

WELDI

BUILDING WELCOMING COMMUNITIES
FOR MIGRANTS

HEALTH for ALL in LAMPEDUSA

IAP

Integrated action plan



COMUNE
DI LAMPEDUSA
E LINOSA

URBACT



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Integrated Action Plan Lampedusa and Linosa Municipality



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Introduction



WELDI: a strategic and integrated approach on human rights at the “gate to Europe”

The **URBACT network WELDI** (2023-25) promotes local action to safeguard human rights, and to guarantee a right to the city for all residents, regardless of their nationality or residence status.

Under this universal objective, WELDI focuses on migrants -and newcomers in particular- whose rights are jeopardised in specific ways: through a precarious residence status, unfamiliarity with the new environment, discrimination and exploitation, or a lack of language skills.



The URBACT WELDI
Network at the
'Lampedusa Health
and Migration Policy
Lab', Lampedusa, 2
October 2024

WELDI focuses on inclusive governance models through a strategic and integrated approach, co-design with residents and inclusive local philosophies; on specific groups such as women and children, economic migrants and refugees and on areas such as housing, work and access to health care that are subject to specific risks and vulnerabilities; and on specific tools such as one-stop shops or city ID cards that can have a major impact on improving access to human rights for migrants.

WELDI partners see the protection of human rights not as a zero-sum game, but as an approach that benefits both newcomers and established residents, e.g. by creating win-win situations through infrastructures that improve access to rights for both groups, by allowing newcomers to effectively contribute to host society and by fostering meaningful interaction between new and established residents.

WELDI approach is particularly relevant in the territorial context of Lampedusa island, in particular regarding the access to healthcare services, which is a priority need and fundamental right for both newcomer migrants and local citizens.

Lampedusa and Linosa (IT), together with Albacete (ES), Cluj Napoca (RO), Fundão (PT), Liège (BE), Osijek (HR), the Département Seine-Saint-Denis (FR), Sosnowiec (PL), Timișoara (RO) and Utrecht (NL), is one of the partners of the WELDI network.

Section 1. Context and needs

1.1 Context and challenges in Lampedusa and Linosa Municipality

Lampedusa is a landing point for thousands of people seeking protection. As is well known, the island is under intense pressure due to migration flows along the Central Mediterranean route.

Between 1 June 2023 and May 2025, the hotspot located in the “Imbriacola” area and managed by the Italian Red Cross (CRI) received 144,641 people following 3,434 landings.

The main countries of departure include Bangladesh (17% of arrivals), followed by Syria (12%), Tunisia (11%) and Guinea (10%), reflecting both ongoing humanitarian crises and the economic hardship that drives thousands to attempt the Mediterranean crossing. **Most migrants are adult men, followed by minors and women.**

The Lampedusa hotspot was initially established on an experimental basis in October 2015 at the former First Aid and Reception Centre (CPSA) and was later designated as one of the four Italian hotspots under Article 17 of Decree-Law No. 13 of 17 February 2017. Delegations from European agencies such as **EASO** (now **EUAA**), **Frontex** and **Europol** operate within the centre, and asylum seekers are transferred as quickly as possible to regional hubs on Sicily or the Italian mainland.

The current reception mechanism on the island offers no opportunities for interaction between rescued migrant populations and the local community.

Several law enforcement units are involved in rescue and reception operations, including the **Coast Guard**, the **Financial Police**, the **Carabinieri** and the **Police**. Despite this extensive system, it has not been able to prevent deaths at sea near Lampedusa's shores.





A corner of Lampedusa's cemetery dedicated to migrant children who died at sea

Since 2014, nearly 33,000 migrants have died or gone missing in the Mediterranean, many of them minors.

The Municipality has even expanded the capacity of the island's small cemetery to accommodate the bodies recovered at sea.

In contrast to the large number of people arriving by boat, only 226 foreign nationals live permanently on the island (3.5% of the population), about half of whom are Romanian. The rest come from Senegal, Pakistan, Honduras, Bangladesh, Tunisia, China, Ukraine, Thailand, Albania and other countries. They are mainly employed in elderly care, tourism and fishing.

The ability of local services to respond is severely strained, as they already suffer from chronic shortages of resources and personnel. This **migratory pressure**, combined with the island's pre-existing structural challenges, has generated mixed feelings among the local population.

On the one hand, **acts of solidarity and welcome** have been frequent, often promoted by individual citizens, associations and third-sector organisations. On the other hand, concerns have emerged regarding safety, social sustainability, the impact on services and quality of life, as well as a widespread perception that central and European institutions do not adequately listen to the needs of the island.

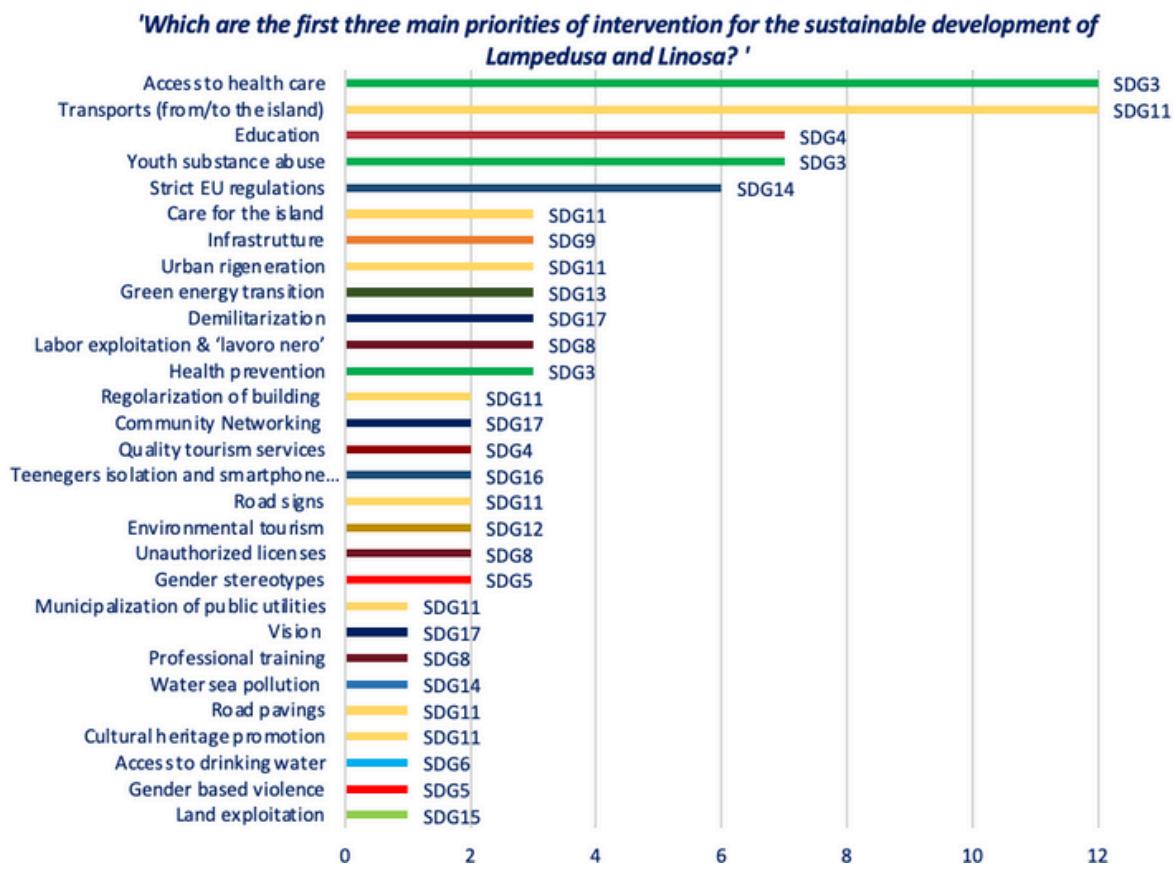
Beyond migration, Lampedusa faces additional pressures linked to its small resident population - about 6,500 inhabitants - its dependence on imported goods and services from Sicily, and the massive seasonal influx of tourists, estimated between 120,000 and 200,000 per year.

The island also relies heavily on commuting workers from mainland Sicily, including doctors, nurses, teachers, lawyers and police forces, with up to 1,000 people working temporarily on the island during peak periods.



Local research conducted under the **EU-funded SUBLIME SDGs** project - another action implemented by the Lampedusa and Linosa Municipality - identified three priority areas for sustainable development according to key informants: **access to healthcare**, transport connections to and from the island, and quality education.

These priorities reflect the structural constraints of a small island facing high mobility pressures, limited infrastructure and a complex coexistence between residents, tourists, commuting workers and transient migrant populations.



Access to health - Goal 3 of the 2030 Agenda -
is considered the top priority for sustainable development by the inhabitants of Lampedusa and Linosa, showing how geographical distance and infrastructural isolation affect the capability of Pelagie islanders in this field.



1.2 Access to Health Services: a Twofold Challenge for Newcomers and Residents

The European Commission Action Plan on Integration and Inclusion 2021–2027 notes that migrants are more likely to face unmet medical needs, partly due to their concentration in disadvantaged areas with limited access to quality health services. This dynamic is clearly visible in the Pelagie Archipelago.

Lampedusa and Linosa islands both lack maternity services, and Linosa's only pharmacy closed in late 2024, increasing health risks. Lampedusa is often called ***the island where no one is born***.

As is the case in many small Mediterranean islands and remote inland territories, there is no hospital on Lampedusa. Under current Italian regulations, home births are permitted only if the residence is located within thirty minutes of a hospital equipped with an intensive care unit and an operating theatre. As a result, women from Lampedusa are forced to relocate to the mainland to give birth, facing significant financial costs and family disruption. A journalistic investigation estimated the average cost per family at around €10,000.

Although the archipelago belongs administratively to the Municipal Consortium of Agrigento, its health system depends entirely on **Provincial Health Agency of Palermo (ASP)**, which also plays a central role in ensuring medical assistance for newly arrived migrants. In close coordination with the Municipality and other institutional actors, the ASP is mobilising substantial resources and improving operational synergies to enhance the island's healthcare system for local communities and migrant populations alike.



In particular, targeted efforts are underway to reinforce the range of services offered by the **Poliambulatorio of Lampedusa**, a multi-purpose health clinic managed by Palermo ASP. The facility provides more than twenty specialist services and includes a **24-hour Territorial Emergency Point (PTE)** for paediatrics, cardiology, gynaecology and radiology. On the neighbouring island of Linosa, a 24-hour medical service (Guardia medica) is available.

Despite structural limitations, recent years have seen meaningful progress thanks to cooperation between local and regional authorities. Notably, in early 2026 the island launched a **Decentralised Oncology Service (SOD)**, enabling cancer patients to undergo chemotherapy without leaving Lampedusa - an achievement described as a historic milestone that turns a right into reality and marks a decisive step toward truly accessible, proximity-based healthcare.

These initiatives reflect a broader commitment of all the institutions involved to make the right to health tangible for residents of this remote border islands at the door to Europe.

These efforts aim to promote universal health care access as affirmed by the **European Charter for the Safeguarding of Human Rights in the City** (Saint Denis 2000). The **Right to the City approach** reminds that universal access to basic services – including health services - is a channel for newcomers' protection. The issue of health is also explicitly addressed in the so-called **Lampedusa Charter for Dignified Mobility and Territorial Solidarity**, a document promoted by the **UCLG** in 2022. The charter promotes a municipalist vision of migration that shifts the focus of the migration narrative from border management and administrative status to a 'people-centred vision that addresses all communities as neighbours'. The Charter call on international community to effectively implement universal access to health coverage for all, regardless of migration status. However, addressing the specific health needs of newcomers remains challenging in a context where residents themselves face daily obstacles in accessing essential care.



From a human rights-based perspective, two questions arise: **do all vulnerable people arriving on Lampedusa receive assistance adequate to their needs? And is it political sustainable to guarantee health care for migrants through emergency procedures and dedicated funding while the resident population continues to experience structural gaps in basic services?**

The main challenge for institutional stakeholders on the island is to safeguard the physical and mental health of new arrivals during their short stay, while preventing the saturation of already fragile local services. The presence of large numbers of people with significant medical needs - migrants, tourists and local communities - has led to the development of a health system that must respond simultaneously to multiple and often competing demands.

As noted by **Aldo Di Piazza, Councillor for Health of the Municipality of Lampedusa**, during the final advocacy and political meeting organised by the **City of Utrecht** (lead partner of the WELDI project), the Municipality has also had to manage access to health services in a way that does not compete with the needs of the tourism sector, which today represents a vital source of income for the island's economy.

"In the end, Lampedusa truly deserves that medal of hospitality everyone has pinned on it, because for 25 years - through good times and bad - it has been welcoming"



In an isolated and structurally disadvantaged territory such as Lampedusa, the right to health cannot be ensured for either inhabitants or newcomers without tailored, long-term policies designed to address the island's unique conditions

shaping the Lampedusa model

The overarching ambition of this IAP is to ensure continuity and further strengthen of the 'Lampedusa Model', consolidating its achievements and supporting its long-term sustainability

1.3 Mapping good practices: the 'Lampedusa Model' and the 'Lampedusa Protocol' enhancing access to sexual and reproductive health services

During the last years, different actors established effective collaborations to create a health care reception model designed in response to the specific needs emerged in Lampedusa. As result, a 'Lampedusa Model' is nowadays in place, co-designed and jointly implemented by multiple actors working in partnership at different levels.

The model is designed to respond to the needs of newcomers, residents and tourists alike. It was first presented during the **Lampedusa Charter Policy Lab**, organised by **PICUM** and **UCLG** on 12 September 2024. The discussion highlighted the de facto role of local and regional governments (LRGs), which are often at the forefront of both emergency and long-term responses to uphold fundamental rights, despite operating with limited mandates. Particular recognition was given to the efforts of border towns and islands such as the **Municipality of Lampedusa and Linosa**, which mobilises local actors for rescue operations, safe disembarkation and the deployment of mobile clinics for urgent triage of newly arrived people. The 'Lampedusa Model' was subsequently shared with members of the URBACT WELDI network during the **'Lampedusa Health and Migration Policy Lab'** held on the island on 2 October 2024. Its overarching objective was reaffirmed during a round table convened in Rome on 27 November 2024 by **NIHMP** and **WHO**, within the '**1st Global Orientation Course for Policy-makers on Refugee and Migrant Health**': to manage emergencies while advancing structured, coordinated and multi-sectoral responses.



As previously mentioned, health services on the island are coordinated by the **Palermo ASP**. The system ensures the integration of reception and assistance, following a shared pathway that enables timely and effective interventions. Services are accessible through multiple entry points. The 24-hour Territorial Emergency Point (the Poliambulatorio) provides 21 specialist services and round-the-clock access to Paediatrics, Cardiology, Gynaecology and Radiology. In September 2023, the **Obstetrics and Gynaecology Clinic of the Poliambulatorio** was further strengthened with a new multifunctional ultrasound scanner supplied by the Palermo ASP.

In addition, an **Obstetrics and Gynecology Mobile Clinic** (a camper) is stationed in front of the Hotspot in the Imbriacola area, ensuring medical triage for women arriving on the island. This measure aligns with the Action Plan on Integration and Inclusion 2021–2027, which calls for full consideration of the specific challenges faced by migrant women, including prenatal and post-natal care and mental health needs linked to trauma experienced during migration Journeys and detentions.

The current model results from the design, adoption and implementation of several protocols. The first '**Lampedusa Protocol**' entered into force on 28 March 2023, establishing a coordination mechanism between the Palermo ASP and the **United Nations High Commissioner for Refugees (UNHCR)**.

Another key actor in the implementation and monitoring of these protocols is the **National Institute for Health, Migration and Poverty (NIHMP)**. Supervised by the **Ministry of Health**, the NIHMP's mission is to address social and health inequalities affecting vulnerable populations, including migrants. The institute provides direct healthcare assistance, conducts research and training, and offers technical support to institutions and health authorities. Under Law 50/2023 (the "*Decreto Flussi*"), the **NIHMP** signed a **Memorandum of Understanding** with the **Sicilian Region**, allocating €2,258,000 to strengthen Lampedusa's health system through the activation and operation of an ALS ambulance (118) serving both migrants and residents until 31 August 2025. The unit - operational since September 2023 - includes a doctor, a nurse and two driver-rescuers, and is equipped with a defibrillator, ultrasound device and all necessary equipment for on-board resuscitation.

NIHMP has also drafted protocols to improve health assistance for migrants by reinforcing coordination among all actors involved, including the **Coast Guard**, **Ministry of Interior**, **Ministry of Health**, and the Hotspot managing body. The institute coordinates a permanent monitoring board dedicated to protocol implementation and to the discussion and management of health issues concerning migrants arriving in Lampedusa.



A fruitful collaboration has developed in recent years between **NIHMP** and the **Municipality of Lampedusa and Linosa**, which coordinated the **FAMI 3928 project** "Memory, migration and reception in Lampedusa". Through this partnership, two key actions were implemented: a pilot procedure for the rapid diagnosis of active tuberculosis (TB) in high-risk newly arrived migrants (including device supply, training, and procedure testing), and scientific support for drafting the gynecological-obstetric triage procedures for newly arrived women.

The **Palermo ASP** and **NIHMP** have worked jointly to implement health and social-health interventions aimed at reducing health inequalities in Lampedusa, focusing on four main areas: social dentistry (including free dental prostheses for those unable to afford them), social ophthalmology (including free prescription glasses), mental health, and rapid diagnosis of active TB (ensuring continuity with the FAMI project).

In January 2024, **NIHMP** and the **Palermo ASP** signed a new **Memorandum of Understanding** titled "*Cooperation agreement for the implementation of health and social-health interventions to combat health inequalities*". Valid until January 2026, the agreement aims to promote the well-being of people in vulnerable conditions by countering health poverty and forced health migration, with particular attention to Lampedusa and outreach to newcomers. Under this agreement, services at the Lampedusa policlinic will be strengthened in three areas already supported by the previous protocol: social dentistry (renovation and equipment upgrades, development of an algorithm for taking charge of socio-economically vulnerable patients, provision of prostheses, and staff integration for prosthetic services); social ophthalmology (algorithm development and provision of glasses); mental health (service enhancement).

Access to healthcare - especially for local inhabitants - is also promoted through **Open Days** organized in partnership with civil society organizations. During the cultural events "Lampedus'Amore", organized by the **Occhiblu Onlus Association**, the **Palermo ASP** offers free screenings via a mobile clinic: mammography (for women aged 50–69), Pap and HPV tests (for women aged 25–64), and distribution of the SOF test (colorectal cancer screening for people aged 50–69). At the Lampedusa policlinic, residents could also access cardiovascular prevention examinations (ECG and, if needed, ultrasound, for people aged 45–70) and screening for sexually transmitted infections (Hepatitis C, Syphilis and HIV).

On 10 March 2025 in Lampedusa, the **Palermo ASP** launched another Open Day prevention screening campaign. Over the two days of screenings, organised in collaboration with the local Municipal Administration, **NIHMP** staff and volunteers from the **Lions Club Lampedusa**, a total of 1,490 services were provided.



Main steps

Lampedusa Model



MARCH 2023

First protocol establishing a coordination mechanism between the Palermo ASP and UNHCR



SEPTEMBER 2023

NIHMP signed a MoU with the Sicilian Region to strengthen Lampedusa's health system



JANUARY 2024

NIHMP and the Palermo ASP sign a new MoU enhancing the health services offered by Lampedusa Poliambulatorio



NOVEMBER 2024

The 'Lampedusa Model' is presented in Rome to WHO by ASP Palermo with Lampedusa Municipality and NIHMP

A focus on access to sexual and reproductive health services for migrant women in Lampedusa

measuring the impact of Lampedusa model

Delivering Obstetric Care to Maritime Migrants: the "Lampedusa Protocol" and the role of research in Lampedusa

Over the past decade, research has documented a **global feminisation of migration** (M. Pérez-Sánchez et al., 2024). The increased visibility of women on the move has made it possible to identify their specific needs, among which access to **sexual and reproductive health (SRH)** services remains a major challenge. In Lampedusa, local actors have observed a growing number of pregnant migrant women arriving by sea.

A recent study examined the provision of obstetric care to maritime migrants on the island.

The research was conducted by Alexandra A. Sansosti, MD (**Columbia University Medical Center**), in collaboration with key contributors to the "Lampedusa Model": Tania Macaluso (midwife, **Department of Family Health, Palermo ASP**), Fabio Genco (Director, **118 Emergency Medical Service of Palermo**, Trapani and Agrigento), Francesco D'Arca (Director, Polyclinic of Lampedusa, **Palermo ASP**) and Giuseppe Canzone (Poliambulatorio of Lampedusa, **Palermo ASP**). Their findings indicate that although the proportion of female migrants has remained relatively stable, the 50% increase in total sea arrivals between 2022 and 2023 has led to a significant rise in the absolute number of women arriving. Since 2020, local physicians have also reported an increase in pregnant women reaching the island, often in late gestation and frequently without having received any prenatal care.



Compared to other European borderlands, pregnant women arriving in Lampedusa are more likely to be travelling alone, having become pregnant during their journey, including as a result of **sexual violence**. Pregnancy is recognised as a vulnerability category under Italian law. Despite the restrictive measures introduced by the so-called "Cutro Decree" (Law 50/2023), the following groups remain entitled to protection: minors, unaccompanied minors, persons with disabilities, older persons, pregnant women, single parents with minor children, victims of trafficking, individuals with serious illness or mental disorders, and people who have been subjected to torture, rape or other severe forms of psychological, physical or sexual violence, including violence linked to sexual orientation or gender identity, as well as victims of **Female Genital Mutilation/Cutting**.

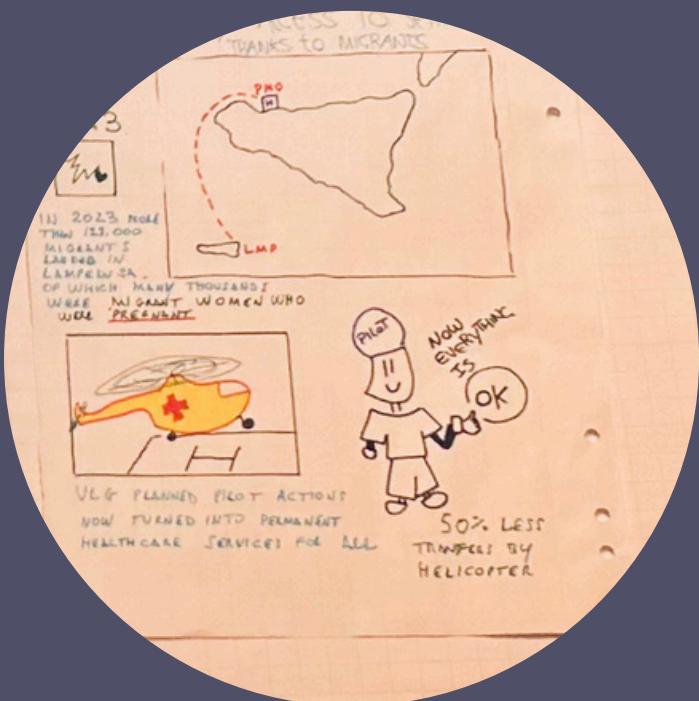
In response to the rising number of pregnant migrant women arriving in Lampedusa a **systematic triage protocol** was developed for those requiring routine or urgent obstetric and gynaecological care. Before the establishment of the Lampedusa Protocol by the **Palermo ASP** and **UNHCR**, pregnant women were identified during the initial health screening conducted by a general practitioner upon landing. If no critical issues were detected, they were transferred to the Lampedusa Hotspot to await onward relocation - typically by ferry, and less frequently by plane- to another region of Italy for placement in an asylum reception centre. Only a basic physical examination and brief medical history were collected at this stage.

If signs of complications, imminent labour or threatened miscarriage were identified, the woman was transferred to the polyclinic for evaluation by the on-call physician. When concerning signs were confirmed, the woman was evacuated by **helicopter** to a hospital in Palermo or Agrigento (a 90- or 60-minute flight, respectively) for further assessment and/or delivery.

The findings show that protocolised care pathways for maritime migrants in European borderlands can significantly improve resource utilisation.

A total of 571 pregnant patients were assessed and treated between 28 March 2023 and 31 May 2024. Patients represented 23 nationalities; the average age was 26 years (SD = 6.6), and the average ultrasound-estimated gestational age was 25.2 weeks (SD = 9.6).

The most common reasons for helicopter transfer were late gestational age or concern for, or symptoms of, labour. **Compared to the pre-implementation period, the proportion of patients requiring any flight decreased by 23%** (from 24.5% to 18.9%, $p = 0.027$), **and the proportion requiring dedicated urgent flights decreased by 52%** (from 8.3% to 4.0%, $p = 0.003$) after implementation.



No association was found between MPG1 of the country of origin and the need for helicopter evacuation. Women with known nationality had reduced odds (OR = 0.49, 95% CI = 0.27–0.90, p = 0.02) of requiring urgent helicopter evacuation.

As highlighted by the research, although implementing the protocol required up-front investments—such as purchasing and equipping the obstetric mobile unit and ensuring full-time gynecological or obstetric coverage—it led to measurable improvements in reducing the number of patient transfers, particularly costly single-patient helicopter flights. Evacuating a patient from Lampedusa is estimated to cost €6,000 for Palermo and €5,000 for Agrigento.

1.4 The URBACT Local Group in Lampedusa borderland

In the framework of the URBACT Weldi Project, a **URBACT Local Group** (ULG), was created with the purpose to bring together all relevant stakeholders having a stake in the policy challenge addressed by Lampedusa: protect physical and mental health of new arrivals throughout their stay on the island, while limiting their impact of saturating healthcare services for the local community.

The Lampedusa ULG was created in 2023 and, during its initial phase, focused on two main objectives:

- 1) establishing the ULG, confirming the actors' willingness to take part in it and their commitment to reach the goals set in WELDI project for Lampedusa;
- 2) identifying the areas of interventions and the general aim of the actions to be included in an Integrated Action Plan to be co-designed and implemented as part of the URBACT Weldi project.

In the subsequent phases, participants shared an analysis of the key challenges faced by territorial stakeholders in the health sector, including:

- The improvement of early identification of individual migrant's physical and mental care needs through a medical triage carried out at the disembarkation on the Favaloro pier.



- The procedures to assess the seriousness and urgency of each individual situation to decide whether it can be dealt with on the island or whether a transfer to Palermo by helicopter is necessary.
- The improvement or the existing services, procedures and identification methods in place or the creation of new ones to address the needs of specific vulnerable groups, such as children born shortly before or during the journey; pregnant women who in many cases, due to the extreme psychological and physical stress caused by the journey, arrive on Lampedusa in the process of giving birth, all other vulnerable people including unaccompanied minors, survivors to shipwrecks and women victim of abuse during the journey.

The ULG is coordinated by Mr Pietro Pinto, long-term consultant of **Lampedusa and Linosa Municipality**, and composed by: Aldo di Piazza, Councilor for healthcare – **Lampedusa and Linosa Municipality**; Director and management staff of **Italian Red Cross** (in charge of first reception in Lampedusa); Director of **Palermo ASP** (Provincial Healthcare Agency); Giuseppe Canzone, Director of gynecology and obstetrics unit of **Palermo ASP** (Provincial Healthcare Agency); Cristiano Camponi, General Director of **NIHMP - National Institute for Health Promotion of Migrant Populations and the Fight against Poverty-related Diseases**; Carlo De Marco, Secretary General of the **Border Towns and Islands Network**. Other high-level staff of NIHMP are involved based on their specific competences; the **Emergency Health Unit of Lampedusa**

The ULG decided to orient the stakeholders' attention especially on giving continuity to a good practice developed in Lampedusa consisting in the application and monitoring of the so called 'Lampedusa Protocol' and the other actions undertaken by the territorial stakeholders as result of the Project FAMI 3928 project 'Memory, migration and reception in Lampedusa'.

Important tools have been jointly developed by the members of the ULG, especially in the mapping the impact of the **Procedure for Rapid Obstetric-Gynaecological Triage of Pregnant Migrant Women Arriving in Lampedusa** created in partnership by the different stakeholders.

ULG mapped the impact of the Procedure for Rapid Obstetric-Gynaecological Triage of Pregnant Migrant Women Arriving in Lampedusa

According to the Director of the Italian Red Cross the triage model has proven highly effective, leading to a significant improvement in the island's overall healthcare response.

The **Procedure for Rapid Obstetric-Gynaecological Triage of Pregnant Migrant Women arriving in Lampedusa** was developed by territorial stakeholders to standardise the steps of obstetric-gynaecological triage for pregnant migrant women upon arrival on the island. Its purpose is to promptly identify and distinguish women requiring urgent obstetric-gynaecological assessment from those whose examination can be safely deferred, and to activate the appropriate diagnostic, therapeutic, and care pathways.

A key component of the procedure is the definition of clear responsibilities, outlined in a **Responsibilities Matrix** which specifies for each step of the triage process the stakeholder responsible and the stakeholders involved.

A **Gynaecological-Obstetric Evaluation Form** has also been adopted by **Palermo ASP**, the **Italian Red Cross**, and the **NIHMP** to record the outcomes of the triage.

The procedure further includes the issuance of a **Certificate of No Contraindications to Transfer**, required for the safe transfer of patients through standard transportation from the Lampedusa Hotspot to other reception centres in Italy.

Extract of the Responsibilities Matrix of the Rapid Obstetric-Gynaecological Triage of Pregnant Migrant Women - Source: **Palermo ASP**

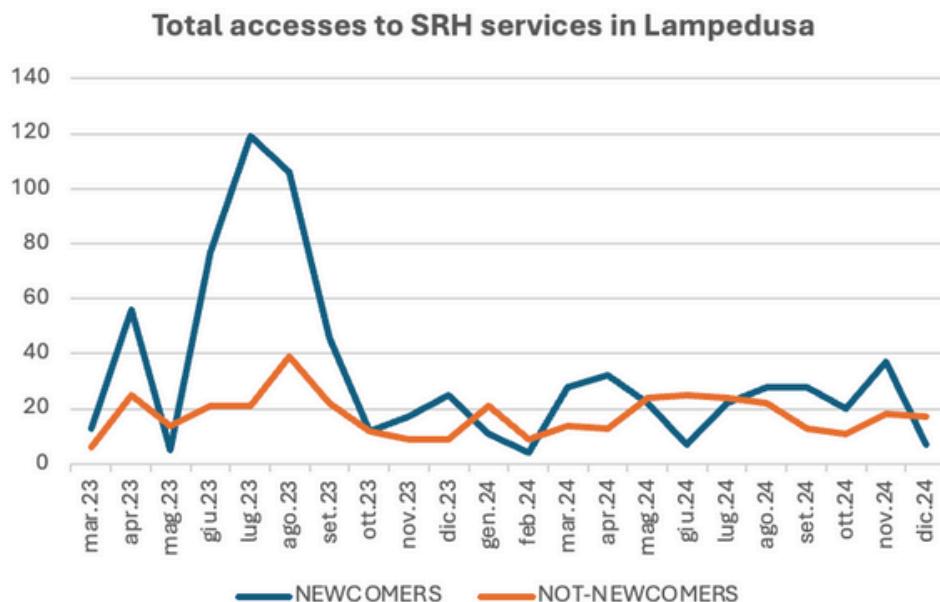
RESPONSABILITIES' MATRIX	Continuity of care physician in charge of landings	Physician on duty at the crisis point	ASP Obstetrician (FAMI Project)	Physician on Guard at Lampedusa PTE.	Physician of Continuity of care at the Lampedusa outpatient clinic.	ASP gynaecologist on call/recoverable at Lampedusa Outpatient Clinic	Helicopter 118
Identifying pregnant migrants and reporting with pink bracelet at the point of disembarkation	Responsible						
Assignment of code red/yellow at the point of disembarkation	Responsible						
Sending pregnant migrant for obstetric triage at mobile unit		Responsible					
Attribution pregnant migrant color code at the mobile unit.		Involved					

Database for Monitoring SRH Services

A dedicated database has also been created to monitor the medical triage and the specific needs of women arriving on the island. The dataset maps access to sexual and reproductive health (SRH) services by both residents and newcomers since the entry into force of the "Lampedusa Protocol".

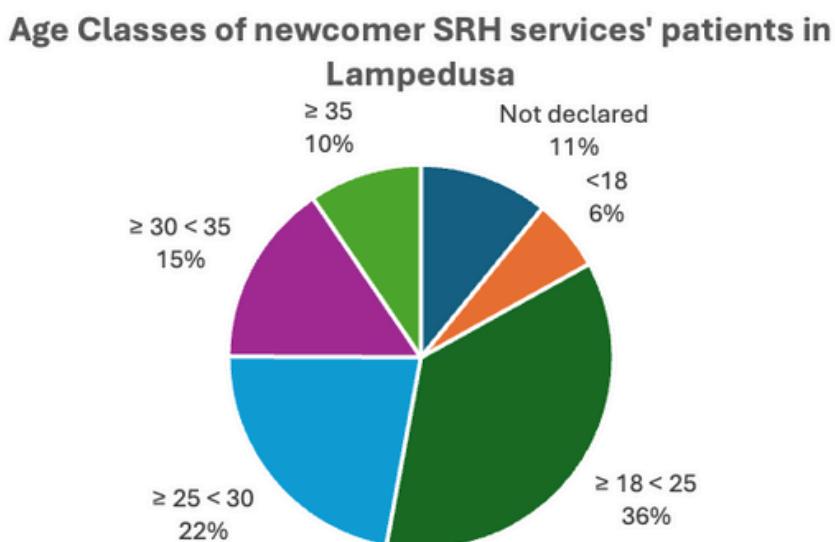
From March 2023 to December 2024, data show that 65% of patients accessing SRH services in Lampedusa were newcomers, while 35% were non-migrant users (residents or visitors).

Graph 1 illustrates the trend in total access to SRH services for both groups during the observation period - Source: **Palermo ASP**



From March 2023 to January 2025, Graph 2 presents the age distribution of newcomer patients accessing SRH services. The average age is 25.8 years.

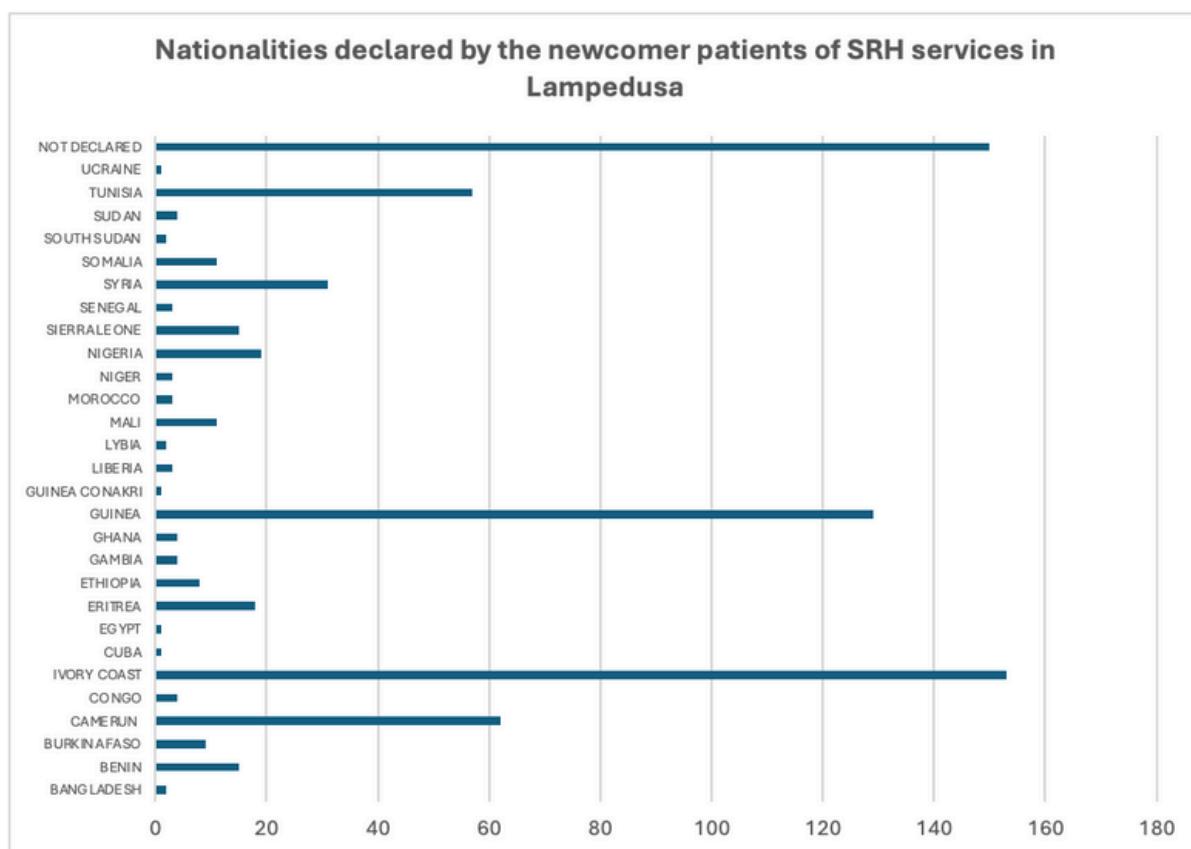
Graph 2: Age classes of SRH services' patients in Lampedusa - Source: **Palermo ASP**



Graph 3 shows the countries of origin declared by newcomer women who underwent obstetric-gynaecological triage during the same period.

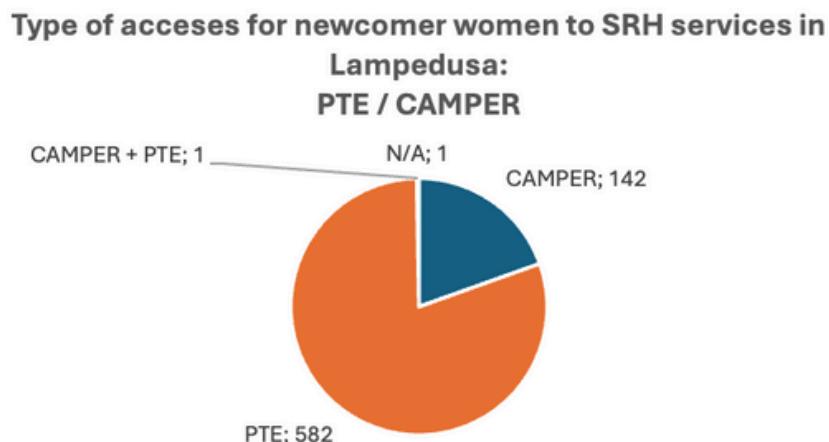
The data reflect a wide range of nationalities, with significant numbers from Côte d'Ivoire, Guinea, Sudan, Tunisia, and several other African and Middle Eastern countries.

Graph 3: Nationalities declared by newcomer patients of SRH services in Lampedusa – Source: [Palermo ASP](#)



From March 2023 to January 2025, Graph 4 describes the types of access to SRH services for newcomer women. The majority of visits took place at the PTE, although this figure must be interpreted with caution: the observation period includes an initial phase during which the Camper mobile unit was not yet operational. Since its activation, most visits have occurred at the mobile unit stationed in front of the hotspot in the Imbriacola area.

Graph 4: Type of access for newcomer SRH patients in Lampedusa – Source: [Palermo ASP](#)



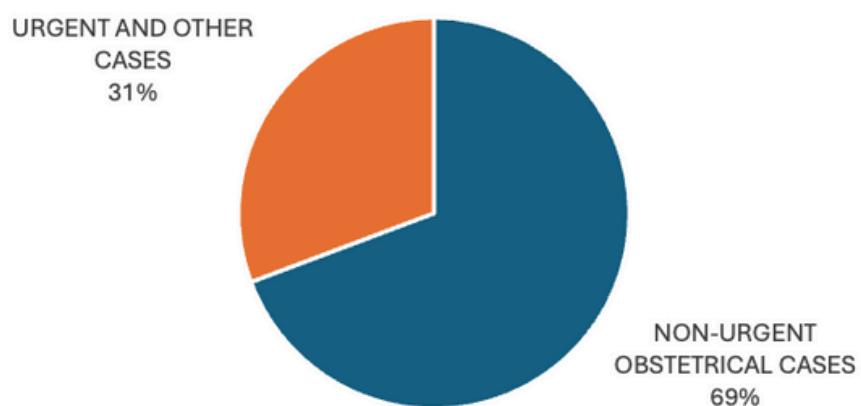
During the same period, 89% of newcomer patients received an obstetric examination, while 11% underwent a gynaecological examination.

As shown in Graph 5, over 30% of newcomer patients required obstetric treatment, due to conditions such as postpartum complications, threatened miscarriage, suspected pregnancy, pelvic pain, hypermenorrhoea, and other urgent or non-urgent obstetric issues.

Graph 5: Diagnosis of visits of newcomer patients accessing SRH services in Lampedusa

– Source: **Palermo ASP**

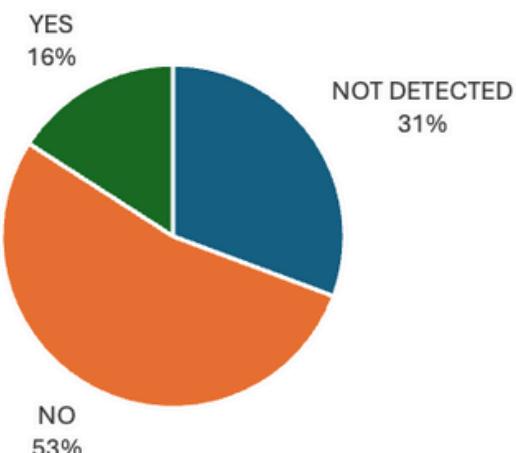
Diagnosis of the visits of newcomer patients accessing SRH services in Lampedusa



Finally, Graph 6 reports an incidence of 16% of FGM/C among newcomer patients accessing SRH services in Lampedusa, based on data collected between May 2014 and September 2024.

Graph 6: Presence of FGM/C among newcomer patients accessing SRH services in Lampedusa – Source: **Palermo ASP**

Presence of Female genital mutilation/Cutting (FGM/C) among newcomer patients accessing SRH Services in Lampedusa



1.5 SWOT Analysis with a focus on health protection

Analysis of strengths, weaknesses, opportunities, and threats in health sector and overall objective of an Integrated Action Plan in Lampedusa borderland

Thanks to the commitment and actions carried out by the stakeholders involved the URBACT Local Group, a SWOT analysis of the health sector in the Lampedusa borderland has been developed, focusing on the unique challenges and opportunities presented by its geographical and socio-political context.

The analysis of the strengths, weaknesses, opportunities, and threats in health sector drove the ULG to set up the strategic objectives aimed to achieve the thematic overall objective identified at territorial level.

As previously mentioned, **in the territorial context of Lampedusa island access to healthcare service is a priority need and fundamental right for both newcomer migrants and local citizens.**

In a disadvantaged and isolated area like the island of Lampedusa, the right to health cannot be protected for either residents or newcomers without policies designed ad hoc. Indeed, if specific policies and strategies were not adopted - and designed based on the Lampedusa context - not only would the basic health needs of migrants not be met, but there would be a risk of overwhelming the health system by violating the island community's right to health. Based on these assumptions, **the overall goal is to protect physical and mental health of newcomers throughout their stay on the island, while improving the access to health for the local community.** Multi-level, multi-actor cooperation since 2023 on the island in the health sector has enabled the establishment of common and integrated intervention protocols and procedures that have improved access to health for newcomer and residents. Thanks to the synergy between different programs and the commitment of health stakeholders while at the same time investing new financial resources, it was possible above all to improve access to sexual and reproductive health services for migrant and local women. **Models, protocols and best practices initiated can be continued and monitored to improve the quality and efficacy of the system.** Moreover, the experimentation undertaken in Lampedusa can serve to encourage other similar border areas to embark on similar initiatives and to share data internationally to improve the international community's responses to the health problems of the newcomer population.



S

STRENGTHS

- Existing Infrastructure: **Lampedusa Polyclinic** (PTE/Poliambulatorio) and **Camper**
- **Dedicated and qualified Healthcare Professionals** provided by **Provincial Health Agency of Palermo** constantly visiting the island
- **Multi-stakeholders' protocols** in place to promote the access to health for newcomers and residents
- **Investment of financial resources in health care** by the relevant authorities at the national and regional levels, considering the specificities of the island
- **Pilot actions** successfully tested on the island to support the sexual and reproductive health (SRH) of women (migrants and non-migrants)
- **Research and monitoring activities** initiated specifically dedicated to the health sector

WEAKNESSES

- **Geographic isolation** of the island impacting on the availability of health services for residents and newcomers
- **Lack of a hospital**
- **Lack of a counselling centre** that can facilitate access to information to protect the SRH of the resident population
- **Lack of awareness** to the healthcare needs facing migrants upon arrival by the local community
- Lack of awareness of the universality dimension of the right to health protection by local community and stakeholders
- **Lack of specific skills** by health professionals (e.g. on Female Genital Mutilation/Cutting identification)

W

OPPORTUNITIES

- Designation of a councillor in charge of the health sector by the local authority
- Continue to create synergies and cooperation among different programs/projects implemented in Lampedusa by a variety of stakeholders operating at local, regional, national and international level
- Increase the completeness and accuracy of the data available for further researchers and analysis to improve the system
- Encourage other similar borderlands (Hotspots throughout Italy and Europe) to initiate or continue data collection
- Strengthening the availability and quality of SRH services as a shared priority and need for resident and newcomer population
- Training of health professionals on specific aspects relating SRH to improve the impact of the pilot activities carried out
- Creation of new opportunities of dialogue between the LA, the health stakeholders and local citizens on the right to health to enhance the public understanding of the ongoing programs

THREATS

- **Perceived competition** with the migrant population by the resident community in access to health care
- **Limited government funding** and reliance on external aid can make it difficult to sustain high-quality healthcare services in the long term
- **Political instability** and changes in immigration policies/legislation can create uncertainty and disrupt healthcare services
- **Human trafficking networks** can change their strategies over the time making more difficult to identify vulnerable cases
- The prevalence of an **emergency approach** to migration prevents the stable planning of policies in the health field for the benefit of migrants as well as residents
- **Migration** in the current European governance framework, is completely **unpredictable**. That arrivals on the island may decline or -more likely- triple and again saturate the system, which makes it very difficult to make any sound planning

STRENGTHS

WEAKNESSES

internal

- Existing basic infrastructure (Poliambulatorio + Camper)
- Regular presence of qualified health professionals
- Multi-stakeholder health access protocols
- Targeted national/regional health investments
- Successful SRH pilot actions for women
- Ongoing health research and monitoring

helpful

harmful

- Geographic isolation limiting service availability
- Absence of a hospital
- No SRH counselling centre
- Low awareness of migrants' health needs
- Limited understanding of universal right to health
- Gaps in specialised skills (e.g., FGM/C identification)

- Local councillor dedicated to health
- Stronger synergies across programmes and stakeholders
- Improved data quality for research and planning
- Model for data collection in other borderlands
- Expansion and improvement of SRH services
- Targeted SRH training for health professionals
- New dialogue spaces on the right to health

- Perceived competition with migrants for care
- Funding instability and reliance on external aid
- Policy and political volatility affecting services
- Evolving trafficking strategies hindering detection
- Emergency-driven migration approach blocking long-term planning
- Unpredictable migration flows risking system saturation

external

OPPORTUNITIES

THREATS

Section 2. Overall logic and integrated approach

2.1 A Theory of Change: *Health for All* in Lampedusa for Dignified Human Mobility, Territorial Solidarity and Social cohesion Integration strategies

The experience carried out since 2023 by the stakeholders involved in Lampedusa ULG led to identify the priority territorial challenges and an overall strategy to fulfil one of the commitments stated by the **Lampedusa Charter**: *to effectively implement universal access to Sexual and Reproductive Health coverage for all women and their children, regardless of migration status.*

The **Theory of Change (ToC)** methodology was applied to define the long-term vision, identify intermediate outcomes, determine short-term outputs, outline activities, identify underlying assumptions and engage stakeholders.

Overall vision for change:

Sexual and Reproductive Health for All Women and their children in Lampedusa for Dignified Human Mobility, Territorial Solidarity and Social cohesion

CHALLENGES

1. *Massive influx of migrants requires strengthened and adaptable SRH services*

The high and unpredictable arrival of migrant women has made it necessary to reinforce sexual and reproductive health (SRH) services on the island. This includes scaling up staff, equipment, and protocols to ensure that maternal, obstetric, and gynaecological care remains sustainable for all women, both newcomers and residents. Without expanded capacity, the protection of pregnant newcomer women risks overwhelming existing services.

Integrated challenges:

- Ensure sustainable obstetric and gynaecological care for all women
- Reinforce SRH services to manage fluctuating arrivals
- Balance resource allocation to avoid disparities in the right to health

2. *Protection of newcomer pregnant women risks saturating local services*

The need to guarantee safe, dignified care for pregnant migrant women during their stay can strain the island's limited obstetric and gynaecological resources. To avoid compromising the quality of care for resident women, equitable investment strategies are required. These must prevent the de-funding of successful local models while addressing acute emergencies linked to migration flows.

Integrated challenges:

- Ensure sustainable SRH care for both residents and newcomers
- Balance resource allocation to avoid disparities and maintain social cohesion

3. A multitude of actors operating at different governance levels makes the health system complex

Lampedusa's health response involves local authorities, regional and national institutions, NGOs, EU agencies, and international organisations. This multiplicity of actors creates fragmentation and operational complexity. Strengthening coordination mechanisms and building durable multi-stakeholder partnerships is essential to streamline governance and co-create solutions that benefit both newcomers and the local community.

- Integrated challenges:
- Simplify and improve coordination across governance levels
- Build durable multi-stakeholder partnerships that benefit residents and newcomers

OVERALL VISION FOR CHANGE

An evidence-based approach applies to Lampedusa theory of change.

The lesson learnt from existing research and evidence have informed and have been incorporated to the ToC.

Indeed, research conducted by the key territorial stakeholders being part of Lampedusa ULG highlighted that: evidence-based interventions based on needs assessment have improved healthcare for both migrants and the general population. More specifically, this research found that a multimodal strategy based on field assessment, enhancing coordination between actors and rolling-out of shared procedures has improved the effectiveness, efficiency and appropriateness of healthcare in Lampedusa, requiring a slight increase in resources. Remarkably, the healthcare reinforcing results is beneficial also for the general population.

Paving on these experiences, the following overall vision for change is shared by the territorial stakeholders:

To strengthen a multimodal strategy based on field assessment, enhancing coordination between actors and rolling-out of shared procedures to improve effectiveness, efficiency and appropriateness of women healthcare in Lampedusa to prioritize sexual and reproductive health care for both newcomer pregnant women and the island's women

AREAS OF INTERVENTION AND STRATEGIC OBJECTIVES

To achieve the desired change, intervention in the following area is required:

Area of Intervention 1 Sexual and Reproductive Health Services

- Strengthen and expand access to high-quality sexual and reproductive health (SRH) services integrated within primary healthcare.
- Promote political and institutional commitment to ensure SRH services remain essential and sustainably funded.

Area of Intervention 2 - Obstetric and Gynecological Emergency

- Establish resilient systems for preparedness and response to obstetric and gynecological emergencies, including standardized referral pathways and equipment maintenance plans.
- Secure long-term institutional and budgetary commitments to maintain emergency response capacities beyond project cycles.

Area of Intervention 3 - Multistakeholder Governance

- Strengthen the visibility and institutional anchoring of the "Lampedusa Model" to consolidate political, institutional, and community support.
- Ensure coordinated oversight, periodic review, and continuous improvement of the obstetric–gynecological triage protocol.
- Integrate within the governance model the early identification and protection of FGM/C survivors, continuous workforce development, and sustainability strategies.

Area of Intervention 4 - Health Workforce Trainings in SRH

- Strengthen the competencies of health workers in SRH, obstetric/gynaecological emergencies, and identification and care of FGM/C survivors.
- Institutionalize effective service-delivery practices through continuous professional development, peer-learning within local health systems, local protocols, supervision mechanisms, and community feedback systems.

A strategic objective has been identified for each area of focus.

Strategic Objective 1
Improving Access to
SRH Services for
Women

Strategic Objective 2
Strengthening Obstetric
and Gynecological
Emergency Preparedness
and Response

Strategic Objective 3
Promoting the 'Lampedusa
Model' by Fostering
Collaboration and
Communication Among All
Stakeholders

Strategic Objective 4
Enhancing the Capacity
of the Health Workforce
to Address SRH,
Including FGM/C

SMART OBJECTIVES AND ACTIONS

To outline the intervention strategy in more detail and realistically, the following question was sought to be addressed: what are the key milestones or changes that must occur to achieve the long-term vision? These should be measurable and achievable within a specific timeframe.

Consequently, the following smart objectives have been formulated in line with the strategic objectives.

Area of Intervention 1 – Sexual and Reproductive Health Services

Strategic Objective 1: to improve access to Sexual and Reproductive Health Services for Women.

Smart Objective 1: to expand the accessibility and improve the quality of SRH services in Lampedusa thanks to the strategic organization and integration of services provided by the 24-hours PTE and by the mobile clinic

Actions: integrate services at the 24-hour PTE and the mobile clinic to provide separate access for migrant and resident women, reducing wait times for residents; advocate for

ongoing support and funding for essential SRH services; and raise awareness among local women about available SRH services on the island.

Area of Intervention 2 – *Obstetric and Gynecological Emergency*

Strategic Objective 2: strengthening Obstetric and Gynecological Emergency Preparedness and Response

Smart Objective 2: to improve the effectiveness and efficiency of response to obstetrician and gynecological emergencies.

Actions: promote rapid obstetric and gynecological triage protocols as effective intervention models; scientifically validate collected data to assess system quality and provide recommendations; measure financial savings from proper helicopter rescue use following triage protocol; ensure sustained institutional and budgetary support for ongoing emergency response capacity.

Area of Intervention 3 – *Multistakeholder Governance of the health sector*

Strategic Objective 3: promoting the 'Lampedusa Model' by fostering Collaboration and communication among all stakeholders

Smart Objective 3: to strengthen stakeholder coordination in rapid obstetric and gynecological triage.

Actions: update protocols and cooperative agreements, enhance multi-stakeholder monitoring and data systems for triage; hold regular multi-actor meetings with health sector representatives; expand the network of stakeholders applying the Lampedusa Protocol; increase the visibility and institutional support for the Lampedusa Model; ensure coordinated oversight, regular review, and ongoing improvement of the triage protocol; incorporate early identification and protection of FGM/C survivors, workforce development, and sustainability into governance

Area of Intervention 4 – *Health Workforce Trainings in SRH*

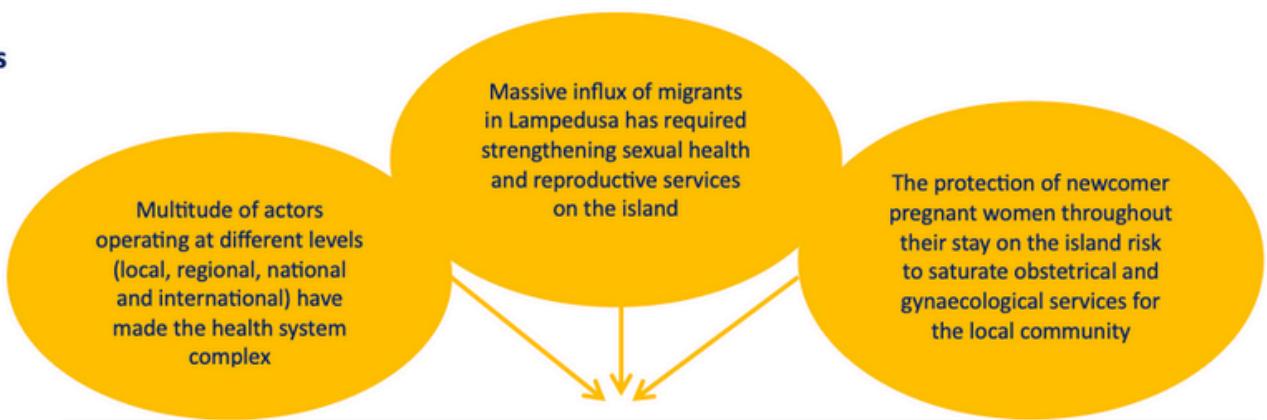
Strategic Objective 4: strengthen the Health Workforce's Ability to Address SRH, Including FGM/C

Smart Objective 4: to enhance the capacity of Lampedusa's health system in SRH, with a focus on early identification of victims and those at risk of FGM/C.

Actions: offer training to address existing skills gaps related to specific SRH topics; develop communication tools that are culturally appropriate and sensitive to gender; implement shared data systems and coordinated procedures among professionals from different institutions and organizations; provide specialized training for Lampedusa health professionals on FGM/C and strengthen referral mechanisms for identifying individuals with FGM/C; establish a cooperative mechanism with the 'migrants' counseling space' provided by Palermo ASP in Palermo.

Theory of Change – Sexual and Reproductive Health for All Women, Lampedusa ULG

Challenges



Vision

To strengthen a multimodal strategy based on field assessment, enhancing coordination between actors and rolling-out of shared procedures to improve effectiveness, efficiency and appropriateness of sexual and reproductive health care for both newcomer pregnant women and the island's women

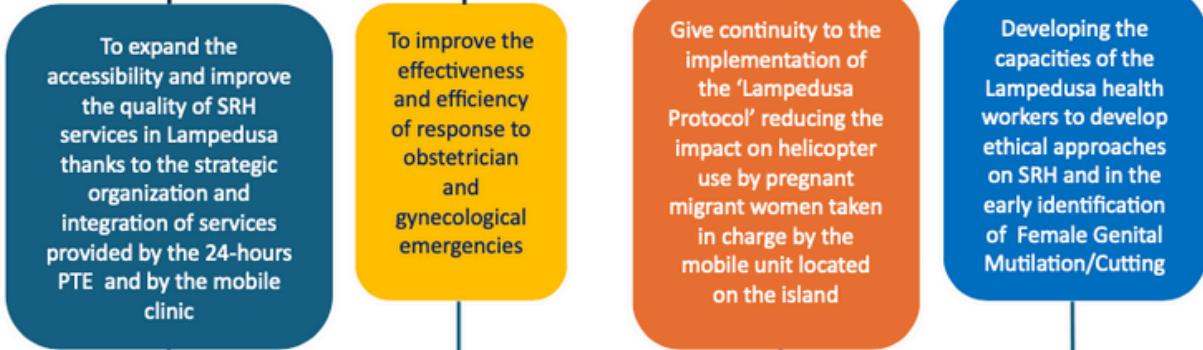
Strategic Objectives



Area of intervention



Specific Smart Objectives



Actions



Assumptions

The group identified key "if-then" statements that connect the proposed activities to the desired change.

If there is sustained political will and support from the regional and national government and from the EU institutions, **then** it will be possible to allocate adequate financial and human resources to implement and sustain the necessary interventions to address the sexual and reproductive health rights of pregnant women (e.g., staffing, equipment, infrastructure, medication).

If local communities are aware of the efforts posed at different institutional levels to guarantee the access to sexual and reproductive health to both residents and newcomers, **then** perception of competition in access to health services will be reduced.

2.2 Integration check

Complex problems are multi-faceted and can only be addressed by concerted action from a range of stakeholders deploying different actions and across boundaries. Investing in 'Sexual and Reproductive Health for All Women' policies in Lampedusa for dignified human mobility, territorial solidarity and social cohesion implies interventions in different fields of intervention and the involvement of stakeholders within and beyond health sector.

The overall vision for change encompasses different dimensions of integration.

The following integration assessment section aims at examining whether all types of integration are covered in the island and at assessing the extent of potential progress which could be achieved through the envisaged strategy.

Coherence with existing strategies



Description of the current situation

HIGH LEVEL of coherence with existing strategies:

- The **Municipality of Lampedusa and Linosa** has powerfully incorporated the issue of women's health within its political agenda by appointing a health councillor from among the members of the municipal council;
- The Italian Asylum, Migration and Integration Fund (FAMI 2021-2027) – SO 1 (Asylum) supports the procedures to access to SRH care services;
- The **NIHMP** - one of the relevant stakeholders - is a **World Health Organization** Collaborating Centre on Health and Migration Evidence and Capacity Building.

Envisaged strategy: strengthening strategy

The envisaged strategy is in line with:

- The **UCLG**'s 2022 Lampedusa Charter for Dignified Mobility and Territorial Solidarity adopted by the local authority;
- The EU Action Plan on Integration;
- The Italian Asylum, Migration and Integration Fund (FAMI 2021-2027) – Specific Objective 1 (Asylum)
- Strategies of the **Sicilian Region - Department for Strategic Planning of the Regional Department of Health** - and SEUS SCpA "The Sicily Emergency-Urgency Health Care."

Vertical integration



Description of the current situation

HIGH LEVEL of vertical integration:

Cooperation of the local government with different other levels of government at regional, national level with key institutions acting in the women's health sector; at international level with the European Union Agency for Asylum providing technical support to Lampedusa Hotspot; with humanitarian organizations such as the Italian Red Cross managing the hotspot.

Envisaged strategy: strengthening strategy

The envisaged strategy is expected to strengthen the vertical integration. The Lampedusa ULG gathers representatives of three different levels of government: the Municipal Authority, the health agency operating under the **Regional Government of the Sicilian Region** and the **NIHMP**, which is a national public institute established by Law n. 158/2012.

Horizontal integration across different policy areas



Description of the current situation

MEDIUM LEVEL of horizontal integration:

The issue of SR health on the island is linked to other policy areas. First and foremost, the reception system for asylum seekers and refugees with respect to which the level of integration is significant. Nevertheless, weak is the integration with other areas such as: the issue of mobility and transport which significantly influences access to health for citizens who for many specialist visits must travel far or be transferred by helicopter to a hospital facility; the education policies which not sufficiently invest in SRH issues and no plans to support the training of local professionals in health sector is existing; also the integration with social policies could be enhanced, especially in relation to abuse of substances and the empowerment of women and girls.

Envisaged strategy: supporting strategy

The envisaged strategy is expected to encourage the creation of horizontal integration in the field of co-creation with residents. By orienting health policies towards the needs of local citizens, it will be possible to create new forms of integration among different local policies: infrastructure and public works, social policies including equal opportunities, transportations and mobility, cultural and education policies.

Horizontal integration of cross-cutting goals



Description of the current situation

HIGH LEVEL of horizontal integration:

Due to the prevailing of emergency interventions to respond to the unpredictable arrivals of thousands of people on the island, it is not always possible to pay attention to the cross-cutting objectives that policies should pursue. However, significant attention was given to child protection and gender equality cross cutting goals.

Envisaged strategy: strengthening strategy

Child protection and rapid gynaecological and obstetric triage will be supported to continue to expand the right to sexual and reproductive health for women (migrants and residents); at the same time, the consolidation of the so called 'Lampedusa Protocol' is expected to carry on reducing the number of emergency helicopter transports, generating a positive impact on CO2 emissions

Horizontal integration: cooperation with local stakeholders



Description of the current situation

HIGH LEVEL of horizontal integration:

Thanks to the protocol and memorandum of understanding already signed, implemented and monitored, the level of horizontal cooperation among the local stakeholders operating in the health system in Lampedusa is positive and significant.

Envisaged strategy: strengthening strategy

The envisaged strategy is expected to reinforce and strengthening the protocols and memorandum of intervention in place in Lampedusa and, thanks to the continuous dialogue among the members of the Lampedusa ULG, the coordination mechanisms are expected to be further enhanced.

Horizontal integration: co-creation with residents



Description of the current situation

LOW EVEL of horizontal integration:

As evidenced by the main challenges identified and the SWOT analysis, a perception emerges on the part of the local community of not being involved in the planning and programming processes of the SR health services provided on the island.

Envisaged strategy: supporting strategy

The envisaged strategy is expected to encourage the creation of horizontal integration in terms of co-creation with residents of health policies. This is a key factor for successful strategies in the industry and for generating the desired change.

Territorial integration: cooperation with neighbouring municipalities



Description of the current situation

MEDIUM level of territorial integration:

Worthy of note is the fact that in the city of Palermo the **ASP**'s department for migrant health recently inaugurated a 'migrants' 'counseling space', in which all persons in need of counseling can be received, with the support of gynecologists and obstetricians, but also of psychologists, social workers and cultural mediators, who are suitably trained. Among the new services activated by the **ASP** one dedicated to the diagnosis of genital mutilation. Women who are transferred from Lampedusa to reception centres in Palermo can be looked after by the team working at the space.

Envisaged strategy: supporting strategy

The envisaged strategy is expected to encourage the creation of horizontal integration in terms of co-creation with residents of SRH policies. This is a key factor for successful strategies in the industry and for generating the desired change.

Balance between hard (physical) and soft (social) investments



Description of the current situation

MEDIUM level of balance:

So far, a good balance between the two types of investment has been observed. Indeed, in order to increase the provision of health services for migrants and residents, it has been necessary both to purchase new equipment (e.g. the camper van for the mobile health unit,

an ultrasound machine and other equipment to provide specialist examinations at the PTE) and at the same time to invest in human resources, both in terms of salaries and travel costs to ensure the presence of qualified staff working on the island.

Envisaged strategy: supporting strategy

The envisaged strategy is expected to contribute at improving the balance between hard (physical) and soft (social) investments by encouraging the organization of training and capacity building actions for the health professionals and activities fostering the dialogue with local citizens and their knowledge and awareness.

Integration over time



Description of the current situation

MEDIUM level of territorial integration:

In recent years, it has been noted that stakeholders have an adequate view of how short-, medium- and long-term actions take place. Although contiguous needs related to the influx of migrants to the island have been addressed, the memorandums and protocols signed have considered the needs of the local community and newcomer in the medium and long term.

Envisaged strategy: supporting strategy

The envisaged strategy is expected to encourage the relevant stakeholders to plan the health services by adopting a long-term approach. Dialogue and cooperation between the different actors will be further strengthened. Thanks to this dialogue, it will be possible to cope with changes that might occur such as - for example - changes along the migration route in the central Mediterranean that might lead to a change in the flow of newcomers and changes in migration policies and law.

Funding



Description of the current situation

HIGH LEVEL of horizontal integration:

Over the past years, it has been observed that a strategic approach has been adopted to the funding of health services in Lampedusa.

The synergies created among a variety of projects funded by different entities has allowed to perform strategic investments and to enhance the quality and efficacy of the health system. For example, the activities of the NIHMP in Lampedusa are funded also through the national Law 50/2023 - the so called 'Decreto Flussi' ('Flow Decree').

Envisaged strategy: strengthening strategy

The envisaged strategy is expected to further encourage the relevant stakeholders to create synergies through different actions, projects and programs.

Attention will be paid to the issue of the financial sustainability of health services on the island of Lampedusa during the group's working meetings.

INTERVENTION AREA

Sexual and Reproductive Health Services

STRATEGIC OBJECTIVE 1

To improve access to Sexual and Reproductive Health Services for Women



Lead
ASP Palermo
(Sicilian Region)

Key Partners
Italian Red Cross,
Municipality of
Lampedusa and Linosa

Resources/Assets

- Dedicated SRH staff (obstetricians, gynaecologists, nurses) for both pathways
- Mobile Clinic operational costs (maintenance, equipment)
- Clear signage and communication materials in multiple languages
- Coordination staff to manage scheduling and flow
- Data collection tools to monitor waiting times and service use

Section 3. Activity Planning

Activity 1.1

Maintain differentiated access pathways for migrant women and resident women to the Mobile Clinic and the PTE (Poliambulatorio), ensuring parallel, non-competing routes to SRH services



Intended Result

Waiting times for resident women at the PTE decrease, and migrant women receive timely SRH triage through a dedicated pathway, reducing bottlenecks and improving service flow for both groups

Risk

High seasonal pressure (tourism peaks or mass landings) may overwhelm staff capacity, leading to a collapse of differentiated pathways and renewed competition for access to SRH services

INTERVENTION AREA

Sexual and Reproductive Health Services

STRATEGIC OBJECTIVE 1

To improve access to Sexual and Reproductive Health Services for Women

Activity 1.2

Organise information days and outreach sessions for resident women on SRH rights, available services, and preventive care



Intended Result

Resident women increase their awareness of SRH rights, available services and preventive care, and participate more actively in screenings and SRH initiatives, while experiencing a reduced sense of competition with migrant women for access to health services

Lead

Municipality of Lampedusa and Linosa

Key Partners

ASP Palermo, Italian Red Cross, local and international no profit organizations

Resources/Assets

- Health educators and SRH specialists
- Communication materials
- Venue (PTE, municipal spaces, community centres)
- Outreach staff for mobilisation and community engagement
- Small budget for logistics (materials, refreshments, transport)

Risk

Low participation of resident women due to limited availability, mistrust, or competing priorities may reduce the impact of the outreach and fail to mitigate perceived competition with migrant women

INTERVENTION AREA

Sexual and Reproductive Health Services

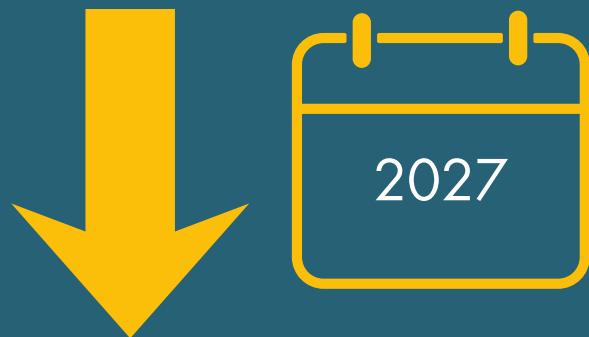
Activity 1.3

STRATEGIC OBJECTIVE 1

To improve access to Sexual and Reproductive Health Services for Women



Convene a multistakeholder round table to secure political and institutional commitment for the long-term sustainability of SRH services, including the mobile clinic



Lead

Municipality of Lampedusa and Linosa

Key Partners

ASP Palermo, Italian Red Cross, NIHMP, UNHCR, NGOs

Resources/Assets

- Facilitation and coordination staff
- Meeting venue and equipment (audio, projector, documentation tools)
- Administrative support for drafting minutes, commitments, follow-up
- Participation of institutional actors
- Policy briefs and evidence summaries to support decision-making

Intended Result

A shared political commitment is formalised, ensuring continued funding and institutional support for SRH services, including the mobile clinic

Risk

Institutional turnover or shifting political priorities may delay decision-making or weaken commitment, jeopardising long-term funding and continuity of SRH services

INTERVENTION AREA

Obstetric and Gynecological Emergency

STRATEGIC OBJECTIVE 2

Strengthening Obstetric and Gynecological Emergency Preparedness and Response

Activity 2.1

Ensure full implementation and operational continuity of the Rapid Obstetric-Gynaecological Triage Protocol at landing and at the Mobile Clinic/PTE (Poliambulatorio)



Lead

Italian Red Cross

Key Partners

ASP Palermo, Cost Guard,
UNHCR, Agrigento
Prefecture, EUAA,
NIHMPS, NGOs

Resources/Assets

- Trained obstetric/gynaecological staff available 24/7
- Mobile Clinic and PTE equipped with ultrasound and triage tools
- Updated triage forms and digital data systems
- Helicopter evacuation coordination mechanisms
- Continuous supply of medical consumables

Intended Result

All newly arrived pregnant women are systematically assessed through the protocol, enabling earlier detection of complications and reducing inappropriate emergency transfers

Risk

Shortages of specialised staff or interruptions in Mobile Clinic operations may compromise consistent application of the protocol, reducing its effectiveness

INTERVENTION AREA

Obstetric and Gynecological Emergency

STRATEGIC OBJECTIVE 2

Strengthening Obstetric and Gynecological Emergency Preparedness and Response

Activity 2.2

Conduct continuous monitoring, data collection and scientific validation of the protocol



Intended Result

Evidence-based data confirms the protocol's effectiveness, demonstrating improved triage accuracy and reduced helicopter evacuations

Lead

ASP Palermo (Sicilian Region)

Key Partners

Italian Red Cross, NIHMP, UNIPA, Columbia University, other Universities

Resources/Assets

- Data analysts and research partners
- Standardised data collection tools and software
- Access to anonymised clinical records
- Staff time for reporting and validation meetings
- Ethical and data protection compliance support

Risk

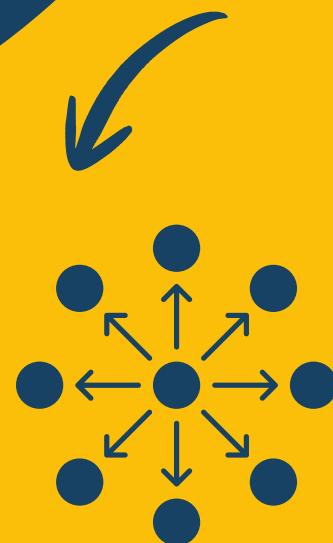
Incomplete or inconsistent data collection due to workload constraints may limit the reliability of monitoring and hinder scientific validation

INTERVENTION AREA

Obstetric and Gynecological Emergency

STRATEGIC OBJECTIVE 2

Strengthening Obstetric and Gynecological Emergency Preparedness and Response



Lead NIHMP

Key Partners

ASP Palermo, Municipality of Lampedusa and Linosa, Italian Red Cross, UNHCR, universities, BTIN

Resources/Assets

- Communication specialists
- Production of policy briefs, infographics, and reports
- Participation in conferences, webinars, and policy labs
- Translation services
- Media and institutional communication channels

Activity 2.3

Disseminate results and evidence institutional partners and national/EU networks to reinforce political support and resource allocation



Intended Result

The protocol gains visibility and institutional recognition, strengthening political support and facilitating resource mobilisation for its continuation

Risk

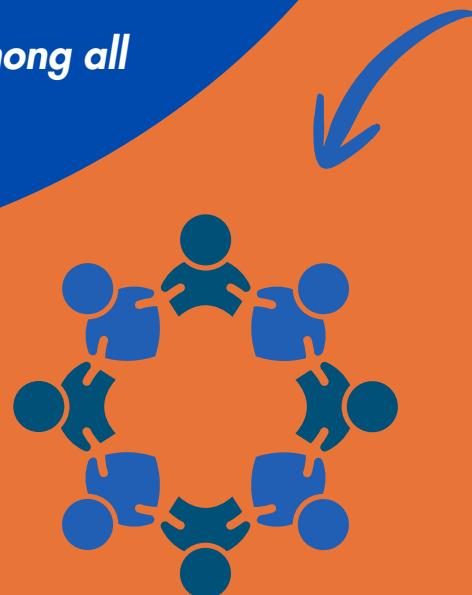
Insufficient communication capacity or delays in producing evidence summaries may reduce visibility and weaken opportunities for political support and resource mobilisation

INTERVENTION AREA

Multistakeholder governance of the health system

STRATEGIC OBJECTIVE 3

Promoting the 'Lampedusa Model' by fostering Collaboration and communication among all stakeholders



Lead
Municipality of Lampedusa and Linosa

Key Partners

ASP Palermo, Italian Red Cross, NIHMP, Coast Guard, UNHCR, NGOs

Resources/Assets

- Meeting facilitation and coordination staff
- Shared calendar and communication platform
- Meeting venue or online meeting tools
- Administrative support for documentation and follow-up

Activity 3.1

Hold regular multi-actor coordination meetings among all stakeholders involved in the Lampedusa Model



Intended Result

Stakeholders share updated information, align procedures and resolve operational issues more rapidly, improving coordination across the health and reception system

Risk

Irregular participation of key stakeholders (due to workload, emergencies, or institutional fragmentation) may undermine coordination and slow down problem-solving

INTERVENTION AREA

Multistakeholder governance of the health system

STRATEGIC OBJECTIVE 3

Promoting the 'Lampedusa Model' by fostering Collaboration and communication among all stakeholders



Lead

ASP Palermo (Sicilian Region)

Key Partners

Municipality of Lampedusa and Linosa, Italian Red Cross, NIHMP, UNHCR, Agrigento Prefecture, EUAA, IOM, etc.

Resources/Assets

- Legal and administrative expertise for drafting agreements
- Technical working groups for protocol revision
- Data-sharing infrastructure

Activity 3.2

Update, renew and expand the Lampedusa Protocol and related Memoranda of Understanding, integrating additional stakeholders and strengthening joint monitoring and data-sharing mechanisms



Intended Result

The governance framework is strengthened and expanded, ensuring clearer roles, improved data-sharing and broader institutional participation in the Lampedusa Model

Risk

Legal or administrative delays in renewing agreements — including turnover of legal representatives following elections or institutional restructuring — may create gaps in cooperation frameworks, affecting continuity of shared procedures and joint implementation

INTERVENTION AREA

Health Workforce Trainings in Sexual and Reproductive Health

STRATEGIC OBJECTIVE 4

Strengthening Health workforce capacities on SRH and Female Genital Mutilation/Cutting

Activity 4.1

Develop and deliver multicultural and multi-ethnic training modules for health staff on SRH, trauma-informed care, and FGM/C identification and management



Lead

ASP Palermo (Sicilian Region)

Key Partners

Specific Departments of Palermo ASP (UOS Medicina delle Migrazioni, Dipartimento Salute della Famiglia), Family Counselling Centers of Palermo Province, Centre for the Treatment of the Consequences of Violent Relationships CEFVAS, NGOs and associations (eg. AMREF, MSF), IOM, Italian Red Cross, UNIPA-Policlinico, Arnas Civico, Palermo Municipality, Columbia University

Resources/Assets

- Training materials and curricula
- Venue for training sessions
- Staff time for participation
- Evaluation tools (pre/post tests, feedback forms)
- Training experts on SRH, migration, trauma-informed care, and FGM/C

Intended Result

Health professionals improve their ability to identify SRH needs and FGM/C cases, leading to more accurate referrals and culturally competent care

Risk

High staff turnover or limited availability of health personnel may reduce training participation, limiting the overall improvement in SRH and FGM/C competencies

INTERVENTION AREA

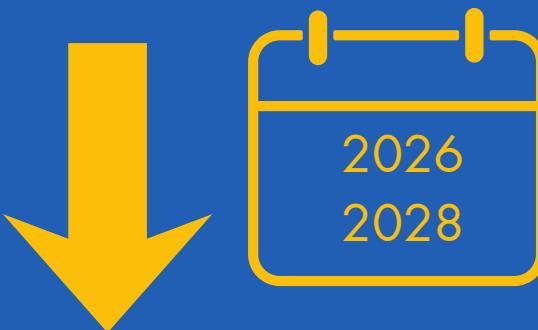
Health Workforce Trainings in Sexual and Reproductive Health

STRATEGIC OBJECTIVE 4

Strengthening Health workforce capacities on SRH and Female Genital Mutilation/Cutting

Activity 4.2

Establish a structured cooperation mechanism between local health services and the “migrants’ counselling space” of ASP Palermo to support referral, case management and culturally sensitive communication



Intended Result

A functional referral pathway is established, enabling coordinated case management and improved support for migrant women with complex SRH or FGM/C-related needs

Resources/Assets

- Referral tools and shared communication channels
- Cultural mediators and counsellors
- Case management staff
- Secure data-sharing mechanisms

Risk

Lack of clear referral protocols or insufficient cultural mediation resources may hinder effective collaboration and reduce the quality of case management



Section 4. Implementation Framework

Governance

**Stakeholder
Engagement**

**Overall costings
and funding
strategy**

Overall timeline

Risk assessment

**Monitoring &
Reporting**

4.1 GOVERNANCE

The overall responsibility for steering, coordinating and ensuring the effective implementation of the **Integrated Action Plan Health for All in Lampedusa** lies with the **Municipality of Lampedusa and Linosa**. The Municipality acts as the lead authority for the IAP, guaranteeing institutional continuity, political ownership and alignment with local priorities.



A strategic role is assigned to the **Municipal Councillor for Health**, who holds the delegated responsibility for coordinating all health-related interventions on the island. In this capacity, the Councillor ensures continuous dialogue and operational alignment with all competent institutions, including **ASP Palermo (Sicilian Region)**, **NIHMP**, the **Italian Red Cross**, the **Coast Guard** and other national and regional authorities involved in health service provision and migrant reception.

Through this leadership role, the Municipality supervises the implementation, monitoring and periodic updating of the various **protocols** and **Memoranda of Understanding** that have progressively shaped what is now recognized as the Lampedusa Model. This model is grounded in a **multi-actor, multi-level collaboration** that integrates emergency response, preventive care and long-term health system strengthening for both residents and newcomers.

The decision of the Municipality to assign a dedicated political mandate to health matters reflects a dual commitment:

- on the one hand, it acknowledges the centrality of health for the well-being, resilience and social cohesion of the island community
- on the other, it expresses a clear political choice to invest in the health sector as a means to safeguard the rights and dignity of both local residents and newly arrived migrants.

This governance structure ensures that the IAP is embedded within a stable institutional framework, capable of coordinating complex interventions, mobilising partners and sustaining the long-term evolution of the Lampedusa Model beyond the URBACT network's lifetime.

4.2 STAKEHOLDER ENGAGEMENT

The **URBACT Local Group** (ULG), established during the network's lifespan, will continue to operate as the key participatory mechanism supporting the implementation of the Integrated Action Plan. Its role evolves from co-design to continuous engagement, ensuring that dialogue among stakeholders remains active, structured and constructive throughout the delivery phase and beyond.

The Lampedusa ULG will continue to work through a combination of formats:

- collective meetings
- smaller working clusters
- bilateral and multilateral exchanges among institutions, professionals and community actors

This **flexible architecture** allows stakeholders to address emerging needs, coordinate operational aspects and maintain a shared understanding of priorities.

The ULG's core functions remain central to the participatory governance of the IAP:

- co-design and refinement of implementation activities
- contribution to data collection and monitoring
- facilitation of dialogue between institutions and the local community
- support to communication, awareness-raising and public engagement
- participation in periodic reviews and updates of the IAP
- activation of thematic working groups when needed, ensuring focused and specialised collaboration

Through this continued engagement, the ULG ensures that the **participatory approach** initiated under URBACT becomes a long-term governance practice, reinforcing trust, transparency and shared responsibility across all actors involved in the Lampedusa Model.

Importantly, all four strategic objectives of the IAP rely on sustained multistakeholder collaboration. The integrated nature of the Lampedusa Model requires coordinated action across institutions, sectors and levels of governance.

Moreover, the third strategic objective is explicitly dedicated to strengthening this collaborative ecosystem, recognising that durable cooperation is a precondition for improving access to health services for both residents and newcomers.

The implementation of the Lampedusa Model relies on a wide ecosystem of actors operating at local, regional, national and international levels.

These include local public authorities, regional and national health institutions, security and emergency forces, international organisations, academic partners, local associations and humanitarian NGOs.

Their coordinated contribution forms the backbone of the multi-stakeholder approach underpinning all four strategic objectives of the IAP, with the third objective explicitly dedicated to strengthening this collaborative architecture.



4.3 OVERALL COSTINGS AND FUNDING STRATEGY

The implementation of the Integrated Action Plan Health for All in Lampedusa requires a **long term, diversified and realistic funding strategy**.

The financial architecture of the IAP is designed to combine local commitment with regional, national and European resources, ensuring continuity and sustainability beyond the URBACT network's lifetime.

The estimated costs of the IAP are organised into four main areas of intervention:

1. **Strengthening sexual and reproductive local health services**, including specialist care, emergency response capacity and proximity-based services;
2. **Prevention and screening programmes**, with a focus on early detection and outreach to pregnant women and vulnerable groups;
3. **Governance, communication and community engagement**, ensuring transparency, participation and shared ownership of the IAP;
4. **Training and capacity building**, supporting the continuous evolution of the Lampedusa Model.

To support these areas, the **Municipality of Lampedusa and Linosa** will develop a comprehensive funding plan, drawing on the tools and methodologies provided by URBACT. This plan will identify available funding streams, match them with specific actions and establish a multi-year financing strategy.

Potential funding sources include:

- **Regional and national health budgets**, particularly through ASP Palermo and the Sicilian Region;
- **National programmes** supporting health equity, emergency response and remote-area healthcare;
- **European Union funding**, including AMIF, EU4Health, Horizon Europe, Erasmus+ and other relevant programmes;
- **Partnerships** with international organisations, foundations and philanthropic actors;
- **Local co-financing**, particularly for governance, communication and community-based activities.

The funding strategy is conceived as a living component of the IAP: it will be updated regularly by the Municipality, in coordination with institutional partners, to respond to emerging opportunities and ensure the long-term sustainability of the Lampedusa Model.

Area of Intervention	Estimated Cost (2026-2028)	Potential Funding Sources
1. Sexual and Reproductive Health Services	400,000 € (estimation based on previous multi-stakeholder protocols (eg. FAMI Prog. 3928)	NHIMP, ASP Palermo (Sicilian Region), Ministry of Interior (national AMIF Program), EU4Health Program
2. Obstetric and Gynecological Emergency		
3. Multistakeholder governance of the health system	40,000 €	Horizon Europe, AMIF (EU level, Erasmus+, Municipality of Lampedusa and Linosa
4. Health Workforce Trainings in SRH/FGM/C	310, 000,00 €	ASP Palermo (Sicilian Region) - Resources allocated by the National Programme "Equità nella Salute" 2021-2027 Co-funded by the European Union

4.4 OVERALL TIMELINE

2025

2026

2027

2028

SRH Services provided to migrant women and residents applying the Obstetric Triage and promotion of the Lampedusa Model

Multicultural training module creation

Starting of the training programme and data collection

Lampedusa Model validation continuous training

Relaunch of the protocol and renewal of the MoU

4.5 RISK ASSESSMENT

The implementation of the Integrated Action Plan Health for All in Lampedusa requires careful consideration of the risks that may affect the timely and effective delivery of activities. The island's structural constraints, combined with fluctuating migration flows and limited local resources, create a complex operational environment.

The risks identified at the level of individual actions in Section 3 converge into a set of cross-cutting threats that may impact the IAP as a whole. These risks are summarised below, together with their estimated likelihood, potential impact and planned mitigation measures.

Overall Risk Matrix

Risk Category	Description	Likelihood	Impact	Mitigation Measures
Human Resources and staff turnover	High rotation of medical staff, difficulty attracting specialists, limited availability of personnel for training and protocol implementation	High	High	Standardised protocols; continuous training; incentives for retention; collaboration with ASP Palermo, NHIMP, and Italian Red Cross to ensure coverage
Saturation of local health services	Peaks in arrivals, seasonal tourism pressure and simultaneous needs of residents may overload the Poliambulatorio and emergency services	High	High	Reinforcement of mobile units; clear triage pathways; coordination with ASP Palermo, CRI, 118 Emergency Unit, EUAA, Coast Guard ; flexible deployment of additional staff
Administrative delays and bureaucratic complexity	Slow approval processes, delays in procurement, and limited administrative capacity at local level	Medium	Medium	Early planning; dedicated administrative support; regular coordination with regional and national authorities

Risk Category	Description	Likelihood	Impact	Mitigation Measures
Funding gaps or discontinuity	Dependence on external funding (regional, national, EU) may create uncertainty for long term sustainability	Medium	High	Diversified funding strategy; proactive participation in EU calls; periodic update of the funding plan; partnerships with NGOs
Logistical and infrastructural constraints	Transport disruptions, limited connectivity with Sicily, and vulnerability to weather conditions affecting evacuations and supply chains	Medium	High	Strengthened coordination with Coast Guard and 118 ; contingency planning; investment in local diagnostic capacity
Community perceptions and social tensions	Risk of negative narratives or resistance from residents if services appear unbalanced between newcomers and locals	Medium	Medium	Transparent communication; participatory processes through the ULG; community events and awareness campaigns
Inter-institutional coordination gaps	Misalignment between actors (ASP , NIHMP , CRI , Coast Guard , UN HCR) may slow implementation	Medium	High	Strengthened governance led by the Municipality; regular coordination meetings; updated protocols and MoUs
Data collection and Monitoring Challenges	Fragmented data sources, limited digital tools, and inconsistent reporting across institutions	Medium	Medium	Shared indicators; joint monitoring framework; regular reporting by the Municipality
Legal - regulatory changes, political changes	National or regional policy shifts may affect reception procedures, health entitlements or funding streams, including local elections	Medium	High	Continuous monitoring of regulatory developments; adaptation of protocols; advocacy through URBACT and national networks

4.6 MONITORING AND EVALUATION FRAMEWORK

The **monitoring and evaluation (M&E) system** of the Integrated Action Plan Health for All in Lampedusa is designed to ensure accountability, transparency and continuous learning throughout the implementation period. It provides a structured approach to track progress toward the strategic objectives, assess the effectiveness of actions and support evidence-based decision-making.

The M&E framework builds on the SMART objectives defined in the IAP and translates them into measurable indicators, with clearly identified sources of verification, responsibilities and reporting timelines. It also integrates the multi-stakeholder dimension of the Lampedusa Model, ensuring that data collection and analysis are shared across institutions.

The M&E system aims to:

- measure progress toward the four strategic objectives of the IAP
- assess the effectiveness and quality of the Lampedusa Model
- ensure that improvements benefit both residents and newcomers
- support adaptive management through regular feedback loops
- strengthen inter-institutional coordination and data sharing
- provide evidence for updating protocols, MoUs and operational procedures

Indicators, Sources of Verification and Responsibilities

Below is a consolidated set of indicators aligned with the expected results and strategic objectives of the IAP.

Strategic Objective 1

Strengthening access to health services for residents and newcomers

Indicator: Number of specialist services available on the island

Definition / Target: Increase or maintain >20 services annually

Source of Verification: ASP Palermo service registry

Frequency: Annual

Responsible Actor: ASP Palermo

Indicator: Number of emergency evacuations (helicopter flights)

Definition / Target: Reduction compared to 2022–2023 baseline

Source of Verification: 118 Emergency Service logs

Frequency: Quarterly

Responsible Actor: ASP Palermo, 118

Indicator: Waiting time for triage of newcomers

Definition/Target: Average time from landing to first medical assessment

Source of Verification: CRI triage records; Hotspot logs

Frequency: Monthly

Responsible Actor: CRI, ASP Palermo

Indicator: Number of residents accessing prevention screenings

Definition/Target: Annual increase of participation rates

Source of Verification: ASP screening reports; Open Day data

Frequency: Annual

Responsible Actor: ASP Palermo, Municipality

STRATEGIC OBJECTIVE 2

Strengthening Obstetric and Gynecological Emergency Preparedness and Response

Indicator: Number of pregnant migrant women receiving SRH triage

Definition/Target: 100% of identified cases

Source of Verification: Mobile unit records;

Frequency: Monthly

Responsible Actor: ASP Palermo, Italian Red Cross

Indicator: Number of screenings performed (mammography, HPV, etc.)

Definition/Target: Annual increase

Source of Verification: Poliambulatorio and ASP Open Day reports

Frequency: Annual

Responsible Actor: ASP Palermo

Indicator: Number of health promotion events

Definition/Target: Minimum 1 per year

Source of Verification: Municipality event calendar

Frequency: Annual

Responsible Actor: Municipality, NGOs

STRATEGIC OBJECTIVE 3

Promoting the 'Lampedusa Model' by fostering Collaboration and communication among all stakeholders

Indicator: Number of coordination meetings (bilateral, multilateral, thematic groups)

Definition/Target: Regular meetings across formats

Source of Verification: Meeting minutes

Frequency: Every semester

Responsible Actor: Municipality

Indicator: Number of updated or newly adopted protocols/MoUs

Definition/Target: At least one update

Source of Verification: Official documents

Frequency: Two-yearly

Responsible Actor: Municipality, ASP Palermo, NIHMP

Indicator: Community perception of health services

Definition/Target: Improvement over time

Source of Verification: surveys, focus groups

Frequency: Annual

Responsible Actor: Municipality, Associations

STRATEGIC OBJECTIVE 4

Strengthening Health workforce capacities on SRH and Female Genital Mutilation/Cutting

Indicator: Number of training sessions for staff operating in Lampedusa

Definition/Target: Minimum 2 per year

Source of Verification: Training registers

Frequency: Annual

Responsible Actor: ASP Palermo

Indicator: Number of women and girls screened for FGM-related complications

Definition/Target: This indicator measures the number of migrant women and girls who receive a clinical assessment for potential complications related to Female Genital Mutilation (FGM) during their stay in Lampedusa. Screening is conducted as part of the obstetric and gynaecological triage pathway

Methodology: screening must be voluntary, confidential, culturally sensitive, and carried out by trained female health professionals whenever possible.

The monitoring and evaluation system will combine continuous data collection with two structured assessment moments over the implementation period.

Data for each indicator will be gathered on an ongoing basis, following the specific timelines defined in the M&E framework, and shared regularly within the governance structure to support adaptive management.

This continuous flow of information will feed into a mid-term evaluation in 2027 and a final evaluation in 2029.

Glossary

AMIF / FAMI - Asylum, Migration and Integration Fund / Fondo Asilo Integrazione e Migrazione

AMREF - African Medical and Research Foundation

ARNAS - Azienda di Rilievo Nazionale ed Alta Specializzazione

ASP - Azienda Sanitaria Provinciale (Provincial Health Assembly)

BTIN - Border Towns and Islands Network

CEFPAS - Centro per la formazione permanente e l'aggiornamento del personale del servizio sanitario

CI - Confidence Interval

CRI - Croce Rossa Italiana (Italian Red Cross)

EASO - European Asylum Support Office

EUAA - European Union Agency for Asylum

Europol - European Union Agency for Law Enforcement Cooperation

FGM/C - Female genital mutilation/cutting

Frontex - European Border and Coast Guard Agency

HPV - Human Papilloma Virus

IAP - Integrated action plan

IOM - International Organization for Migration

M&E - Monitoring and Evaluation

MGPI - United Nations Development Program Multidimensional Global Poverty Index

MSF - Médecins Sans Frontières

NGO - non-governmental organization

NIHMP - National Institute for Health, Migration and Poverty

OR - Odds Ratio

P - p-value

PICUM - Platform for Undocumented Migrants

PTE - Presidio Territoriale di Emergenza (Territorial Emergency Point)

SD - Standard Deviation

SEUS - Sicilia Emergenza-Urgenza Sanitaria SCpA

SMART - Specific, measurable, achievable, relevant, and time-bound indicators

SOD - Servizio Oncologico Decentrato (Decentralised Oncology Service)

SRH - Sexual and reproductive health

SUBLIME SDGs – SDGs (Sustainable Development Goals) Unite Border communities as Leaders of Inclusiveness, Mobilisation and Empowerment

SWOT - Strengths, Weaknesses, Opportunities and Threats

TB - Tuberculosis

ToC - Theory of Change

UCLG - United Cities and Local Governments

ULG - URBACT Local Group

UNHCR - United Nations High Commissioner for Refugees

UNIPA - Università degli Studi di Palermo

UOS - Unita' Operativa Semplice

WELDI - Welcome and Empowerment for Local Dignified Integration

WHO - World Health Organization