country Nationals Unit at the Ministry for Justice and Home Affairs. The ad hoc queries to which we respond and the Unit where we work from keeps us grounded in the every day realities and challenges which Migration poses.

EMN data gathering is conducted to provide information to support policymaking, primarily at EU level. Study topics chosen are normally of relevance to current policy initiatives or in areas where an identified lack of information exists and for which policy initiatives might be developed.

The proposed studies for this year are, 'Satisfying labour demands' and 'Circular Migration'. These studies are expected to



be completed throughout this year. Annual reports on asylum and migration statistics as well as annual policy reports are also prepared. These serve to provide an overall insight into the most significant political and legislative (including EU) developments, as well as public debates in the area of migration and asylum.

We hope that through this newsletter we can create an exchange and sharing of information with you that will lead to better-informed dialogue and discussion! ●



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Project co-funded by the European Commission



The European Migration Network's objective is to provide up-to-date, objective, reliable and comparable information on migration and asylum, to the community, its member states and on a longer-term objective, the wider public in general

Ad hoc queries

One of the methods used by the European Migration Network to gather and disseminate information

The use of EMN ad hoc queries as a means to gather comparative data in order to meet upcoming information needs, is an important activity within the EMN. In 2009, there have been a total of 69 queries launched, with, on average, 20 Member States responding to each. Extrapolating to the end of the year, meant that a total of 80 to 90 queries would have been launched. EMN NCPs usually provide a compilation of responses received within two weeks after the query is launched.

The purpose is to make existing information and data accessible in a fast and effective manner to enable comparability of information among the EU Member States.



Ad hoc queries, give the possibility to obtain a quick overview of policies, best practices, and data in other Member States. To get an idea, the answers for each EU Member State are provided on a template against the national flag and made publicly available on the EMN website.

The information collated supports policymaking within the European Commission and is also used by the authorities of Member States to understand how other countries are tackling particular situations. To achieve this objective in a structured and harmonised manner, it is necessary that the requests centre on topics and priorities of EU migration and asylum policy.

EMN has other other forms of exchanging information, national reports, indexing of publications, studies. These data gathering activities are expected to be further strengthened with the upgrading of the information exchange system. ●

One of the many ad hoc queries received through the EMN related to female genital mutilation

Female Genital Mutilation

Female genital mutilation (FGM) also known as the female circumcision, is usually performed at a very young age (between 3 and 10 years) by an unskilled traditional practitioner who uses pieces of broken glass, sharp stones, razors or used blades as a cutting tool, without anaesthesia. In some affluent societies the procedure may be performed in hospital as a medicalised procedure however, the short and long term consequences of FGM remain. FGM impedes the women from having any sexual pleasure and go through excruciating pain during sexual activity and child birth. There are four types of female circumcision with type three and four being the most drastic procedures.

In 2009 the Migrant Health Unit within the Department of Primary Health, organised focus groups among African migrant women in Malta as part of a capacity building project to share their experiences and to raise awareness about

the physical and physiological harm caused by FGM. FGM presents a challenge to health professionals within the Maltese health system who are increasingly faced with the issue of FGM among Sub-Saharan African women.

FGM is not required by the Islamic religion however, it has become a law of custom. It is often enforced by female family members to prepare the girl for marriage. Marrying off a circumcised daughter, in countries where poverty is prevalent, is the only guarantee that the daughter will be accepted by her in-laws. Marriage in such countries is the only social status a girl can hope to have.

During the focus groups, the young participants indicated their unwillingness of putting their daughters through such trauma, however some would still opt for the mildest form of FGM (type 1). Although this is still a form of physical abuse on the child who is too young to give consent for such a drastic procedure on her person, some women feel that it is their duty to bestow modesty on their daughters. ●

Most migrant women living in Malta, coming from Sub-Saharan African countries have undergone female genital mutilation (FGM) when they were children

Bridging the gaps

The health of migrant women

Women's rights are fundamental and universal rights. All women should have access to these rights, without any differentiation based on the status or the origin. We cannot talk about poverty, violence, human rights without including Migrant women living in Malta

Since 2002, 1260 migrant women arrived in Malta. Since 2002, 1765 women have been granted asylum, another 382 (as at March 2010) are today living in open centres. The majority of migrants are from Sub-Saharan African countries, in particular Somalia. The merging of different cultures poses a challenge to the Maltese authorities in particular health professionals within the Maltese health system.

The Migrant Health Unit within the Department of Primary Health, bridges these cultural gaps by educating African migrants on health issues, trains cultural mediators on health care issues, health care professionals and students in cultural diversity issues in health care. The training sessions for Migrants focus on various health topics and guide them on how, when and where to access the health system. Due to cultural and linguistic problems migrants often feel lost within such a complex health system. On the initiative of Ms Podda Connor, who is in-charge of the Migrant Health Unit, Health education booklets were developed and translated in the Somali and Tigrinya languages to facilitate communication with the health provider and explain how the health services should be accessed. More often than not, irregular migrants are not familiar with a Primary Health System in their country of origin. Sometimes it is difficult for them to understand why no treatment has been prescribed since there are cases where a change in lifestyle is sufficient.

Trained Cultural mediators who are trained in ethical issues, medical terminology, communications skills and especially maintaining confidentiality, work in a triadic



While in western countries most women draw their status from their educational and economic well-being, for an African woman, getting married and the number of children she will have, is the only thing to hope for and what will make her feel respected

context to convey the 'world' of the patient to the doctor and that of the doctor to the patient; enhancing a more patient-centred approach.

Most pregnant Sub-Saharan migrant women express strong fears of caesarean section. Cultural mediators are of vital importance especially when the mother's and baby's lives are in danger due to the maternal high blood pressure or if the foetus is in a breach position. In such cases an urgent decision has to be taken to avoid life threatening situations. Therefore training helps cultural mediators to communicate with migrants why such a professional decision has to be taken and explain the reason for signing

the consent form which gives permission to health professionals to perform the necessary interventions.

The maternity mortality rate in African countries is very high. A caesarean section is also perceived by migrant women in the Maltese context, to limit the number of children a woman can carry safely. While in western countries most women draw their status from their educational and economic well-being, for an African woman, getting married and the number of children she will have, is the only thing to hope for and what will make her feel respected within her own community. ●