

Transnational Exchange IV

Findings from the field trip to Accra, Ghana, 24-28th June 2019

The Transnational Exchange project IV offered a field trip to Accra, Ghana for four counsellors from different European countries. The field trip offered the counsellors a possibility to learn more about the reintegration process and the conditions in the country of return – at the same time the participants were able to share more information about the AVRR systems in the different European countries.

The field trip was hosted by AG Care Ghana, a faith-based non-governmental organisation (formerly Assemblies of God Relief and Development Services AGREDS). AG Care is also the local service delivery partner for returnees under the ERRIN program (with Caritas International Belgium as the focal point). The primary activities of AG Care focus on three thematic areas: livelihood empowerment, education and health.

The Transnational Exchange IV team is very grateful for the excellent cooperation and the knowledge shared by the staff of AG Care.

During the field trip the participants learned more about the general health system, business start-up and trainings and the migration history of Ghana and how it might affect the situation of returnees. Besides that the participants met former returnees and learned about their experience as well as how returnees organized themselves to support each other and raise awareness amongst the population about the risks of migration.

This report presents four different topics which were summarized by the participants. Its aim is to present some conclusions, new aspects or points to consider while counselling returnees. It is not aiming to be a comprehensive report about the general situation in Ghana¹, but rather pointing out certain aspects which could be important when counselling returnees to Ghana. The report was sent to AG Care for review before being published.

Each chapter is focused on the perspective of a returnee and highlights challenges and helpful information:

- Migration to Ghana
- Health care and available support
- Professional reintegration
- Reintegration service provided and experience of returnees

¹ For a report about important aspects for vulnerable returnees, please visit [https://www.caritas-augsburg.de/cms/contents/caritas-augsburg.de/medien/dokumente/hilfe-und-beratung/transnationaler-aust/travel-report-ghana1/travel report ghana from transnational exchange iii project.pdf?d=a&f=pdf](https://www.caritas-augsburg.de/cms/contents/caritas-augsburg.de/medien/dokumente/hilfe-und-beratung/transnationaler-aust/travel-report-ghana1/travel%20report%20ghana%20from%20transnational%20exchange%20iii%20project.pdf?d=a&f=pdf)

Migration in Ghana

by Binta Kaba (Fedasil, Belgium)

The field trip included also one session about the migration in past and present in Ghana. Professor John Anarfi, a professor at the University of Ghana Legon, provided an overview on the migration patterns as well as challenges occurring from migration to and from Ghana.

Having more knowledge on the migration context in Ghana will help to understand migration processes in a better way.

Migration in West African countries dates well before the colonial period, but it is from the colonial period that it has grown. This situation resulted from a relative peace that prevailed in the region after the end of tribal wars and the establishment of better lines of communication.

Most of the migrants by that time were Malian, Ghanaian and Nigerian. Their activities continued from the precolonial era in the early 1970s. Subsequently, they were driven out by different causes like arms, the Aliens Compliance Ordinance or the promulgation of Law No. 334 of August 1, 1970. on business promotion in Ghana.

From the late nineteenth century to the second half of the twentieth century, the country attracted many migrants. These are mostly single young adult men who have mainly turned to agriculture and mining. Ghana has always been a country to which people from other West African countries are attracted because Ghanaians themselves do not want to work in the mines –hard physical work is seen as less desirable and people feel to be over-qualified for that sector. Nationals from Burkina Faso, Sierra Leone and Côte d'Ivoire also came to Ghana.

After independence in 1957, Ghana's wealth continued to attract migrants. The government had focused its foreign policy on the promotion of Africanism. It has become a refuge for African and Africanist freedom fighters. In 1960, the census counted 12% of the population. African migrants accounted for 98% of the foreign population.

Migratory movements in Ghana are not only related to labour migration or seasonal migration, they are also determined by the distribution of economic opportunities.

Ghana also has an internal migration that has been influenced by a series of community factors, individual, domestic and national, which have increased the high rate of population growth and especially the rate of domestic labour.

Another influencing factor is rural migration / urban migration that has occurred as a result of urban policies that have contributed to a large income gap between urban and rural areas. It is the reforms initiated in 1983 and the macroeconomic and sectoral policies that have contributed to the improvement of the terms of trade for the rural sector, favouring the rural exodus. However, this exodus is also due to the depressing living conditions of part of this population.

Isolated migrants base their choice of destination on the opportunities available to the areas of life where they will feel better because living conditions prevail over the economic conditions for this part. Nevertheless, in itself, internal migration in the country is mainly motivated by the marked differences between levels of poverty between the north and the south, investments in

infrastructure such as water supply or medical services, road networks and their respective capacities to respond to new economic opportunities.

Ghana's socio-economic development has created three distinctly identified geographical areas that are:

a) the coastal areas dominated by Accra-Tema and Sekondi-Takoradi

It is the most industrialized and urbanized part of the country. At the beginning of the last century has been the center of concern because of internal migration. In 1927 the opening of the Takoradi port on the high seas made Sekondi-Takoradi a focal point for migrants in addition to Accra along the coast. In the 1960s, the development of the port and township of Tema changed the focus of migration to the Accra-Tema metropolitan area.

b) The middle zone with Kumasi as the center

With its forest, mining and agricultural potential, this area was the center of the old Ashanti empire. With its natural contribution, the middle belt became a zone of rapid socio-economic development. In the 1980s Kumasi, capital of the Ashanti region, became a dominant center in the country and the center of migration of the savanna belt.

c) The northern savanna zone.

This area is about half of Ghana's area and has so far been a suitable migration area. Its seasonal rainfall, lack of large-scale industrial activities and general neglect the region has provided work for cocoa and mining industries in the middle zone and the developed coastal zone.

Crowds in the coastal zone and in the middle zone created focal points for migration, first within the country and then out of the country. In the 1960s, the rapid expansion of the economy also gave impetus to international migration.

At the end of the 1980s, migration accounted for about half of working-age men, and 15% of working-age women in southern Ghana for at least one year (Cleveland, 1991). According to the World Bank's "The Voice of the Poor" report on Ghana, young people in urban and rural areas have no choice but to leave their homes in search of work, since remittances is likely to make the difference between food security and a lack of it for their families (Kunfaa 1999).

In addition to the factors mentioned above, family issues also contributed to the migration. Women migrate to join their husbands. A national survey conducted by Ghana's statistical services in 1995 found that as much as 64% of the rural-urban migrant population moved to their families who already stayed in a different place. Similarly, data from the Living Standards Survey in Ghana 1997 / 98 show that 60% of migrants reported marriage or other family reasons for their migration, with only 25% reporting work reasons.

Barriers to international migration have also influenced labour migration and urbanization in the country. As people in rural areas find it increasingly difficult to migrate beyond the country's borders, they are forced to settle in urban areas, provided that the perceived conditions are better than those of their place of origin. (Abdulai 1999).

As mentioned earlier, the political reforms initiated in 1983 changed the terms of national trade in favour of the rural sector. This has favoured reverse migration.

A study by the Ghana Statistical Service published with the World Bank on past employment for more than 8,000 people in Ghana found that among those who changed jobs during the period, those who moved from non-agricultural jobs to more agricultural jobs were more than those moving in the opposite direction by a ratio of two to one (Abdulai 1999). These survey data suggest a significant reverse migration from urban areas to rural areas. Although not all agricultural occupations necessarily involve rural residence and all non-farm occupations do not involve urban residences.

A study by Oti Boateng et al. (1990) using data from the 1987-1988 household survey showed that over 65% of the total population falling below a poverty line of about \$ 165 per year was then in rural and urban areas. 27% in urban areas with the exception of Accra.

This justifies Ghana's transition from a net immigration country to a net emigration country in Africa.

However, while mismanagement and associated economic and political problems have provided the "push" for this unusual migration economic transition, the booming economies of neighbouring African and European countries have also constituted an "attraction" for migration (Anarfi). Awusabo-Asare et al., 2000). In addition, the relevant factor in the Ghanaian context is the sex of the person involved in the migration phenomenon. The social norms and traditions of most (if not all) tribes in Ghana are such that there is a bias towards men and discrimination against women.

This discrimination may be reflected in the migration decision-making process, making it more difficult for women to move (Treveh 1997), although evidence suggests that women migrate as well as men.

But the most important thing to remember is that migration is not only towards Europe, contrary to what one might think while in Europe. Migration is and has been part of African history all over time and Sub-Saharan populations also migrate to their own continent.

Just as Europeans do in going to the discovery of others, Africans also do it. They travel from country to country to find comfort and stability even if it is in Africa.

- ❖ Migration is a very common phenomena in Ghana's history. Ghana received a lot of migrants, but also people emigrated from Ghana to neighbouring countries. Finding out about previous migration experience of the returnee or his / her relatives could be a door-opener to discuss potential helpful factors out of the experience made before

Health care and available support

by Sandra Machate (Caritas Erfurt)

What is important to know about the health system in Ghana and which options are available for returnees with health problems in general?

In order for a returnee to receive medical treatment, he or she should register in the National Health Insurance (NHIS) which costs 30 GHC (=approx. 9 US Dollar) first. The registration can be undertaken immediately after return.

The health insurance card can be taken after the registration and the card is activated one month subsequent to registration. The NHIS cards are only accepted in the public health care centers and some private selected health care institutions. As a member of the NHIS, one is entitled to free out-of-patient service, consultation and reviews, In-patient services, oral health services, eye care, maternity care and some emergencies services. The NHIS card is renewable after a year. Ghanaians without the National Social Security Pension scheme (SSNIT) will renew the card at a fee of 27GHC, pregnant women and children are free and 6GHC for SSNIT contributors.

As explained, the insurance is not paying for all diseases, but covers certain treatments. Otherwise consulting a doctor and receiving treatment can be quite expensive – one impression taken from the field trip was also the presence of herbal and traditional medicine on the local markets as an alternative way to cure diseases.

The NHIA Membership Handbook offers an overview about the medicine and treatment covered by the scheme and could be used to avoid misconceptions and wrong expectations. The website of the National Health Insurance Authorities provides some documents and lists of medicine available: <http://www.nhis.gov.gh/about.aspx>

The following list gives examples of treatments which are not covered by the insurance²:

- Mortuary Services
- Rehabilitation other than physiotherapy
- Appliances and prosthesis including optical aids, hearing aids, orthopedic aids and dentures
- Cosmetic surgeries and aesthetic treatment. However, reconstructive surgery, such as is performed on burns patients, is covered
- HIV antiretroviral and TB medications are for free, but lab test such as liver function are not covered
- Dialyses for chronic kidney failure
- Heart and brain surgery other than those resulting from accidents
- Cancer treatment other than cervical and breast cancer
- Organ transplantation
- Medicines that are not on the NHIS Medicines List

The NHIA is also responsible for the credentialing process for all different type of health care providers. The health care system operates on different levels (primary hospitals, secondary hospitals, diagnostic centres...). In general patients are supposed to visit the community hospital first. If he or she cannot be treated there, the patient will be referred to the district hospital and

² List taken from the Membership Handbook, handed out during the field trip

from there to the specialized hospitals when needed. The basic health insurance will not cover this further treatment. That is why destitute patients need to see medical social workers who are placed in all communal hospitals by the Ministry of Health. The medical social worker will investigate the financial resources of the patient as well as of the (extended) family (investigation time: 2 weeks). If the family cannot afford paying the treatment costs at once, a payment plan with installments is arranged and forwarded to the Department of Health. In case of no familial cover of the medical expenses the hospitals need to cover the expenses and reclaim the expenses from the government. The reimbursement time can take several years.

Returnees should be aware of the limits of the health insurance: the Membership Handbook could give some information, but also discussing health problems with the reintegration partner before the return is highly recommended.

During the field trip the group talked to one returnee who had health problems which turned out to be more serious after he already returned. The needed operation and treatment was not covered by the NHIS and therefore he spent a lot of the money he wanted to use for his reintegration process on the health issues.

There seems to be also general problems in the implementation of the health insurance: Sometimes patients might not have the information on what kind of disease he or she is suffering from. Without the diagnosis the patient cannot find out whether the insurance will cover the costs for treatment and might end up receiving a very expensive treatment without refunds of costs. Often doctors advice patient to buy other medicine than the one listed with the NHIS. If the doctor is writing such medicine on a private recipe it cannot be covered by the NHIS.

The NHIS is of great advantage for pregnant women – the costs for delivery at the hospital are covered and this enables women to give birth in the hospital and to benefit from the medical care for the newborn.

- ❖ Health problems and the limits of National Insurance should be discussed prior to the return, including “minor” health problems which might become worse with time
- ❖ Support in covering the costs for treatment as well as the care in hospital (like food needed as an inpatient) is often provided by the extended family. Restoring family links therefore is also important for health issues

Professional reintegration

by Bertine Strating (The Dutch Council for Refugees)

The topic for this report is professional reintegration, from the perspective of a returnee. In this report the options for a returnee regarding employment, receiving professional training and the possibilities for a business start-up will be described. Subsequently, the benefits and challenges a returnee encounters during the professional reintegration process are listed. The last paragraph will focus on useful information for counsellors who are working with a prospective returnee to Ghana in their host countries.

Employment in Ghana

In Ghana a distinction is made between the formal and the informal sector when it comes to employment. The informal sector refers to those workers who are self-employed, or who work for people who are self-employed, doing informal trading, are artists or farmers. Many informal workers do their businesses in unprotected and unsecured places. People in the informal sector could join the SSNIT (National Social Security Pension scheme) by contributing according to the scheme. Workers in the formal sector are mostly hired by a company and have a working agreement with more protection for employees like health benefits and salary.

Currently there is quite a high rate of unemployment in Ghana. It is especially hard to obtain a job in the formal sector because there are not a lot of jobs available and the competition for those jobs is very challenging. Also in the formal sector the level of skill and education required for the job is demanding.

A lot of returnees start to working in the same sector as the where working in before, most of the time this was the informal sector. The returnees typically use the reintegration budget to run their own businesses such as setting up a small scale business. For a prospective returnee it is important to look back in time to see what they were doing to support themselves financially before they left Ghana. Some of the returnees who were visited during the field trip returned to the same business line where they worked before. During their stay in Europe family or relatives kept on running the business. The reintegration budget they received was subsequently used to revamp their business or to increase their salaries.

Professional training in Ghana

There are certainly opportunities in Ghana to receive professional training. In order for the returnee to be more successful with their businesses after return it is important they receive professional training to learn a skill. A successful business will help the returnee to provide for him- or herself but will also help the families and the communities that they are part of. In the long run a successful business will help the returnee in the full reintegration process.

Vocational skill trainings such as sewing or hairdressing is also the aim of one project of AG Care: the Lifeline Project. Vulnerable young girls who migrated from their home region and came to Accra can use those skills to reintegrate into their community after a year of training. This will prevent them from living in poverty and reduces the risk for human-trafficking.

If a returnee would like to receive professional training with a focus on technological support to the industry, a training organised by the Gratis Foundation could be an option.

The Gratis Foundation provides training in engineering and manufacturing. This year the Foundation also started a training group for fashion. The training provides people with up-to-date skills. During the programme students are not trained to be employed by big companies. Instead the acquired skills are to starting their own businesses with the overall aim of helping their local communities to meet their needs. Students learn how to make different types of machinery, like a Fruit Juice Extractor or a Fish Smoker. By teaching the student how to make the machines themselves, they will also be able to use the machine in the future for their businesses and they will be able to repair the machine if it breaks down. They can help their local community forward with the use of machinery.

Therefore Gratis Foundation recommend an increased budget for business-start-ups to enable people to buy an agricultural machine instead of spending the budget on a longer training. The costs vary depending on the type of machine and might range between 3000 and 6000€. By buying such kind of machine, the returnee could immediately start a business and earn income. There were so far no clients who combined their reintegration budget in order to invest together and start such business.

One doesn't need a starting qualification to be able to join the programme from the Gratis Foundation. Most important is that a student has the will and the drive to learn. This drive is very important, the director from the Engine Business Network told the participants of the field trip: *'Knowledge is important, but perseverance is even more important.'* This was also expressed by one of the returnees that we spoke to: *'Focus on what you want to do if you return, change your mind set about Ghana. If you focus and work you can make it in Ghana.'*

The cost of receiving professional training depends usually on the course taken and the number of years the student follows a training programme. For example: a 3 year program with the Gratis Foundation costs 600 Ghanaian cedi every year. The cost of the training can be a problem for the returnee, because the training program takes up a lot of time during the day which cannot be spend on generating an income so it would be hard for a returnee to support him- or herself. This is a problem a lot of returnees face when they would want to start a training program. A returnee needs to be able to sustain himself and already have some income for housing, food and medical care.

Beside trainings an internship could help to gain practical skills: returnees could also do an internship with experienced people to build skills in a practical environment – but since the internships will mostly be unpaid, the returnee again needs to be able to sustain him or herself to do so.

Business start-up

As mentioned before in this report a lot of people work in the informal sector in Ghana. Many businesses one sees are not officially registered. Most people choose not to register their businesses because the paper work that is necessary for the setting up of a business is seen as a big burden on them. However, there are advantages in registering the business, a registered business usually receives more help and is more protected. The advice given by the Engine Business Network was: *'Make the business as formal as you can.'*

The money to invest on a business is usually from the reintegration budget. As it is very hard to get a loan from a bank in Ghana, one needs to have some readily available money to start up the business.

When starting a business in Ghana, it is important to look at the needs of the community before deciding what kind of business to start. In some areas, there is need of farming equipment, where in other areas hairdressing or fashion is a more sustainable business idea.

Some returnees left their existing businesses in the hand of family members before migrating. Sometimes the businesses were taken care of well by the relatives and therefore offer an option to invest the reintegration funds to boost the existing business in order to earn a living.

Benefits and challenges for a returnee on the topic of professional reintegration

A returnee can benefit from training because they learn skills that will help them to build a sustainable business. The skills learned from training are not only practical skills, like sewing or hairdressing, but they also learn how to promote the business to make it more profitable. The skills learned will help them with the reintegration process, because generating an income is necessary to succeed in Ghana and essential to reintegrate properly. The reintegration budget most of the returnees receive when they leave Europe can be spent on starting a small business. One does not need a lot of funding in order to start with a small business.

A returnee will often face challenges when it comes to professional reintegration. There is a high rate of unemployment in Ghana. Also living costs are high in Ghana. Especially rent and medical care can be expensive. At times most of the reintegration budget is needed to cover basic needs, unfortunately leaving insufficient budget left to cover the costs for training or acquiring machinery.

- ❖ Look at the skill level of the person and to look at the (working) history & experience of the returnee.
- ❖ Discuss the possibilities and pros and cons of receiving training in the hosting country or in Ghana after return.
- ❖ Discuss the location where the returnee wants to live and try to find a type of business that suits the needs of the community
- ❖ Investing in a small agricultural machine could be a better choice than a training, since it will lead to income quickly

Reintegration Services for and Reintegration Experience of Ghanaian Returnees

(Including the pre-departure phase in Europe), by Sissel Swane (Danish Refugee Council)

Predeparture Counselling

The experiences of the returnees in Ghana, when it comes to pre-departure counselling, was very different and it was difficult for people to remember and to explain their experiences from that part of the return process. Most of the returnees had heard about the reintegration support – and counselling through someone in their network or by referral from other organizations or staff. They were either tired of staying illegally in the host country, as rejected asylum seekers or a few described their general situation as getting worse over time and difficult to find employment. Most of the returnees decided to return already before seeking return counselling and sought counselling with the purpose of going back.

AG Care provides pre-departure counselling by request where they give as much relevant information as possible about the possibilities and the current situation in Ghana – about the healthcare system, accommodation possibilities, the current labour market and the financial reintegration possibilities and limitations. AG care emphasized the importance of pre-departure counselling and the relevance of skype- and WhatsApp meetings prior to return if possible. AG Care recommends the return counsellors in the European countries to make the connection if the returnee is interested since it always helps to build the necessary trust and to start a realistic reflecting process already at a pre-departure stage. When the returnee is given the opportunity and time to reflect upon their own situation and thoughts about the future before return, they are better prepared, and it improves the possibilities of a successful and sustainable return.

Family and network

Another issue that is important to address prior to return is the current relation and situation with the family and relatives, if possible. The support and relation to the family and network is considered essential for both professionals and for the returnees themselves for the reintegration to be successful. AG Care can help mediate and re-establish contact with the family and help prepare the family for the person to return to the family if the returnee wishes to. AG Care sometimes help sort out different issues with the family as a part of the pre-departure and decision-making process for the returnee. In general, AG Care works with strengthening each individual's network to prevent rejection from the family. Knowledge about the family's situation as a whole also gives AG Care better preconditions to give counselling on other matters and how to prioritize the financial support in the best way. Some returnees had the possibilities to stay with family after return, use family facilities for business or get support financially in the beginning which had an essential impact on the reintegration and the possibilities for using the means for other important things.

AG Care sometimes visits the families if necessary and helps them to have more realistic expectations of the returnee's situation and to accept the return. Several people emphasized the risk of being rejected by the family or the community if the returnee came back without anything. Several returnees and AG Care described how people returning from Europe in general are perceived

differently and how the families and the rest of the communities and society expect them to have money and to provide for the family and friends. Prices are generally raised for people who return from Europe and they are often treated like foreigners in Ghana – this is if it is known that they have been abroad.

Reintegration plans

Some of the returnees already had an idea for a business start-up before returning and could therefore start the reintegration planning with AG Care already doing skype-meetings. Several had successes with having relevant trainings and taking courses directly linked to the plan of starting a small-scale business – for example courses in business planning, management, analysing potential markets in the community, communication skills and how to get new costumers etc. Others wanted to wait until after coming back to find out what opportunities would be more relevant in the communities. Many of the returnees we met had been away from Ghana for many years and therefore they were unsure of how to use newly gained skills in the best way and what was needed in the community.

AG Care Counselling in Ghana

AG Care in Ghana has 3 counsellors who gives counselling related to return – they get in contact with the returnee after arrival or before if possible and as described above. The first meeting is often primarily to create trust, to talk about expectations and to get to know one another. Many returnees mistrust the service provider at the beginning or do not trust that they will receive the reintegration budget granted to them. Other examples of topics that are usually covered during the counselling are: reasons for migrating – why, where and how; skills built in the host country; skills and experience prior to leaving, dreams, plans and priorities; restrictions, limitations, possibilities and obligations. The number of meetings varies and depend on the individual needs, but normally a couple of meetings and follow up contact on telephone/WhatsApp is necessary. If AG Care is in the location of where the returnees live, they will often drop by and talk to the returnees about how they are doing. Typically, returnees will travel to other parts of Ghana and the follow up contact will be over the phone because of geographic challenges. Returnees expressed that the biggest help for them was to have someone to call, to talk to about difficult things and when they were in doubt about certain decisions or had questions. AG care emphasized that the main support they give is emotional support in the difficult situation many of the returnees found themselves in.

AG Care provides most of the reintegration services within the ERRIN program and a part of the counselling that they give is to connect and refer to necessary or relevant organizations and the health care system. They work closely with the Ghanaian-German Center (GGC), formally GIZ, which also provides financial support for returnees, help with temporary accommodation, trainings and other kinds of support. Some of the returnees we met have been able to receive funding and support through both ERRIN, GGC and IOM which improved the possibilities of good reintegration according to the counsellors of AG Care. AG care recommended that it is important for the pre-departure counsellors to sort for additional support or funding if possible for returnees prior to their departure. Returnees who receives additional funding or support reintegrate well and most times more successful in life. Although the amount varies within the different Europe countries and can vary a lot, it is mostly not enough to cover all necessities.

Business start-up – small scale businesses

The majority of the returnees use the reintegration support to start up a small-scale business in the informal sector. Most of the returnees use experience and engagement from before leaving Ghana, although they have often gained new skills and experience while being abroad that they can also profit from. The counselling from AG Care often includes guidelines and information on where to go and how to access information different places depending on the individual needs. AG Care helps the returnees with drawing business plans; they go with them to suppliers and get different official documents and certificates needed to start up a business.

Accommodation

In Ghana a small part of the population owns their own property and most people rent rooms, apartments or houses to live in. Accommodation is extremely expensive for people with normal or little income. Rent normally has to be paid 1-2 years in advance which can easily consume the whole amount of the reintegration support. In relation to different types of accommodation, AG Care gives counselling on different options, different prices, consequences of choices, how to do contracts, what to be aware of, etc. Cases where returnees can stay with family or other network are often more likely to be successful, since they can use the reintegration support for business instead. Accommodation plans and considerations can be an important issue to address for return counsellors doing pre-departure counselling in the European countries.

Healthcare system and insurance

AG Care helps to find proper health centers/hospitals and does referrals to medical screenings with specialists if necessary – psychiatrist, psychologists, physiotherapists etc. AG Care recommends and helps returnees to sign up for the national health insurance and give information about rights related to health. Many people experience issues with corruption related to the health insurance system and AG Care helps provide information on the rights and possibility of complaining in case of any wrongful experience where the health insurance does not cover medical care even though it officially should be covered. A couple of returnees explained how they had ended up using most of their reintegration support on surgery and medical care because the health system is so expensive to access. These are important matters to consider and to discuss in the pre-departure counselling and it is important to apply for extensive medical care if it is an option in the specific country and if the medical issues are known prior to return.

Awareness for counsellors

AG Care emphasized the big difference between people returning on their own initiative, voluntary return compared to people returning by force or under pressure from the authorities after receiving a final rejection of asylum. People returning forcefully or under pressure are often more frustrated, can seem more aggressive and they are generally more sceptical about the reintegration program. AG Care experiences difficulties in building trust and the reintegration process often becomes more challenging.

Limited or lack of counselling in the host country pre-departure can often cause misunderstandings and misinformation for the returnee and they often return with too high expectations or mistrust to the reintegration support and the local partner. AG Care experience that longer and detailed counselling before departure makes the returnee well prepared and makes better reintegration in the long term.

In general, there are big differences between the returnees and how they experience returning to Ghana. Some were very satisfied because they were successful in their business and often had the support of the family. On the contrary the majority of the returnees found it difficult to succeed and experienced some of the same problems and challenges as they experience before going abroad.

The big differences in how much counselling each returnee receives pre-departure and how ready they are to receive the support offered also has an influence and return counsellors can be aware of these issues already in the pre-departure stage. Pre-departure counselling is an important factor and issues related to family and network, accommodation, health, and expectations for the future are necessary topics to address before return.

- ❖ Accommodation is a huge challenge due to high prices for rent in urban areas
- ❖ Expectation management is one important key factors while preparing the return
- ❖ Different reintegration budgets and access to different kind of assistance lead to confusing and, if there is no transparency, also to an ineffective use of existing support possibilities



Diakonie
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