SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE — 717275/SH-CAPAC

DESIGN OF A TRAINING PROGRAMME ON THE HEALTH RESPONSE TO REFUGEES; ASYLUM SEEKERS AND OTHER MIGRANTS FOR HEALTH MANAGERS, HEALTH PROFESSIONALS AND ADMINISTRATIVE STAFF

Deliverable 5.1

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1 Introduction

1.1 Why training health workers?

One of the five expected outcomes of the SH_CAPAC project is to “build capacity through training of trainers in affected communities who can implement training activities for health workers, so they can develop intercultural competencies and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.” It is stated in the Grant Agreement for the SH-CAPAC project that at the end of the project a framework will be developed by the consortium for a migrant-sensitive health care delivery model to be implemented in entry, transit and destination countries and to have health workers of health districts with a high case load of refugees trained with the materials developed by the project.

This stream of work of the SH-CAPAC project aligns with the recommendations of The Global Consultation on Migrant Health, convened by the World Health Organization (WHO), the International Organization of Migration (IOM) and the Government of Spain in 2010 in Madrid, Spain. One of the four priority areas for action defined there was the need to build capacity to develop migrant-friendly health services. The development of health workers’ competences to better serve migrants and ethnic minorities is an essential component of building such capacity.

There is a need to improve the knowledge and skills of interdisciplinary teams and sectors at various level (national/regional/local) in developing integrated strategies and interventions to ensure access to health care for refugees, asylum seekers and other migrants.

The SH-CAPAC Grant agreement states that Work Package 5 will adapt available, relevant training materials from other EU projects focusing on health care for refugees and Specific Health Concerns and will transform the main products of the different Work Packages of the SH-CAPAC initiative into training materials for the target audience. In this regard the tools developed for coordination, population based needs assessment, development of action plans, improving access and capacity are receiving prominent attention in the development of the SH-CAPAC training course.

There are some recent developments that have been used as inputs for the development of the SH-CAPAC training course. One of them is the MEM-TP initiative, funded by the European Commission’s Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) under the 2008-2013 Health Programme. The project (running from December 2013 to March 2016) was implemented by a consortium led by the Escuela Andaluza de Salud Pública (Granada, Spain). The aim of the project was to develop, test and evaluate training packages for health professionals with the purpose of improving access to services for migrants and ethnic minorities, including the Roma. The focus was on health professionals working in primary care settings who are in first contact with those population groups.

The MEM-TP Dissemination Workshop Main Recommendations noted that tools for health professionals and managers to engage in organizational change, policy revision, and improved community relations should be included in the future. Improving individual competencies as a strategy needs to be part.

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1 European Public Health Alliance (EPHA) with the support of the Andalusian School of Public Health (2015). Final Report Dissemination Workshop. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada: Andalusian School of Public Health.
of a system that wants to improve services towards migrants. Taking a **whole organization approach** is recommended. **Managers and policy makers** should also be targeted, and appropriate additional training material developed for them in the future.

Participants in this workshop also confirmed that the concerns raised by the ongoing refugee crisis should be used as a stimulus to arouse interest in the training packages. Economic crises in some countries exposed the structural inadequacies of their health systems. EU Member States are already stressed by the needs of diverse populations. Providing adequate services to a large number of new arrivals is placing further stresses in these countries, as well as their richer neighbours.

The **C2ME project** (supported by the EU’s Erasmus Lifelong Learning programme) is another project aiming at supporting medical teachers to become more proficient in cultural competence. The project developed and implemented ‘Teach-the-Teacher’ modules on cultural diversity, as well as a policy for the structural embedding of such training in medical schools. Involving 11 different EU countries, the project aimed to provide knowledge, shape attitudes and build up skills. The results showed that interest in receiving training is high, in particular regarding communication skills. These include adapting communication style to different patient needs, dealing with conflicts arising from different cultural views between care provider and patient, and examining the impact of values and perspectives on the care process.

The **EQUI-HEALTH** action (2013–2016) aims to foster harmonised approaches for improving the access and appropriateness of health services, health promotion and prevention of migrants in the EU. Its training components targeted professionals working with migrants’ first reception points. In terms of ‘lessons learned’ for MEM-TP, the EQUI-HEALTH action confirms the need to target various professionals working with migrants. Training should comprise such elements as overcoming communication problems, identifying migrant sub-groups and overcoming stereotypes. Aiming to show that migrants are ordinary people in an extraordinary situation, EQUI-HEALTH modules include training to dispel myths and false perceptions. In the context of Europe’s southern border, training materials should also include such issues as burnout experienced by front liners ‘cut off’ from the health system, and feelings of loss experienced by migrants. In addition, the issue of communicable diseases was brought up.

The SH-CAPAC project as part of its Work Package 5, aimed at building national capacity through training activities for health workers in affected countries, has taken stock of these experiences and has taken the relevant elements derived from them to merge with the approaches, methodologies and tools developed by the SH-CAPAC project to design a training course that can be relevant to the situation of the recent population influx into the European Union.

The Training has put emphasis on the need of developing a public health and health systems perspective to the health response to the refugees, asylum seekers and other migrants. Cultural aspects and training on cultural competencies is important but it is only a part of the approach needed to build the institutional capacity in Member states for improving the health response to the recent massive population influx into the European Union. This is the reason why emphasis has been placed in transmitting knowledge and developing skills in areas covered by other Work Packages of the project (WP1,2,3 and 4) in such a way that the trainees can have a better grasp of the need for a coordinated action, of the relevance of assessing population health needs and health protection resources available, of developing action plans, building possible scenarios and constructing contingency plans and of identifying access barriers and ways to overcome them.

The Training has been designed to meet the needs, in term of competences, for three different health workers profiles identified as the target groups:
• **Health Managers**: people with responsibilities for making decisions about health services for migrants. They may be in the central Ministry of Health, regional managers, or managers of one or more health facilities at a local level. They should be able to identify problems and gaps in migrant health services and plan and implement appropriate solutions. It is essential to involve this profile to support organisational change by linking the training programme to policies and procedures, actions and service performance assessment.

• **Health Professionals/providers**: health care services providers who see significant numbers of migrants among their patients, clinical staff such as doctors, nurses, midwife, social worker, and psychologist. At the end of the training they should understand the background and circumstances of their migrant patients and have learned ways of managing their consultations and care in line with the diversity sensitive health care delivery model.

• **Administrative staff**: people in health facilities who are involved in direct communication with patients and their relatives, non-clinical staff as receptionists, appointment managers or clinic facilitators.

### 2 SH-CAPAC Training Strategy

2.1 **SH-CAPAC Training Contents**

As mentioned above, contents from the different tools developed in the different SH-CAPAC Work Packages have been integrated in the training programme, together with some of the contents designed for the MEM-TP training course.

The contents associated to the SH-CAPAC Work Packages include coordination challenges of the health response to these population groups, the analysis of health challenges and unmet health needs that the massive refugee, asylum seekers and other migrants flows pose; the assessments of the health care response and public health interventions needed by the refugee and asylum seeker population; the development of action plans for implementing a public health response and for reinforcing their health systems in order to respond to the challenges; and the promotion and ensuring access of the
refugee, asylum seekers and other migrants populations to health care and public health interventions through a resource package to reorient local strategies and plans.

The inputs received during the regional workshops organized by the SH-CAPAC project in Ghent, Copenhagen and Reggio Emilia, the lessons learned during the Country Missions and the main conclusions of the Focus Groups organized in many Member States as part of the preparation of the Resource package for ensuring access to health care of refugees, asylum seekers and other migrants in the EU countries (WP4) have been considered in preparing the training contents.

Some of these elements considered are the following:

- Culturally sensitive training aimed at improving the coping skills of asylum seekers is required to improve health and deal with the health deterioration and mental health problems frequently observed after arrival.
- Insufficient knowledge of the health care system and cultural differences often hamper access to health care.
- Linguistic and cultural barriers are systematically identified as one of the major challenges related to access to health care. The impossibility to resolve linguistic barriers makes it extremely difficult to handle cultural barriers that may further impede the care delivery process.
- The lack of cultural competence seems to be most problematic in mental health care, making it difficult to provide adequate care for refugees with mental health problems such as PTSD.
- Gender issues in the health care have been reported as particularly relevant.
- Differences between the medical culture of countries of origin lead to conflicts with MD’s.
- There is a lack of quality information for asylum seekers/refugees on how to navigate the health care system.
- Care providers should be alert to recognize diseases that are uncommon in the receiving countries but may be so in the countries of origin of the refugees and other migrants.
- The effects of linguistic and cultural barriers are aggravated by the limited culture competence of many care providers.
- The lack of understandable information for refugees on the organization of social and health care services further complicates their access to help they may need.
- To sensitize administrative and healthcare staff of healthcare centers in order to increase their knowledge and empathy skill so to offer a better assistance to users.

Similarly, following the recommendations of the MEM-TP dissemination workshop mentioned above, SH-CAPAC has reinforced the contents on sexual and reproductive health (SRH) and sexual violence (SV). SV is a specific reason for claiming asylum and as in international humanitarian crisis settings. Both SV and SRH are considered priority health concerns which requires specific screenings and interventions. The Make it Work! training manual has been used for this purpose.

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1. Analysis of **health challenges** and unmet **health needs**

2. Assessments of the **health care response** and **public health interventions** needed

3. Implementing a **public health response** and for reinforcing their **health systems** in order to respond to the challenges

4. Promotion and ensuring access to health care and public health interventions

**MEM-TP Review** migrant and ethnic minorities' **situation in the EU** and identify common **challenges and best practices**; **Training programme** for health professionals and health care providers to **improve access and quality**

Special focus on **asylum seekers and refugees**

**Sexual and Reproductive Health** and **Sexual Violence, Mental Health**
2.2  SH-CAPAC Training Course

The SH-CAPAC training activities will be piloted tested during the months of October and November 2016. The training course will be supported by the EASP virtual campus. It addresses the identified needs of health care workers in the EU for improving access and quality of health services for refugees, asylum seekers and other migrants.

It is an online training course in English supported by Andalusian School of Public Health (EASP), developed as a Moodle virtual learning environment. This course offers 3 tracks adapted to the three different profiles mentioned above. The virtual training course will be open to participants from October 20th to November 20th, 2016.

As discussed the training course seeks to develop competencies for organizing a public health and health systems oriented health response to the large migratory influx into the EU during the last two years. In addition, it follows recommendations from the evaluation on training programs done as part of the MEM-TP project, highlighting that health care organisations should ensure that staff at all levels improve awareness, acquire knowledge build capacity and develop competencies to address issues related to access and quality of health care for refugees, asylum seekers and other migrants and vulnerable groups. It is directed to a multi-professional audience and follows a general approach at the beginning of training addressing the issues of access and quality of care delivery. This sets set the context for an understanding of the complexity and relevance of the issues from many different perspectives. The Training

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program gives emphasis to a clear focus on outcomes for healthcare professionals, patients, and health care organisations.

A core component of contents will be offered to multi-professional audience from different national and regional contexts. Focal points for the SH-CAPAC project in each target Member State will be asked to nominate suitable candidates for the pilot training starting in October. Some other contents will be specific for each profile according to the professional’s category. Heterogeneity of participants’ profiles and experiences adds diversity to the interaction in the forum by bringing different perspectives.

Learning needs differ according to different aspects like the type of role, years of experience and personal skills. Therefore an approach that can be adapted to the specific profiles has been developed to meet the needs of the target participants. This approach includes specific training tracks for health manager (HM), health professional (HP) and administrative staff (AS).

The training consist of a mix of theoretical contents and practical applications and case studies. Therefore there is a mix of information given by the trainer and interactive online activities and group exercises. Discussion sessions will be organized to promote the exchange of views and feedback from participants.

The teaching and learning methods focus on:

- Theoretical presentations,
- Problem based learning and
- Experiential and analytic self-reflection.

Learning activities include diverse and interactive educational methods to allow participants to explore mutually challenging work situations, to frame together problems and solutions and consolidate networks. The proposed activities will focus on analysis of case studies (drawn directly from experience) and interaction of participants (through discussions in a forum), based on personal experience and local examples.

The evaluation plan includes the following assessment tools for evaluating the learning progress of the participants:

1. Pre-post questionnaire (assessing differences in knowledge in comparison to the start of every module);
2. Learning activities (in every module);
3. Written feedback from participants in forum (any time during the course and at the end of the course);
4. Quality and satisfaction questionnaire (at the end of the course);
5. Follow up online written feedback from participants in the course forum after 4 weeks (by December 2016).

A user’s guide for each of the five modules has been developed containing all the details of the training materials and activities and the sequential steps that have to be followed in the on-line training process. The five user’s guides for modules 1, 2, 3, 4 and 5 are contained in Annex 5 and can also be found in the SH_CAPAC project webpage.

The evaluation report on the training course will include a set of recommendations and lessons learnt to implement the training strategy and adapt training contents at national/regional/local level. Part of these recommendations will be derived from the regional workshop to be held in Granada September 15th-16th, 2016 (see program attached as Annex 4).
2.3 A Regional workshop for implementing a training strategy for the development and strengthening of refugee/migrant sensitive health services and adapting training materials to national, regional and local contexts

To implement the training strategy at national level, the training program and contents should be adapted to national/local context. A regional workshop for implementing a training strategy for the development and strengthening of refugee/migrant sensitive health services and adapting training materials to national, regional and local contexts will be held in Granada, Spain on September 15th-16th to assist training national managers and trainers in implementing the training strategy for adapting the contents to their national/regional context. The workshop will have the participation of representatives from the target Member States, either national or local health authorities and health care providers or non-governmental organizations.

This workshop aims are: a) to discuss, on the basis of the SH-CAPAC training strategy, possible approaches for the implementation of country training strategies for the development and strengthening of refugee/migrant sensitive health services, and b) to discuss the adaptation of the SH-CAPAC training materials to national/regional/local contexts.

The expected outcome of the workshop is to support the implementation of sustainable training strategies at national and subnational level for improving the health response to refugees, asylum seekers and other migrants.

The objectives of the workshop are:

1. To present to Member States the proposed SH-CAPAC Training Strategy.
2. To present the training contents and methods of the SH-CAPAC on-line training course.
3. To discuss training needs for different professional profiles and contexts.
4. To discuss strategies for adapting the training materials at national/regional/local level.
5. To engage national and subnational counterparts who may be interested in adapting the training contents.

To ensure the replication and sustainability of the training, the national training courses should be implemented to the extent possible in collaboration with the national health and education authorities responsible for the capacity building of health professionals and service providers.

Target participants:

- National/regional/local health and education authorities responsible for the capacity building of health professionals and service providers.
- Professionals who have responsibility for developing training in health care settings, especially in connection with refugees/migrants health
- Other stakeholders such as, European and national health professionals associations, NGOs, etc. involved in training in connection with refugees/migrants health at national/regional level.
2.4 Authors, tutoring team and support staff

Training contents have been developed by a team of experts from the SH-CAPAC project. The Consortium is comprised of the following seven institutions:

- Escuela Andaluza de Salud Pública (EASP) (Spain),
- Azienda Unità Sanitaria Locale di Reggio Emilia (Italy),
- Trnava University in Trnava (Slovakia),
- Jagiellonian University Medical College (Poland),
- International Centre for Reproductive Health/ University of Ghent (Belgium),
- Academic Medical Centre/ University of Amsterdam (The Netherlands),
- University of Copenhagen (Denmark).

The Consortium includes relevant centres with a long and complementary experience in migrant and ethnic minority health care as well as in the design and development of training activities directed at professionals and health care providers and oriented to improve health care quality and promote accessibility for these population groups. Three of them, the Andalusian School of Public Health (EASP), the University of Copenhagen and the Jagellonian University have previous experience of collaborative work as members of the Consortium which conduct the European Master of Public Health (EUROPUBHEALTH) and have a formal agreement of collaboration.

They were joined by the Azienda USL of Regio Emilia, Trnava University in Trnava and the Academic Medical Centre/University of Amsterdam in the consortium that implemented the project for the EC sponsored project for development and testing of training materials for improving quality of health care for migrants and ethnic minorities (MEM-TP). The International Centre for Reproductive Health/University of Ghent, with ample experience in participating in European projects on Sexual and Reproductive Health and Sexual Violence has joined the Consortium.

The authors, tutoring and support staff is a multidisciplinary team of professionals from the areas of Public Health, Health Policy, Epidemiology, Health Systems Migrant and Refugee Health, Primary Health Care, Psychology, Political Sciences, Economics and Sociology, Migration Policies and Legislation, Health Promotion and Gender and Health. The staff tutoring is involved in different relevant research areas: migration and health, intercultural diversity, training of trainer’s methodologies, access to health care, social and gender determinants of health and health inequalities, economic crisis and health, human rights perspectives, unaccompanied minors, mental health, citizen participation in health, sexual and gender diversity, qualitative research methodologies, and ethics.
### 3 Training Course Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Setting up a Working Group led by EASP Team</td>
</tr>
<tr>
<td>February-March</td>
<td>Find priorities for the outline of contents focused on improving access and quality of health services for migrants, with special focus on refugees</td>
</tr>
<tr>
<td>April</td>
<td>Discussion on outline of contents (6th Trnava, Slovakia)</td>
</tr>
<tr>
<td></td>
<td>Design the Training strategy</td>
</tr>
<tr>
<td></td>
<td>Develop the Course guideline</td>
</tr>
<tr>
<td>May-July</td>
<td>Develop the training programme, contents and formats of the training materials and Evaluation tools</td>
</tr>
<tr>
<td>June</td>
<td>Regional Workshop to discuss access to health care and capacity building strategies (16th-17th Reggio Emilia, Italy)</td>
</tr>
<tr>
<td>June-July</td>
<td>Develop the contents of the Granada Regional Workshop</td>
</tr>
<tr>
<td>September</td>
<td>Granada’s Workshop (15th-16th Granada, Spain)</td>
</tr>
<tr>
<td>October-November</td>
<td>Pilot testing of the online training courses (virtual campus EASP)</td>
</tr>
<tr>
<td>November-December</td>
<td>Evaluation of the online training courses</td>
</tr>
</tbody>
</table>
Annex 1

Training course general program
# Training course general program

## Module 1. Context

| M1. Unit 2. Health policies and provision of health services in the EU. |

## Module 2. Strengthening institutional capacity to organise the response

| M2. Unit 1. Framework for coordination. |
| M2. Unit 2. Assessment of health challenges |
| M2. Unit 3. Planning and implementing the public health response. |
| M2. Unit 4. Knowledge and information base for migrant health. |

## Module 3. Capacity-building for migrant sensitive health systems

| M3. Unit 3. Cultural and health mediation |
| M3. Unit 6. Caring for the care givers |

## Module 4. Specific health concerns

| M4. Unit 2. Communicable diseases. |
| M4. Unit 3. Sexual and reproductive health |
| M4. Unit 5. Mental health. |

## Module 5. Vulnerable groups

| M5. Unit 1. Victims of trafficking |
| M5. Unit 2. Children and unaccompanied minors |
| M5. Unit 3. Women: Gender issues |
| M5. Unit 4. LGBT |
| M5. Unit 5. Elderly |
| M5. Unit 6. Undocumented migrants |
Annex 2

Brief guidelines for authors
SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE — 717275/SH-CAPAC

BRIEF INSTRUCTIONS FOR AUTHORS
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TIMING

The virtual training course will be open to participants from October 20th to November 20th, 2016.

The total length will be 30 hours, in virtual format. Each unit will last 1 hour.

AIM AND OBJECTIVES OF THE TRAINING

To support, through training activities, the development a public health and health systems approach to the health response to the increased migratory influx into the EU and the building of national capacity on developing migrant-friendly health services.

SPECIFIC OBJECTIVES

- To develop the competencies for advancing a public health and health systems health response to the refugees, asylum seekers and other migrants entering the EU-
- To develop the participants’ intercultural competences.
- To promote a clear understanding of a migrant sensitive health care delivery model, respecting the Human Rights perspective.

TRAINING APPROACH

The global training approach is “learner-determined, task-specific”. That is, authors will specify learning task and goals, but trainees have control over how they work and achieve the planned goals and tasks.

Each unit will have a balanced mix of theoretical and practical contents focusing on:

- Theoretical presentations
- Problem based learning (case studies)
- Experiential and analytic self-reflection

Interactive online activities and group exercises could also be offered, complementing the information provided by the authors. Thus, to facilitate self-learning and peer learning, discussion sessions could be organized in a participatory way. We suggest that authors offer tutorial support regarding the contents prepared during the period that their Module will be available to trainees (one week). During this period, trainees can post a message on the specific forum available for each Unit/Module and receive feedback or answers to the questions from authors-tutors.

However, training needs could vary according to different contexts (between countries and within the country, at different levels: national, regional, local). Adaptation of contents, learning activities and training approach

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4 Coomey, M., & Stephenson, J. (2001). Online learning: it is all about dialogue, involvement, support and control-according to the research. Teaching and learning online: Pedagogies for new technologies, 37-52.
could be needed to respond to specific training needs and the availability of resources in different training organizations and contexts. Concrete tools and strategies to make necessary adaptations will be presented and discussed during the Workshop on September 15th-16th, 2016 in Granada (Spain).

**DOCUMENTS TO BE PREPARED BY AUTHORS**

The basic contents **for every unit** include:

1. **Presentation in PPT.**
2. **Learning activities.** The design of learning activities for the online setting will be supported by the EASP team.
3. **Recommended readings + additional contents.** Including links, files, videos, etc. Special focus will be given to audio-visual material to make the online training “user-friendly”.
4. **3-5 questions** for the evaluation of knowledge questionnaire.
5. **Proposed Guideline for trainees,** including:
   - Objectives of the Unit.
   - Brief description of activities (compulsory/optional).
   - Work plan with suggested timeline and estimated time commitment.
   - Recommended readings.

**FURTHER INFORMATION**

Detailed information is available in the WP5 Working documents on the SH-CAPAC website http://www.easp.es/sh-capac/
You may as well contact by email
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Ainhoa Ruiz Azarola ainhoa.ruiz.easp@juntadeandalucia.es
Annex 3

Brief guidelines for trainees
SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE — 717275/SH-CAPAC

BRIEF INFORMATION FOR NATIONAL/REGIONAL HEALTH AND EDUCATION AUTHORITIES AND TRAINEES
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AIM AND SCOPE

SH-CAPAC is a project launched on January 1st 2016 to support EU Member States under particular migratory pressure in their response to health related challenges.

The project is aimed at building capacity in areas of coordination practices, needs assessments, planning actions to strengthen the public health response of local health systems, improving access to health care, and developing health workers’ competencies for the delivery of migrant/refugee sensitive health services.

PARTICIPANT PROFILE

- **Health Managers**: people with responsibilities for making decisions about health services for migrants. They may be in the central Ministry of Health, regional managers, or managers of one or more health facilities at a local level. They should be able to identify problems and gaps in migrant health services and plan and implement appropriate solutions. It is essential to involve this profile to support organisational change by linking the training programme to policies and procedures, actions and service performance assessment.

- **Health Professionals/providers**: health care services providers who see significant numbers of migrants among their patients, clinical staff such as doctors, nurses, midwife, social worker, and psychologist. At the end of the training they should understand the background and circumstances of their migrant patients and have learned ways of managing their consultations and care in line with the diversity sensitive health care delivery model.

- **Administrative staff**: people in health facilities who are involved in direct communication with patients and their relatives, non-clinical staff as receptionists, appointment managers or clinic facilitators.

LEARNING OBJECTIVES OF THE TRAINING

At the end of the training participants will be able to:

1. Carry out comprehensive public health and health systems assessments of the impact of the migratory pressures and identify the response needed by the national health systems.
2. Implement tools for addressing the health needs of refugees, asylum seekers and other migrants
3. Recognize available resources to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants in their territories and health systems.
4. Increase competences to provide migrant sensitive health care.

TRAINING APPROACH

The global training approach is “learner-determined, task-specific”. That is, authors will specify learning task and goals, but trainees have control over how they work and achieve the planned goals and tasks.

The training will be delivered in an on-line format in English.
Each unit will have a balanced mix of theoretical and practical contents focusing on:

- Theoretical presentations.
- Problem based learning (case studies).
- Experiential and analytic self-reflection.

Interactive online activities and group exercises are offered, complementing the information provided. Additionally, discussion sessions will be organized in a participatory way. During the course, trainees can post a message on the specific forum available for each Unit/Module and will receive feedback or answers to the questions from tutors.

**TIMING**

The virtual training course will run from October 20\textsuperscript{th} to November 20\textsuperscript{th}, 2016. Registration will be open to participants from September 1\textsuperscript{st} to September 30\textsuperscript{th}, 2016.

The total length will be 30 hours, in virtual format. Each unit will last 1 hour.

**TUTORS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Daniel López Acuña</td>
<td>Andalusian School of Public Health</td>
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<td>Olga Leralta Piñán</td>
<td>Andalusian School of Public Health</td>
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<tr>
<td>Ainhoa Rodríguez García de Cortázar</td>
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<td>Julia Bolívar Muñoz</td>
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<tr>
<td>Amets Suess</td>
<td>Andalusian School of Public Health</td>
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<tr>
<td>Jackie Gernay</td>
<td>Andalusian School of Public Health</td>
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<tr>
<td>Luis Andrés Gimeno Feliu</td>
<td>Primary Care Service. Andalusian Health System. Spain</td>
</tr>
<tr>
<td>Pablo Perez Solis</td>
<td>Primary Care Service. Andalusian Health System. Spain</td>
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<tr>
<td>Ines Keygnaert</td>
<td>ICRH (International Centre for Reproductive Health)-Ghent University</td>
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<td>Lotte De Schrijver</td>
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<td>Name</td>
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<tr>
<td>Antonio Chiarenza</td>
<td>Azienda Unitá Sanitaria Locale Reggio Emilia Team</td>
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<td>Hans Verrept</td>
<td>Azienda Unitá Sanitaria Locale Reggio Emilia Team</td>
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<td>Marie Dauvrin</td>
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<tr>
<td>Jeanine Suurmond</td>
<td>Amsterdam Medical Centre. University of Amsterdam</td>
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<tr>
<td>Anna Szetela</td>
<td>Jagiellonian University - Institute of Public Health</td>
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<tr>
<td>Barbara Niedzwiedzka</td>
<td>Jagiellonian University - Institute of Public Health</td>
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<tr>
<td>Ewa Dobrogowska-Schlebusch</td>
<td>Trnava University - Faculty of Health Care and Social Work</td>
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<tr>
<td>Alberto Infante</td>
<td>Andalusian School of Public Health</td>
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<tr>
<td>Allan Krasnik</td>
<td>Faculty of Health and Medical Sciences, University of Copenhagen</td>
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<tr>
<td>Mette Kirstine Tørslev</td>
<td>Faculty of Health and Medical Sciences, University of Copenhagen</td>
</tr>
<tr>
<td>David Ingleby</td>
<td>Faculty of Health and Medical Sciences, University of Copenhagen</td>
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</tbody>
</table>

**COORDINATION**

Olga Leralta Piñán  SH-CAPAC,EASP
José Ignacio Oleaga Usategui  SH-CAPAC,EASP

**ADMINISTRATIVE SUPPORT**

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   M1. Unit 2. Health policies and provision of health services in the EU.

Module 2. Strengthening institutional capacity to organise the response
   M2. Unit 1. Framework for coordination.
   M2. Unit 2. Assessment of health challenges
   M2. Unit 3. Planning and implementing the public health response.
   M2. Unit 4. Knowledge and information base for migrant health.

Module 3. Capacity building for migrant sensitive health systems
   M3. Unit 3. Cultural and health mediation
   M3. Unit 6. Caring for the care givers

Module 4. Specific health concerns
   M4. Unit 2. Communicable diseases.
   M4. Unit 3. Sexual and reproductive health
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   M5. Unit 1. Victims of trafficking
   M5. Unit 2. Children and unaccompanied minors
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   M5. Unit 5. Elderly
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Annex 4

Draft programme of the Granada regional workshop
SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE — 717275/SH-CAPAC

SH-CAPAC WORKSHOP “IMPLEMENTING A TRAINING STRATEGY FOR THE DEVELOPMENT AND STRENGTHENING OF REFUGEE/MIGRANT SENSITIVE HEALTH SERVICES AND ADAPTING TRAINING MATERIALS TO NATIONAL, REGIONAL AND LOCAL CONTEXTS”

Granada
September 15-16, 2016
This document is part of the project ‘717275 / SH-CAPAC’ which has received funding from the European Union’s Health Programme (2014-2020). The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

The document uses contents produced under the EU Health Programme (2008-2013) in the frame of service contract nr. 20136209 with the Consumers, Health, Agriculture and Food Executive Agency Unit (Chafea) acting under the mandate from the European Commission: Project “Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma – MEM-TP” carried out by the Andalusian School of Public Health, EASP (Spain) as consortium leader and Faculty of Health and Medical Sciences of the University of Copenhagen (Denmark), Azienda Unità Sanitaria Locale Reggio Emilia (Italy) and Academisch Medisch Centrum bij de Universiteit van Amsterdam (The Netherlands).
Aim and scope

This workshop aims are: a) to discuss, on the basis of the SH-CAPAC training strategy, possible approaches for the implementation of country training strategies for the development and strengthening of refugee/migrant sensitive health services, and b) to discuss the adaptation of the SH-CAPAC training materials to national/regional/local contexts.

The expected outcome of the workshop is to support the implementation of sustainable training strategies at national and subnational level for improving the health response to refugees, asylum seekers and other migrants.

Objectives

1. To present to Member States the proposed SH-CAPAC Training Strategy.
2. To present the training contents and methods of the SH-CAPAC on-line training course.
3. To discuss training needs for different professional profiles and contexts.
4. To discuss strategies for adapting the training materials at national/regional/local level.
5. To engage national and subnational counterparts who may be interested in adapting the training contents.

Target participants

- National/regional/local health and education authorities responsible for the capacity building of health professionals and service providers.
- Professionals who have responsibility for developing training in health care settings, especially in connection with refugees/migrants health
- Other stakeholders such as, European and national health professionals associations, NGOs, etc. involved in training in connection with refugees/migrants health at national/regional level.

The workshop will be conducted in English.

Venue

Andalusian School of Public Health (EASP)
Cuesta del Observatorio No. 4
18011 Granada
Spain
**September 15th**

8:30 Registration and coffee

9:00 Welcome remarks  
*Joan Carles March Cerdà (EASP Director)*  
*José Ignacio Oleaga Usategui (EASP Project coordinator)*

9:10 Objectives of the workshop  
*José Ignacio Oleaga Usategui (EASP Project coordinator)*

9:15 Round of Introduction of Participants

9:30 Building institutional capacity and strengthening the competencies of the health workforce for improving the health response to refugees, asylum seekers and other migrants in EU countries  
*Daniel Lopez Acuna (SH-CAPAC Project director)*

10:00 The proposed SH-CAPAC Training Strategy  
*Olga Leralta Piñan and Ainhoa Ruiz Azarola (EASP team)*

10:45 Healthy break

11:15 The SH-CAPAC Online course (Contents and methods)  
*Jaime Jimenez Pernett and Inma García Roldán (EASP team)*

12:00 Working groups. Session 1. Inputs for improving the SH-CAPAC training strategy and for segmenting the possible audiences' needs

**Facilitators:** Ines Keygnaert, Mette Torslev, Barbara Niedzwiedzka, Antonio Chiarenza, Jeannine Suurmond, Daniela Kallayova  
**Rapporteurs:** Olga Leralta, Ainhoa Rodríguez, Julia Bolívar, Jaime Jiménez, Amets Suess, Ainhoa Ruiz

13:30 Lunch break

14:30 Working groups. Session 2. Inputs for the SH-CAPAC on-line training course contents and methods.

**Facilitators:** Ines Keygnaert, Mette Torslev, Barbara Niedzwiedzka, Antonio Chiarenza, Jeannine Suurmond, Daniela Kallayova  
**Rapporteurs:** Olga Leralta, Ainhoa Rodríguez, Julia Bolívar, Jaime Jiménez, Amets Suess, Ainhoa Ruiz

16:00 Healthy Break

16:30 Presentation of conclusions of the Working Groups Session 1 and Session 2  
(A rapporteur from each group will present the salient points and conclusions reached during the deliberations of the working groups).

17:00 Plenary discussion  
Facilitator: Daniel Lopez Acuna (SH-CAPAC Project Director)

18:00 Adjourn of the meeting

20:00 Official dinner
**September 16**

9:00 Main conclusions of the first day and objectives of the 2nd day  
*José Ignacio Oleaga Usategui (EASP Project coordinator)*

9:30 Working groups Session 3: Adapting the SH-CPAC training strategy and materials to national/regional/local training programs and activities  
**Facilitators:** Ines Keygnaert, Mette Torslev, Barbara Niedzwiedzka, Antonio Chiarenza, Jeannine Suurmond, Daniela Kallayova  
**Rapporteurs:** Olga Leralta, Ainhoa Rodríguez, Julia Bolívar, Jaime Jiménez, Amets Suess, Ainhoa Ruiz (EASP Team)

11:00 Healthy break

11:15 Working groups (continuation)

12.00 Presentation of conclusions of the Working groups  
(A rapporteur from each group will present the salient points and conclusions reached during the deliberations of the working groups).

12:30 Plenary discussion  
**Moderator:** Daniel López-Acuña (SH-CAPAC Project director)

13:00 Next steps of the SH-CAPAC initiative and conclusions of the workshop.  
*Daniel López-Acuña (SH-CAPAC Project director)*

13.50. Closing of the meeting  
*José Ignacio Oleaga Usategui (EASP Project coordinator)*

14:00 Lunch at the EASP
Annex 5

User’s guides for Modules 1, 2, 3, 4 and 5
Guidelines for trainees
Module 1. Refugees and migrants’ health policies
Module 1. Refugees and migrants’ health policies

Module 1 contains four units. The estimated time required for each unit is 60 minutes, including contents and the compulsory activities.

The following sections provide the details of the learning objectives and activities for each unit. A work plan for navigating the unit is suggested as well.

Unit 1: The challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx.

This unit has been prepared by Daniel Lopez-Acuna (Andalusian School of Public Health). It is based on an SH-CAPAC document, produced by Ines Keygnaert, Birgit Kerstens (International Center for Reproductive Health, University of Ghent), Jacqueline Gernay and Daniel Lopez-Acuna (Andalusian School of Public Health), and on the mapping of the health response to the recent migratory influx conducted in 19 EU countries as part of the initial activities of the SH-CAPAC project. It covers three topics, including three compulsory activities, and some optional readings.

- Topic A – Major trends of the recent migratory influx into the EU.
- Topic B – The nature of the current health response to the recent migratory influx.
- Topic C – The challenges of the health response to refugees, asylum seekers and other migrants and the need for a public health and health systems approach.

1. Learning objectives

1. To familiarise the participants with the major trends characterizing the recent massive migratory influx into the EU, to understand its magnitude and dynamic, and to contextualize the issue within the wider perspective of forced displacement in the world.

2. To take stock of empirical information on how EU countries are responding in the field of health to this massive influx and to provide a framework for understanding the differential response by country and by type of migrant population.

3. To reflect critically on the main challenges associated to the health response to refugees, asylum seekers and other migrants. To discuss the need for a public health and health systems approach.

2. Learning activities

COMPULSORY ACTIVITY 1: Reading the power point presentation on the challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx (Reading 1). Reading as well the SH-CAPAC “Umbrella document” which characterizes the salient aspects of the current health response in the EU countries (Reading 2).

Description: Participants read these two documents encompassing the three topics covered in this unit.

COMPULSORY ACTIVITY 2: Reflecting on the different dimensions of the health response to the different scenarios of arrival, transit and destination as well as the vulnerable group of the stranded migrants.

Description: Participants answers a set of questions to demonstrate understanding of the concepts explained in the readings indicated in Compulsory Activity 1.

COMPULSORY ACTIVITY 3: Discussion: Is there one single type of health response to the recent migratory influx into the EU? Which are the main health priorities of these vulnerable groups that ought to be addressed from a public health and health systems perspective?

Description: Participants post at least one contribution on these questions to the discussion forum.
3. Work planning suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
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<tbody>
<tr>
<td>30 minutes</td>
<td>To familiarise the participants with the major trends characterizing the recent massive migratory influx into the EU, to understand its magnitude and dynamic, and to contextualize the issue within the wider perspective of forced displacement in the world. To take stock of empirical information on how EU countries are responding in the field of health to this massive influx and to provide a framework for understanding the differential response by country and by type of migrant population.</td>
<td>CA1: Reading 1 and 2</td>
</tr>
<tr>
<td>10 minutes</td>
<td>To reflect critically on the main challenges associated to the health response to refugees, asylum seekers and other migrants. To discuss the need for a public health and health systems approach.</td>
<td>CA2: Answering key questions</td>
</tr>
<tr>
<td>20 minutes</td>
<td>To introduce questions for reflection and/or discussion online: Is there one single type of health response to the recent migratory influx into the EU? Which are the main health priorities of these vulnerable groups that ought to be addressed from a public health and health systems perspective?</td>
<td>CA3: Discussion in online forum</td>
</tr>
</tbody>
</table>

4. Complementary activities

Recommended readings


Unit 2: Health policies and provision of health services in the EU.
This unit has been prepared by: David Ingleby, Allan Krasnik and Mette Tørslev (University of Copenhagen, Faculty of Health and Medical Sciences). It is structured on three topics, including three compulsory activities and three optional ones. Optional readings recommended readings are recommended.

- Topic A – Framework for analysing health policies affecting migrants
- Topic B – Overview of policies in Europe
- Topic C – International bodies: human rights, legal instruments, standards and recommendations

1. Learning objectives

1. To make acquaintance with a framework for analysing the policies governing service delivery which can make health services either “migrant-friendly” or inequitable. Different ways in which barriers to access can arise and services may need to be made more responsive to the needs of migrants.
2. To use this framework to explore policies on migrant health in Europe, distinguishing between policies applying to migrant workers, asylum seekers and undocumented migrants. The different policies that may apply in different phases of a refugee’s trajectory will be identified.
3. To understand how international bodies (at global and European levels) have tried to influence policies on migrant health. What are the possibilities and limitations of these standards, recommendations and human rights conventions?
4. To reflect critically on the gap between international standards and national policies affecting refugees and other migrants, the obstacles this gap creates to providing good care, and what can be done to overcome these.

Specific concerns for different profiles of course participants:

Health professionals need to be aware of the limitations and obligations that policies impose on them. They will not be in a position to get the policies changed, except through advocacy and lobbying – but they can ensure that they take good account of them in their work (for example, by trying to find solutions for patients who lack adequate coverage for health care).

Managers: if they are sufficiently senior, may be in a position to change policies; those less senior can learn to implement existing policies in a way that makes them more responsive to migrants’ needs. For example, in countries where there is a policy to provide interpreters where needed, a manager must ensure that there is an efficient system for deploying them and for training professionals to work with them. The extra time needed for such consultations should be allowed for. If there is no policy to provide interpreters, the manager can take whatever measures can be devised to alleviate the problem (e.g. by recruiting bilingual staff).

Administrative staff need to know the entitlements and rights of patients in order to make correct decisions and give accurate information to the patients and health workers.

2. Learning activities

COMPULSORY ACTIVITY 1: Reading activity. Study the Basic Reading for the three topics, as well as the following reading:
COMPULSORY ACTIVITY 2: Reflection and discussion activity. Describe ways in which an individual health worker needs support from their organisation in order to work in a “migrant-friendly” way. Post your reflections in the on-line discussion forum while consulting other participants’ posts.

What are the common experiences in relation to organisational support for “migrant-friendly” working?

COMPULSORY ACTIVITY 3: Reflection and discussion activity. Make a discussion entry (or engage in an established discussion) in the online discussion forum. Here you will discuss the different roles of actors involved in policy making and implementation, affecting the health service provision for migrants in your country. Reflect on the different institutions and agents involved (local, national and international):

What powers do they have and what do they prescribe? Why is the gap between ideals and reality so wide? What effect does it have on your work with health provision for migrants?

3. Work planning suggested

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<thead>
<tr>
<th>Time*</th>
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<tbody>
<tr>
<td>20 minutes</td>
<td>To describe the main dimensions of policies on service delivery that can help or hinder migrants needing health care: entitlement, accessibility, responsiveness and supporting measures.</td>
<td>CA1: Reading Topic A and the IOM (2016) reading. CA2: Answering key questions</td>
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<td>Optional activity 1: Writing case examples from own work experience</td>
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<tr>
<td>15 minutes</td>
<td>To describe policies applying in European countries to migrant workers, asylum seekers and undocumented migrants. Presentation of the main inequities found in the MIPEX report. Relevance to different phases of migration.</td>
<td>CA1: Reading Topic B</td>
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<td>Optional activity 2: Reflect on your country’s MIPEX scores</td>
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<tr>
<td>15 minutes</td>
<td>To describe the major international organisations and institutions involved in migrant health policy making and health services, including standards and recommendations put forward by these international bodies.</td>
<td>CA1: Reading Topic C</td>
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<td>Optional activity 3: Reflect on role of international organisations in your country</td>
</tr>
<tr>
<td>10 minutes</td>
<td>To introduce questions for reflection and/or discussion online Where are the main gaps between ideals and reality, how could they be bridged?</td>
<td>CA3: Discussion in online forum</td>
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* Optional activities require supplementary time (See section 4)
4. Complementary activities

Recommended readings

  
  http://members.costadapt.eu/images/7/7e/MIPEX_august.pdf

  

Optional activities

Optional activity 1: Illustrate, using case studies from your own experience, the various barriers to access that migrants can experience and the problems that arise from failure to adapt to their needs. Post your reflections in the online forum.

Time: 20 minutes

Optional activity 2: Look up your country’s position on the map and the graph in the IOM (2016) Reading. Does this reflect your experience of the policies in place? What factors do you think may have influenced these scores?

Time: 20 minutes

Optional activity 3: Write down your ideas on the following questions:

- How much influence on health policy do international organisations seem to have had in your country?
- What do you notice of their activities?
- Do you think legal compulsion or argument and persuasion are more likely to lead to change in your country?

Post your reflections in the online forum and engage in discussion with other participants

Time: 30 minutes
Unit 3: Migrants in an irregular situation

This unit has been prepared by Amets Suess Schwend (Andalusian School of Public Health). It includes three compulsory activities, one presentation, one optional activity and four recommended readings (among them, one compulsory reading).

1. Learning Objectives

The unit aims at:

- Contributing a reflection on terminology use related to the topic.
- Learning about the current situation of access to health and health of migrants in an irregular situation in the European context.
- Identifying strategies and Best Practices examples for improving access to health care for migrants in an irregular situation.

2. Learning Activities

COMPULSORY ACTIVITY 1: Presentation on migrants in an irregular situation.
- Method: Watch a slide presentation.

COMPULSORY ACTIVITY 2: Reading on access to health care for migrants in an irregular situation in European Union Member States.
- Method: In the following document, read the chapter on health care, p. 71-84:

COMPULSORY ACTIVITY 3: Strategies for improving access to health care for migrants in an irregular situation.
- Description: Contribution in the online forum identifying strategies for improving access to health care for migrants in an irregular situation in your region / country.
- Method: Individual contributions to the online forum and discussion.

3. Work planning suggested

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<th>Time</th>
<th>Objectives</th>
<th>Content</th>
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<tbody>
<tr>
<td>20 minutes</td>
<td>• To introduce the concept “migrants in an irregular situation”.</td>
<td>Compulsory activity 1: Presentation</td>
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<tr>
<td></td>
<td>• To present recent comparative studies on the access to health and health</td>
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<td>of migrants in an irregular situation, including case studies and</td>
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<td>recommendations.</td>
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<tr>
<td>10 minutes</td>
<td>• To learn about the situation of access to health care for undocumented</td>
<td>Compulsory activity 2: European Union Agency for Fundamental Rights (2011) reading (p. 71-84).</td>
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<td>migrants in European Union Member States.</td>
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<tr>
<td>30 minutes</td>
<td>• To identify strategies for improving access to health care for migrants</td>
<td>Compulsory activity 3: Uploading a post in the online forum identifying</td>
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<td>in an irregular situation in the own region / country, and prioritize</td>
<td>strategies for improving access to health care for migrants in an</td>
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<tr>
<td></td>
<td>these strategies according to their perceived relevance.</td>
<td>irregular situation.</td>
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</table>
4. Complementary activities

Recommended readings

  http://b.3cdn.net/droftheworld/d137240498b91ca33e_jhm62yjg1_pdf (retrieved: August 9, 2016).

Optional activities

OPTIONAL ACTIVITY 1: Mapping intersectoral actions for facilitating access to health care for migrants in an irregular situation

- **Method:** Mapping technique.
- **Time:** 30 minutes.
- **Description:**
  - Individual assignment: Draft a map describing an intersectoral action for facilitating access to health care for migrants in an irregular situation, in your own institutional, local, regional or national context, including:
    - Relevant stakeholders and resources
    - Existing interactions and barriers
    - Aspects and strategies for an ideal intersectoral coordination
- **Post in the online forum:** Upload the map indicating the most relevant aspects.

Evaluation activities

According to the piloting objectives of this course, you will be asked to complete some surveys and participate in other ways of collecting information about the learning process (Forum, private messaging, teleconferencing, etc.). For module 1, evaluation activities are:

1) At the beginning of module:
   - A prior self-assessment about the degree of knowledge regarding the course’s objectives (Knowledge pre test).
2) At the end of module:
   - A self-assessment about the knowledge outcomes after the course (Knowledge post test).
   - A survey on quality, usability and usefulness of training materials (Materials assessment).
SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE
717275/SH-CAPAC

Guidelines for trainees
Module 2. Strengthening institutional capacity to organize the response
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Module 2. Strengthening institutional capacity to organize the response

Module 2 contains four units. The estimated time required in units 1, 2 and 4 is 60 minutes, including contents and the compulsory activities. Unit 3 will require 120 minutes. In the following sections learning objectives and activities are detailed for each unit. A work planning is suggested as well.

Unit 1: Framework for coordination and intersectoral collaboration

This unit has been prepared by Jacqueline Gernay (Andalusian School of Public Health). It is based on an SH-CAPAC document, produced by Ines Keygnaert, Birgit Kerstens (International Center for Reproductive Health, University of Ghent), Jacqueline Gernay and Daniel Lopez-Acuna (Andalusian School of Public Health). It includes 4 compulsory activities (1 Power Point Presentation, 1 video, a case study and an exercise), one optional activity (video) and 2 recommended readings. The estimated time required for this Unit is 60 minutes, including contents and compulsory activities.

1. Learning Objectives

- To understand the need for coordination and intersectoral collaboration to address the health needs of the refugees asylum seekers and other migrants who are part of the recent influx into the European Union.

- To understand the use of the coordination framework as an essential tool that can facilitate the establishment or strengthening of the health response coordination.

- To describe and analyse the type of coordination and intersectoral collaboration that exists in their country at their level of work with regard to addressing the health needs of the refugees asylum seekers and other migrants and to make recommendations.

2. Learning activities

Compulsory Activity 1 (CA1): Reading the power point presentation on the challenges of coordination and the proposed SH-CAPAC coordination framework (recommended reading).

Description: Participants read this document summarizing the salient aspects of the topic of coordination for addressing the health needs of these vulnerable populations.

Compulsory Activity 2 (CA2): video: Inter professional partnerships: University of Leicester. https://youtu.be/Fh7Ir4TI10

Description: An illustration of the importance of partnerships between the different health professions as well as the health sector in relation to other sectors and community participation. The video’s length is 18:24 minutes but it is recommended to focus on the last 7 minutes dealing with the “sure start” programme (minute 11:22 to end).

Compulsory Activity 3 (CA3): Case study: Intersectoral collaboration between health and housing in minority populations in New Zealand.

http://www.who.int/social_determinants/resources/isa_inequalities_nz1.pdf (page 9 to 11)
**Description:** The case study will be used as a base for a forum discussion around intersectoral collaboration. Participants will be asked to illustrate with, concrete examples from their country.

**COMPULSORY ACTIVITY 4 (CA4):** Exercise: individual or in group (for participants from the same country)

**Description:** Strengthening or creation of a coordination team

- Map and analyse all stakeholders involved in the health response to refugees in your country and at your level of work (national, subnational, institutional) using the provided format.
- Present a plan for a new/improved coordination team in the same setting

### 3. Work planning suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>To introduce the unit and learning objectives to participants.</td>
<td><em>Power Point (PP)</em> Introduction, objectives and the different groups of course participants</td>
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<td></td>
<td>To highlight the relevance of the unit to the different groups of participants</td>
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<tr>
<td>10 minutes</td>
<td>To understand the need for coordination and intersectoral collaboration to address the health needs of the refugees asylum seekers and other migrants who are part of the recent influx into the European Union.</td>
<td><em>PP. Content of course A: Why do we need a health coordination and intersectoral collaboration?</em></td>
</tr>
<tr>
<td>20 minutes</td>
<td>To understand the use of the coordination framework as an essential tool that can facilitate the establishment or strengthening of the health response coordination.</td>
<td><em>PP. Content of course B: The health coordination framework and mechanism</em></td>
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<td><em>PP. Content of course C: the health coordination team</em></td>
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<td><em>Learning activities</em></td>
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<td></td>
<td>CA2: video (7 min)</td>
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<td></td>
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<td>CA3: case study for forum discussion</td>
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<td>OA1: video (3 minutes)</td>
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<tr>
<td>22 minutes</td>
<td>To describe and analyse the type of coordination and intersectoral collaboration that exists in their country at their level of work with regard to addressing the health needs of the refugees asylum seekers and other migrants and to make recommendations. (Reinforcement of knowledge)</td>
<td><em>Learning activities</em></td>
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<td></td>
<td>CA3: (individual or group exercise to be discussed in forum)</td>
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<td>a) Map and analyse all stakeholders involved in the health response to refugees in your country and at your level of work (national, subnational, institutional) using the provided format (weaknesses and strengths)</td>
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<td></td>
<td>b) Present a plan for a new/improved coordination team in the same setting</td>
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<tr>
<td>3 minutes</td>
<td>Closing thought on the importance of “For the birds” A light-hearted</td>
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</tbody>
</table>
4. Complementary activities

Recommended reading:

- **SH-CAPAC Project.** Coordination framework for addressing the health needs of the recent influx of refugees, asylum seekers and other migrants into the European Union (EU) countries, 2016.

Further reading (Not accessible from SH-CAPAC platform)


Optional activities

**OPTIONAL ACTIVITY 1 (OA1):** “For the birds” A light-hearted illustration of the importance of a team approach, collaboration and communication. [https://www.youtube.com/watch?v=Q6X80IWdS6s](https://www.youtube.com/watch?v=Q6X80IWdS6s).
Unit2: Assessment of health needs and health protection resources.
The unit has been prepared by Jeanine Suurmond (University of Amsterdam), Iain Aitken (Andalusian School of Public Health) and Mette Tørslev (University of Copenhagen). It is based on an SH-CAPAC document, produced by Jeanine Suurmond (University of Amsterdam), Iain Aitken (Andalusian School of Public Health), Mette Tørslev (University of Copenhagen) and Anna Szetela (Jagiellonian University). This Unit includes three Presentations, 4 activities and 2 recommended readings. We would like to recommend that you have the Guide for assessment of health needs and health protection resources, SH-CAPAC Project. The estimated time required for this Unit is 60 minutes.

1. Learning Objectives

Objectives of the Presentation:
• To describe the basics of assessment of health challenges, using various methods to collect and analyse information

Objectives of the Activity:
• To practice the use of various tools to collect and analyse information

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Contextualizing needs assessment

Description:
✓ Read in the presentation the 2 scenarios and the other intersecting factors to contextualize the assessment (slide 10):
✓ What scenario(s) are relevant for your country?
✓ Can you identify particular vulnerable groups and/or specific areas of health?
✓ What are the largest challenges for your organisation related to this scenario in your eyes?
✓ Write down the words on a post in the forum of this unit.
✓ Discuss in forum the other participants’ contributions.

COMPULSORY ACTIVITY 2 (CA2): Sociodemographic overview

Description:
✓ Please have a look at the Tool I.1: Socio-demographic mapping at slide 21 in the presentation.
✓ Select a part of a health area that you are familiar with (e.g. child health, mental health etc).
✓ Use the tool to write a short plan for a sociodemographic overview for scenario B, including:
   - Where to get your data (Administrative areas/ Reception / accommodation centers)
   - Who to include (numbers by location, numbers by stage of asylum-seeking, numbers by age and sex, countries of origin / language)
   - When to get your data (weekly or monthly)
COMPULSORY ACTIVITY 3 (CA3): Assess access and quality of health care

Description:
- Please have a look at the Tool ‘Health needs and risks identification’ at slide 26 in the presentation.
- Select a part of a health area that you are familiar with (e.g. child health, mental health etc.
- Use the tool to write a topic list for a focus group discussion with care providers, including topics on:
  - What are main health needs and perceived need of migrants?
  - What are the main risk factors to the health and wellbeing of migrants?
  - Which protective factors strengthen the health and welfare of migrants?
- You may want to compare your answer with a short description of a potential outcome of a focus group on sexual and reproductive health on slide 28.

COMPULSORY ACTIVITY 4 (CA4): Stepwise checking knowledge about entitlements migrants on health care

Description:
- Please have a look at Tool III.1 ‘Stepwise checking knowledge about entitlements migrants on health care’ at slide 32
- Select a part of a health area that you are familiar with (e.g. child health, mental health etc.)
- Use the tool to write down a short plan for obtaining this knowledge of care providers/managers in your setting

3. Work planning suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
<td>Introduction to needs assessment</td>
<td>Presentation (slides 1-9)</td>
</tr>
<tr>
<td></td>
<td>Learn how to contextualize needs assessment</td>
<td>Compulsory Activity 1: Contextualizing the assessment</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Description of Phase A: Assessment coordination and planning</td>
<td>Presentation (slides 11-18)</td>
</tr>
<tr>
<td></td>
<td>Description of Phase B: Data collection</td>
<td>Presentation (slides 19-38)</td>
</tr>
<tr>
<td>10 minutes</td>
<td>How to do a sociodemographic overview</td>
<td>Compulsory Activity 2: Sociodemographic overview</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Health needs and risk identification</td>
<td>Compulsory Activity 3</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Stepwise checking knowledge about entitlements health care</td>
<td>Compulsory Activity 4</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Description Phase C: reporting</td>
<td>Presentation (slides 39-42)</td>
</tr>
</tbody>
</table>

4. Complementary activities
Recommended reading:


Further reading (Not accessible from SH-CAPAC platform)


Unit 3. Mapping the gaps in access to health care for asylum seekers and refugees: identification of barriers and solutions

Antonio Chiarenza (AUSL Reggio Emilia) prepared this Unit. It is based on an SH-CAPAC document, produced by Ilaria Dall’asta (AUSL Reggio Emilia), Bendetta Riboldi (AUSL Reggio Emilia), Anna Ciannnameo (AUSL Reggio Emilia), Antonio Chiarenza (AUSL Reggio Emilia), Hans Verrept (Federal Public Health Service), Marie Dauvrain (University Lauven, BE). This unit includes: 1 Power Point Presentation, 3 compulsory activities (1 video, 1 case study and 1 template for good practice), complementary readings (11 guidance) and recommended readings.

The estimated time required for this Unit is 120 minutes, including contents and compulsory activities.

1. Learning objectives

- To provide knowledge on the new challenges for health services related to the current refugee crisis;
- To provide information about barriers to access to health care for refugees, asylum seekers and other migrants;
- To provide evidenced tools and measures addressing formal and informal barriers that, hinder or limit the access to health care for refugees and asylum seekers.

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Short Video (Please refer to “M2_U3 Compulsory activity 1” up-loaded in Module 2 Unit 3 of the platform).

Description: This activity introduces and illustrates refugees and asylum seekers’ backgrounds. We recommend you watch the video and reflect in order to become aware of refugee-related issues on accessibility to health care.

COMPULSORY ACTIVITY 2 (CA2): Case Study on general and specific barriers in accessing healthcare for refugees and asylum seekers (Please refer to “M2_U3 Compulsory activity 2 “case study” up-loaded in Module 2 Unit 3 of the platform).

Description: This activity requires the reading of a case study as a base for reflection and the use of the information received about barriers and possible solutions.

COMPULSORY ACTIVITY 3 (CA3): Good practice at an institutional, local, regional or national level (Please refer to “M2_U3 Activity 3 template” document uploaded in Module 2 Unit 3 of the platform).

Description: This activity focuses on the training participants’ local experiences and encourages them to identify and describe good practice from their country to share with the other training participants and to circulate information.

3. Work planning suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>To introduce the unit and learning objectives to participants</td>
<td>Slides presentation (1-9)</td>
</tr>
<tr>
<td>Time</td>
<td>Objectives</td>
<td>Content</td>
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<tr>
<td>5 minutes</td>
<td>To introduce main issues about migrants background and to become aware of migrant-related issues.</td>
<td>Compulsory activity 1: video</td>
</tr>
<tr>
<td>40 minutes</td>
<td>To describe and analyse the main dimensions of general barriers for refugees in accessing health care services To present possible solutions or measures to overcome them</td>
<td>Slides presentation (10-40)</td>
</tr>
<tr>
<td>20 minutes</td>
<td>To use the information in order to be more familiar with the concepts of barriers in accessing health care</td>
<td>Compulsory activity 2: case study</td>
</tr>
<tr>
<td>20 minutes</td>
<td>To describe the main dimensions of barriers for refugees in accessing specific healthcare services such as mental health care services, sexual and reproductive health care services, health care services for children and adolescents or health care services for victims of violence, To present possible solutions or measures to overcome them.</td>
<td>Slides presentation (41-62)</td>
</tr>
<tr>
<td>20 minutes</td>
<td>To identify at a local level good practice examples to facilitate access for migrants to specific healthcare services such as mental health care services, sexual and reproductive health care services, health care services for children and adolescents or health care services for victims of violence.</td>
<td>Compulsory activity 3: good practice template</td>
</tr>
</tbody>
</table>

4. Complementary activities

Recommended reading:

- **SH-CAPAC Project.** Guideline on Resource package on ensuring access to health care, 2016.
  - Background
  - Legislative, administrative, financial and bureaucratic barriers
  - Linguistic and cultural barriers
  - Organisational barriers and obstacles to accessing health care services of equitable quality
  - Lack of information for health providers and obstacles to ensuring continuity of care
  - Lack of information and education for refugees and asylum seekers
- Lack of coordination between services
- Barriers to accessing appropriate mental health care services
- Barriers to accessing appropriate sexual and reproductive health care services
- Barriers to accessing appropriate health care services for children and adolescents
- Barriers to accessing appropriate health care services for victims of violence

Further reading (Not accessible from SH-CAPAC platform)


Unit 4: Planning and implementing the public health response.
This unit has been prepared by Alberto Infante (Instituto de Salud Carlos III). It is based on an SH-CAPAC document, produced by Eva Nemcovska, Daniela Kallayova, and Peter Letanovsky (Trnava University) and Alberto Infante (EASP). It includes three compulsory activities and four recommended readings. The estimated time required for compulsory activities is about 60 minutes. Recommended readings need another 120 minutes’ time.

1. Learning Objectives

- To understand the relationships among the 4 units of the module.
- Helping to recap the main features of the current refugees, asylum seekers and other migrant’s influx required for planning an effective response.
- To understand the way in which action plans to cope with this influx are prepared.
- To comprehend the difference between response plans and contingency plans.
- To be familiar with the effective preparation of action plans.

2. Learning Activities

COMPULSORY ACTIVITY 1 (CA1): Following the lecture on the Guideline, and the ppt.
- **Description:** Just listen the lecture carefully and watch the ppt.
- **Time:** 35 minutes
- **Method:** The activity consists following a lecture supported by a ppt. on the Guideline.

COMPULSORY ACTIVITY 2 (CA2): Multichoice test
- **Description:** Respond the multi-choice test. Only one answer is correct for each question.
- **Time:** 10 minutes

COMPULSORY ACTIVITY 3 (CA3): Open questions
- **Description:** Elaborate on the two proposed open questions briefly (no more than six lines each). The topics are closely related with the content of the Guideline.
- **Time:** 15 minutes
- **Method:** Understand the question, think a bit, revisit the lecture, ppt. and/or Guideline when needed, and write your answer.

3. Work planning suggested

After following the lecture and watching the ppt., please respond the multichoice test first and then do the open questions. Do the two exercise one after the other. They have been designed to reinforce the contents of the lecture. Then you may read the recommended readings, in particular the Guideline, carefully as complementary materials when deem it appropriate.

4. Complementary activities

Recommended readings:

- **SH-CAPAC Project.** Guideline for the development of action plans for implementing a public health response and to strengthen a country’s health system in order to address the need posed by the influx of refugees, asylum seekers and other migrants, 2016.
Further reading (Not accessible from SH-CAPAC platform)


Module 3: Foundations for the development of migrant sensitive health systems
This content is part of the project ‘717275 / SH-CAPAC’ which has received funding from the European Union’s Health Programme (2014-2020). The content of this report represents the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

The document uses contents produced under the EU Health Programme (2008-2013) in the frame of service contract nr. 20136209 with the Consumers, Health, Agriculture and Food Executive Agency Unit (Chafea) acting under the mandate from the European Commission: Project “Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma – MEM-TP” carried out by the Andalusian School of Public Health, EASP (Spain) as consortium leader and Faculty of Health and Medical Sciences of the University of Copenhagen (Denmark), Azienda Unità Sanitaria Locale Reggio Emilia (Italy) and Academisch Medisch Centrum bij de Universiteit van Amsterdam (The Netherlands).
Module 3: Foundations for the development of migrant sensitive health systems

Module 1 contains 5 Units. The estimated time required for each Unit is between 1 and 2 hours, including contents and the compulsory activity.

In the following sections, learning objectives and activities are detailed for each unit. A work plan is suggested as well.

Module 3, Unit 1: Sociocultural context of refugees and migrants’ health

This unit has been dedicated to the sociocultural context of refugees’ and migrants’ health. Anna Szetela (Cultural adjustment and culture shock, Culture and health/disease perception and reaction, Culture and doctor-patient relationship and Cultural differences as a barrier in diagnostics, access and treatment), Ainhoa Ruiz Azarola (conceptualization from Intercultural Competence to Diversity Sensitivity) and Amets Suess Schwend (Sexual, gender and bodily diversity in different cultures) have prepared the unit. It includes four compulsory activities, three presentations, and several recommended readings.

The estimated time required for this Unit is 60 minutes, including the presentation and activities.

1. Learning Objectives

- To understand the importance of paying attention to sociocultural context of health and healthcare.
- To understand cultural adjustment and culture shock in health context.
- To analyze the areas and ways the culture influences health and disease perception in different societies.
- To analyze the influence of culture on health problems prevalence and the concept of “health fields”.
- To analyze the importance of culturally differentiated meaning of health and disease.
- To analyze culture as a factor influencing the decision about contacts with health care and cultural differences influencing the doctor-patient relationship.
- To analyze barriers occurring in doctor-patient relationship and communication.
- To introduce the concepts “cultural competence”, “intercultural competence”, and “diversity sensitivity”, and the shifts in their use.
- To introduce the positive contribution of interculturality and Sensitivity to diversity.
- To reflect on different concepts related to the topic.
- To reflect on the application of the different approaches in the concrete, context-specific professional practice.
- To reflect on sexual and gender diversity in different cultures.
- To learn about concepts and terminologies related to sexual orientation, gender expression, gender identity and sex characteristics, taking into account their culturally and historically specific character.
2. Learning Activities

COMPULSORY ACTIVITY 1: Presentation about “Cultural adjustment and culture shock” and “Culture and health/disease perception and reaction”.
- **Time:** 10 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 2: Group discussion on forum about culturally differentiated understanding of health and disease influencing the contacts with doctors.
- **Description:** This activity focuses on the participants’ previous knowledge and perceptions over a controversial issue regarding migrant and ethnic minorities’ heath.
- **Time:** 10 minutes
- **Method:** Discuss the content of the case study “Cultural adjustment and culture shock” from Cultural adjustment and culture shock in the forum.

COMPULSORY ACTIVITY 3: Presentation about “Culture and health/disease perception and reaction”, “Culture and doctor-patient relationship” and “Cultural differences as a barrier in diagnostics, access and treatment”
- **Description:** This activity focuses on the differences between cultures.
- **Time:** 10 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 4: Different cultures, different ways.
- **Description:** This activity focuses on the differences between cultures.
- **Time:** 10 minutes
- **Method:** Propose your own questions related to relationship between doctors and patients form different cultures, underlying those who may cause conflicts.

COMPULSORY ACTIVITY 5: Conceptualization from Intercultural Competence to Diversity Sensitivity
- **Description:** This activity focuses on the concepts
- **Time:** 10 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 6: Presentation “Sexual, gender and bodily diversity in different cultures”
- **Description:** Presentation “Sexual, gender and bodily diversity in different cultures”
- **Time:** 10 minutes
- **Methodology:** Watch the slide presentation

3. Work plan suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objetives</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
<td>• Introduction</td>
<td>COMPULSORY ACTIVITY 1: Presentation about “Cultural adjustment and culture shock” and “Culture and health/disease perception and reaction”</td>
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<tr>
<td></td>
<td>• To understand cultural adjustment and culture shock in health context.</td>
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<td>• To analyze the areas and ways the</td>
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<tr>
<td>Activity Number</td>
<td>Activity Description</td>
<td>Time</td>
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<td>culture influences health and disease perception in different societies.</td>
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4. Complementary Activities

Complementary readings


4. Optional activities

OPTIONAL ACTIVITY 1: Culture and health: video and discussion.
• Description: Video Screening to understand the importance of paying attention to socio-cultural context of health and healthcare. Video Culture and health, followed by forum discussion.
• [https://www.youtube.com/watch?v=U2Q_7BnyofA](https://www.youtube.com/watch?v=U2Q_7BnyofA)
• **Time:** 15 minutes
• **Method:** The activity consists in video screening and discussion on forum on other examples of cultural misunderstanding influencing the access to healthcare, diagnosis and/or effective therapy, taking into consideration the patient-oriented care. Video “Culture and Health”:

### OPTIONAL ACTIVITY 2: READING

**Description:** Reading

• **Time:** 10 minutes
• **Methodology:** Read the following definitions and contribute a reflection in the online forum:
  
  - OAS, Organization of the American States. [Basic concepts](#), 2015.

### Module 3, Unit 2: Determinants of health among refugees and migrants: health risks before, during and after the journey.

This unit has been dedicated to social determinants of health affecting different groups of migrants, with a special focus on human trafficking. Julia Bolívar (Social determinants of health), Gwen Herkes & Dr Ines Keygnaert (Human Trafficking) have prepared the unit. It includes two compulsory activities, one optional activity, two presentations, and several recommended readings (among them, one compulsory reading).

### 1. Learning objectives

#### Objectives of the Presentation

- To describe the specific Social Determinants of Health affecting different groups of migrants in the different phases of the migratory process
- To analyse the health risks before, during and after a migratory journey.
- To know policy measures tackling social determinants for refugees, asylum seekers and other migrants
- To describe the phenomenon of human trafficking
- To describe the European legislation and policy initiatives on human trafficking
- To describe the health consequences for victims of human trafficking
- To stress the important role of healthcare professionals in identifying victims of human trafficking

#### Objectives of the Activities

- To identify and reflect about the specific Social determinants of health affecting different groups of migrants in the different phases of the migratory process
- To learn how to react/respond in case of suspicion of human trafficking
- To learn how to refer victims of human trafficking
2. Learning activities

Social Health determinants

Compulsory Activity 1. Identify social determinants of health in refugees, asylum seekers and other migrants in the different phases of the migratory process.

Description: This activity focuses on the participants’ reflections about which are the social determinants affecting refugees, asylum seekers and other migrants in the different phases of a migratory trajectory.

Method: Individual Identification of Determinants and discussion in forum.

Activity: Please, identify individually and discuss in forum social determinants of refugees, asylum seekers and other migrant population in the different scenarios. Please, share your answers in the forum:

- In destination countries (after)
- At arrival/during the journey (during)
- Countries of origin (before)

The following questions can be used as a facilitator for the group discussion:

- Which determinants can be identified as structural determinants in each of the scenario’s?
- Which are the specific social determinants of health in conflict settings -in origin countries? (How conflict affects social determinants in origin countries?)
- Are social determinants of refugees and migrants similar to those affecting the host population in destination countries?

Human Trafficking

Compulsory Activity 2. Test your knowledge (group discussion)

View presentation webinar from slide 7 to 23 and test your knowledge (https://traffickingresourcecenter.org/resources/recognizing-and-responding-human-trafficking-healthcare-context)

Pause the presentation at slide 16, 21 and 22. Answer these questions on the unit forum and have a discussion with the other participants.

Optional Activity 3. Individual exercise

“Member States should ensure that formal, functional national referral mechanisms are established. These mechanisms should describe procedures to better identify, refer, protect and assist victims and include all relevant public authorities and civil society. The development of criteria for the identification of victims should be included, to be used by all those involved. Member States have already committed to establishing these mechanisms by the end of 2012 in the context of the EU Policy Cycle to fight serious and organized crime.” (The EU Strategy towards the Eradication of Trafficking in Human Beings 2012-2016)

Find out to which organisations you can refer victims of human trafficking in your country, and get familiar with their offer of care.
3. Work plan suggested

<table>
<thead>
<tr>
<th>Time (minutes)</th>
<th>Objectives</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>Social Determinants of Health</td>
<td>Video screening and lecture document</td>
</tr>
<tr>
<td>15</td>
<td>To introduce the social determinants of health in general according to the WHO framework</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>To identify specific determinants according phases or situations in migrant processes</td>
<td>Compulsory Activity 1: Group discussion in forum</td>
</tr>
<tr>
<td>25</td>
<td>To analyse the Social Determinants of health in refugees, asylum seekers and other migrants, main health concerns and policy measures</td>
<td>Presentation (slides 1-11)</td>
</tr>
<tr>
<td>60</td>
<td>Trafficking</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>To describe the phenomenon of human trafficking</td>
<td>Presentation (slides 1-6)</td>
</tr>
<tr>
<td>5</td>
<td>To describe the European legislation and policy initiatives on human trafficking</td>
<td>Presentation (slides 7-11)</td>
</tr>
<tr>
<td>15</td>
<td>To describe the health consequences for victims of human trafficking</td>
<td>Presentation (slides 12-18)</td>
</tr>
<tr>
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<td>To stress the important role of healthcare professionals in identifying victims of human trafficking</td>
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<tr>
<td>20</td>
<td>To learn how to react/respond in case of suspicion of human trafficking</td>
<td>Compulsory Activity 2 in 3 parts:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Presentation slide 19</td>
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<td></td>
<td>- Webinar slides 7 to 23</td>
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<td></td>
<td></td>
<td>- Discussion in forum (webinar slides 16, 21 and 22)</td>
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<tr>
<td></td>
<td></td>
<td>Presentation slide 20</td>
</tr>
<tr>
<td>10</td>
<td>To learn how to refer victims of human trafficking</td>
<td>Optional Activity 3: Individual exercise (presentation slide 21)</td>
</tr>
</tbody>
</table>

4. Complementary activities

Recommended readings

Social determinants of health

• Pfarrwaller Eva, Suris Joan-Carles. Determinants of health in recently arrived young migrants and refugees: a review of the literature. IJPH, 2012; 3(9). Full text available at: http://ijphjournal.it/issue/view/532


**Trafficking**


**Complementary readings**


Module 3, Unit 3: Disease Prevention and health promotion

This unit has been dedicated to a Disease prevention and Health Promotion. Pablo Pérez Solís and Luis Andrés Gimeno Feliu have prepared the unit. This Unit includes original graphic and reading material, five activities (2 compulsory and 3 optional) and four recommended readings.

The estimated time required for this Unit is 60 minutes, including contents and the compulsory activity.

1. Learning Objectives

- To describe most prevalent refugee health issues and a basic approach on a primary care consultation.
- To know the most common preventive and screening activities for newly arriving activities.
- To address health problems with a patient centered approach, on a refugee first consultation.
- To individualize screening and preventive interventions depending on refugee’s country of origin and other circumstances.

2. Learning Activities

COMPULSORY ACTIVITY 1: READING

- **Description:** Reading
- **Time:** 30 minutes
- **Methodology:** Read the graphic and reading material regarding the most prevalent refugee health issues and a basic approach on a primary care consultation and the most common preventive and screening activities for newly arriving activities.

COMPULSORY ACTIVITY 2: Preventive care for a new immigrant.

- **Description:** Discussion about the main preventive activities in a recent immigrant from a primary care point of view.
- **Time:** 20 minutes
- **Method:** This activity consists in choosing one of the following cases and develops a first medical visit in a host country focusing in main preventive services (not only infectious exams).
  - Aaqila, woman from Afghanistan, 55 years old.
  - Issa, boy from Syria, 10 years old.
  - Addam, man from Ethiopia, 43 years old.
  - Berta, woman from Colombia, 25 years old.
  - Hana, girl from Bosnia, 13 years old.
3. Work plan suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
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</thead>
</table>
| 30 minutes | • To describe most prevalent refugee health issues and a basic approach on a primary care consultation.  
• To know the most common preventive and screening activities for newly arriving activities. | CA 1: Graphic and reading material.                                                          |
| 30 minutes | • Preventive care for a new immigrant.                                       | CA 2: Discussion about the main preventive activities in a recent immigrant from a primary care point of view |

4. Complementary activities

**Recommended readings**


**OPTIONAL ACTIVITY 1:** Preventive care for new immigrants.
- **Description:** Repeat the previous activity but in the five settings
- **Time:** 45 minutes
- **Method:** See compulsory activity

**OPTIONAL ACTIVITY 2:** Vaccine coverage in the world.
- **Description:** Research about coverage of vaccine-preventable diseases in the main countries
- **Time:** 20 minutes

**Method:** Research in the “WHO vaccine-preventable diseases: monitoring system. 2016 global summary” webpage the main indicators about vaccination [http://apps.who.int/immunization_monitoring/globalsummary](http://apps.who.int/immunization_monitoring/globalsummary). Students can choose the five countries seen in Compulsory Activity or select those countries most important for them.
OPTIONAL ACTIVITY 3: Graphic and reading material

Description:
• To address health problems with a patient centered approach, on a refugee first consultation.
• To individualize screening and preventive interventions depending on refugee’s country of origin and other circumstances.

Time: 40 minutes

Method: Graphic and reading material

Complementary material:
- Evidence-Based Preventive Care Checklist for New Immigrants and Refugees (Canadian Collaboration for Immigrant and Refugee Health)
- Disease distribution maps

Module 3, Unit 4: Capacity-building for migrant sensitive health systems. Communication Skills

This unit has been dedicated to Capacity-building for migrant sensitive health systems and Communication Skills. Olga Leralta, Lotte De Schrijver and Ines Keygnaert have prepared the unit.

Unit 4 includes two PPT presentations, one reading and two compulsory activities. As the contents of this Unit require an experiential pedagogical approach, you will find a set of complementary activities and readings for further practice and knowledge. Activities’ approach prompt reflection and examination of one’s own attitude, instead of emphasizing on the passive acquisition of knowledge of different ethnic groups. Some of them may be more relevant than other for your daily work.

The examples used in this unit will be about sexuality, death or serious diseases since these are sensitive topics. However, the tools and strategies discussed here are transferable to any other sensitive issue.

The estimated time required for this Unit is 60 minutes, including contents and the compulsory activities.

1. Learning Objectives

Objectives of the Presentation:
- To recognise key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity
- To identify techniques to improving healthcare team-patient interaction in culturally diverse contexts.
- To identify strategies for addressing sensitive issues

Objectives of the Activities:
- To explore our own stereotypes.
- To reflect on the ability to addressing sensitive issues in culturally diverse contexts.
2. Learning Activities

COMPULSORY ACTIVITY 1: Impact of Communication in Healthcare.
- **Time:** 5 minutes
- **Method:** Reading to identify the unit’s context.

COMPULSORY ACTIVITY 2: Contents Unit 4 (1)
- **Description:** Individual reading about key elements in communication and techniques to improving healthcare team-patient interaction in culturally diverse contexts.
- **Time:** 10 minutes
- **Method:** Participants read the pdf.

COMPULSORY ACTIVITY 3: Common Myths about Sexuality
- **Description:** Individual reflection over stereotypes related to sexuality (adapted from handout 5a, p35 Make it work!).
- **Time:** 10 minutes
- **Method:** Using the template, participants are invited to explore how they themselves are guided sometimes, conscious or unconscious, by one or more of a list of statements and then take a look at how many myths they considered as facts.

COMPULSORY ACTIVITY 4: Contents Unit 4 (2)
- **Description:** Individual reading about key aspects of communication when addressing sensitive issues.
- **Time:** 10 minutes
- **Method:** Participants read the PPT.

COMPULSORY ACTIVITY 5: Confronting difficult situations
- **Description:** Self reflection on addressing sensitive issues through an example from a case described.
- **Time:** 25 minutes
- **Method:** This activity involves 3 tasks:
  1. Read the case study.
  2. Reflect on how the healthcare team should approach the sensitive issues in this example to reach a different outcome.
  3. Share your opinion in the forum and comment on the other participants' contributions.

3. Work plan suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 min.</td>
<td>Identify the unit’s context</td>
<td>Reading 1</td>
</tr>
<tr>
<td>10 min.</td>
<td>To recognise key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity</td>
<td>Contents Unit 4 (1)</td>
</tr>
</tbody>
</table>

To identify techniques to improving healthcare team-patient interaction in culturally diverse contexts

10 min. Individual reflection over stereotypes related to sexuality
Compulsory Activity 1: Common Myths about Sexuality

10 min. To identify key aspects of communication when addressing sensitive issues
Contents Unit 4 (2)

25 min. Self reflection on addressing sensitive issues through an example from a case described.
Compulsory Activity 2: Confronting difficult situations and emotions

4. Reading

Compulsory Reading:

5. Complementary activities

Optional activities

OPTIONAL ACTIVITY 1: Good practices in inclusive communication
- **Description**: This activity focuses on the applicability of the six principles of inclusive communication to the interaction of health professionals with patients and communities in a culturally diverse context.
- **Time**: 30 minutes
- **Method**: This activity consists on individual reflection over the six principles of inclusive communication. Participants are asked to contribute examples of good practices, considering their daily experience. Fill in the template contributing with examples of good practices

OPTIONAL ACTIVITY 2: Negotiation process
- **Description**: Self-reflection about the experience of participants in negotiation and collaboration processes to solve conflicts in their daily practice.
- **Time**: 15 minutes
- **Method**: Participants are asked to individually think of a situation they have experienced. They can fill-in the template (checklist of the steps to negotiate).
Complementary reading:


Module 3, Unit 5: Caring for the caregivers

This unit has been dedicated to caring for caregivers. Lotte De Schrijver & Ines Keygnaert have prepared the unit. It includes three compulsory activities, one presentation, and several recommended readings.

The estimated time required for this Unit is 50 minutes, including the presentation and activities.

1. Learning Objectives

Objective of the presentation:

- To introduce the concepts “burnout” and “compassion fatigue”.
- To identify signs of burnout and compassion fatigue.
- To identify risk factors
- To install preventive measures
- To install additional measures

Objective of the activities:

- To identify stress signals
- To reflect on work-life balance
- To identify health coping mechanisms
2. Learning Activities

COMPULSORY ACTIVITY 1 (CA1): “Identify your stress signals”
- **Description:** Individual exercise; power point
- **Time:** 5 minutes.
- **Method:** The activity “Identify your stress signals” consists of two parts:
  - Identifying the own stress signals from a list of possibilities
  - Identifying the three most important signals, starting with the most important and indicating how often and how intense this signal is experienced

COMPULSORY ACTIVITY 2 (CA2): “How balanced is your work-life balance?”
- **Description:** Individual exercise; power point or handout
- **Time:** 7 minutes.
- **Method:** The activity “How balanced is your work-life balance?” consists of three parts:
  - In the following grid, you can map your own work-life balance. First, write down how many times you spend on the listed activities on weekly basis. Second, try to take a step back from your current situation and reflect on how much time you would want to spend on these activities.
  - Reflect on your time division. If you are not satisfied with the time you spend on your activities, try to change your balance while reflecting on these three tips:
    - Make room for your priorities
    - Try to make the balance lean towards energy giving activities
    - Make sure you take enough time to recover (Preferably every day)
  - Indicate which factors/circumstances at work you can change and which not? Base your strategy on that question

COMPULSORY ACTIVITY 3 (CA3): “Identify healthy coping mechanisms”
- **Description:** Individual exercise; power point
- **Time:** 4 minutes.
- **Method:** The activity “Identify healthy coping mechanisms” consists of two parts:
  - Identifying in the grid which coping mechanism are you already using?
  - Which mechanisms could be a good alternative if your current mechanisms are not sufficient?

2. Work plan suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>- To introduce the concepts “burnout” and “compassion fatigue”.&lt;br&gt;- To identify signs of burnout and compassion fatigue.</td>
<td>- Presentation and readings&lt;br&gt;- CA1: “Identify your stress signals”</td>
</tr>
</tbody>
</table>
28 minutes
- To identify risk factors
- To install preventive measures
- Presentation and readings
  - CA2: “How balanced is your work-life balance?”
  - CA3: “Identify healthy coping mechanisms”

2 minutes
- To install additional measures
- Presentation and readings

4. Recommended readings


Evaluation activities regarding the course’s objectives (Knowledge pre test).

- According to the piloting objectives of this course, you will be asked to complete some surveys and participate in other ways of collecting information about the learning process (Forum, private messaging, teleconferencing, etc.).

**For module 3, evaluation activities are:**

1) At the beginning of module:
   - A prior self-assessment about the degree of knowledge

2) At the end of module:
   - A self-assessment about the knowledge outcomes after the course (Knowledge post test).
   - A survey on quality, usability and usefulness of training materials (Materials assessment).
SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE

717275/SH-CAPAC

Guidelines for trainees

Module 4. Vulnerabilities
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Module 4. Vulnerabilities

Module 4 contains three units: U1. Childhood and unaccompanied minors, U2. Gender-based violence and persecution on grounds of sexual orientation and gender identity, and U3. Elderly and disabled refugees. The estimated time required for this module is 4 hours, including contents and compulsory activities.

The following sections provide the details of the learning objectives and activities for each unit. A work plan for navigating the unit is suggested as well.

Unit 1: Childhood and unaccompanied minors

This unit has been prepared by Ainhoa Rodríguez and Olga Leralta (Andalusian School of Public Health). It includes one presentation, one compulsory activity, one optional activity, recommended videos, recommended reading, and complementary reading for further knowledge.

1. Learning objectives

Objectives of the presentation:

- To describe basic characteristics of the refugee children and unaccompanied migrant minors.
- To identify specific risks and health problems of refugee children and unaccompanied migrant minors.
- To identify barriers in access to health care.
- To formulate a health care response to address needs.

Objectives of the activities:

- To identify specific health needs of refugee children and unaccompanied migrant children.
- To formulate a health care response to address these needs.
2. Learning activities

**COMPULSORY ACTIVITY 1 (CA1): Presentation** on refugee children and unaccompanied migrant minors.
- **Time:** 20 minutes
- **Method:** Watch the slide presentation

**COMPULSORY ACTIVITY 2 (CA2): SWOT analysis**
- **Time:** 15 minutes
- **Method:**
  1. Write in the wiki matrix at least 5 strengths, 5 weaknesses, 5 opportunities, and 5 threats on health care for unaccompanied refugee/migrant children:
     - Strengths: describe the positive factors
     - Weaknesses: are internal factors that are within your control
     - Opportunities: are the positive external factors that are beyond your control.
     - Threats: are the factors which may put your strategy in jeopardy.
  2. Feel free to modify and organize the other participants’ contributions, in order to generate a collective SWOT.

**COMPULSORY ACTIVITY 3 (CA3): Recommended videos**
- **Time:** 15 minutes
- **Method:** Watch the videos linked in slide 18.
3. Work plan suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
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</table>
| 20 minutes| • Outline of the session  
• Migrant children’s health  
• Refugee children: risks and health consequences  
• Unaccompanied migrant/refugee children  
• Mental health of refugee children  
• Migrant children & bullying  
• More health issues  
• Migrant Children Vaccination  
• Substance misuse | CA 1: Presentation (slides 1-15) |
| 15 minutes| • SWOT analysis on health care for unaccompanied refugee/migrant children | CA 2: (slide 16) |
| 60 minutes| • Optional activity: video “Children on the move – Children first”. | Presentation (slide 17) |
| 15 minutes| • Recommended videos                                                     | CA 3: (slide 18) |
| 10 minutes| • Recommended reading                                                     | Presentation (slide 19) |

4. Complementary activities

Recommended reading


Further reading


Hendel-Paterson B, Swanson SJ. Pediatric travelers visiting friends and relatives (VFR) abroad: illnesses, barriers and pre-travel recommendations. Travel Medicine and Infectious Disease 2011;9:192e203.


WHO. Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen: WHO Regional Office for Europe; 2010.

### Optional activity

- **Description:** Video screening and discussion
- **Time:** 60 minutes
- **Method:** Discuss on forum the content of the video “Children on the move – Children first” produced by the European Network of Ombudspersons for Children (ENOC): [link](https://vimeo.com/75947923)
Unit 2: Sexual and gender-based violence and persecution on grounds of sexual orientation and gender identity

This unit is structured in two parts. Part I has been prepared by Ines Keygnaert (Ghent University - International Centre for Reproductive Health) and Part II by Amets Suess Schwend (Andalusian School of Public Health). The estimated time for this Unit is two hours.

Part I Sexual and gender-based violence

This part I includes one presentation, three compulsory activities and eight recommended readings.

The estimated time required for this part of the Unit is one hour, including the presentation and activities.

1. Learning objectives

Objective of the presentation and activities:

- To discuss whether situations are acceptable and why
- To identify criteria underlying the notion of violence and transgressive behavior
- To identify different forms of violence and terminology used
- To become accustomed to communicating about violence
- To understand the consequences of sexual and gender-based violence (SGBV)
- To have an idea of prevalence of SGBV in Europe
- To become familiar with European policies and regulations on SGBV in the asylum sector

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Presentation on sexual & gender-based violence.

- **Time:** 20 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 2 (CA2): “Flag situations”
• **Description:** Individual & Group exercise; power point & forum;

• **Time:** 20 minutes.

• **Method:** The activity “Flag situations” consists of three parts:

1. Step 1: Look at the following situations and indicate how you would flag each of the situations: what is acceptable and what is transgressive behavior to you and how should we react on that?
   - Green: acceptable behavior
   - Yellow: the behavior should be changed or corrected slightly
   - Red: this behavior should be forbidden
   - Black: this behavior should be punished.

2. Step 2: go to the forum and compare the answers you have with the other participants: do you all react the same? Which elements constitute acceptable and transgressive behavior?

3. Step 3: check out the criteria for evaluation of situations and how to flag and react on them
   Handout 23 Senperforto Manual Flags and criteria.pdf

**COMPULSORY ACTIVITY 3 (CA3): “Violence cases: identification of types”**

• **Description:** Group exercise; power point & forum;

• **Time:** 20 minutes.

• **Method:** The activity “violence cases: identification of types” consists of four parts:

1. Step 1: read the following 5 cases of violence in refugees, asylum seekers and undocumented migrants: Handout 24 Senperforto Manual Violence cases.pdf

2. Step 2: Go to the forum and discuss the cases:
   - Which elements described in the cases do you consider to be violence?
   - How would you categorize them? Give each category a name.
   - Try to come to a consensus

3. Step 3: Continue with the presentation about different perspectives to look and categorise violence.

4. Step 4: Look back at the categorizations you made of the violence types occurring in the cases:
   - Which perspective did you take?
   - Have you overlooked some of the violence acts in the cases?
COMPULSORY ACTIVITY 4 (CA4): “Country specific exercise measures SGBV prevention and response”

- **Description:** individual exercise; power point & forum;
- **Time:** 5 minutes.
- **Method:** The activity “Country specific exercise measures SGBV prevention and response” consists of one part:

1. Step 1: After having read the guidelines and checked the tools:
   - Which guidelines are implemented in your country?
   - If you see gaps: which organisations, structures or people are there to inform about the opportunities to fill this gap?
   - Plan on how you can inform this on these guidelines and tools available

### 3. Work plan suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
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</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td>• To discuss whether situations are acceptable and why</td>
<td>• CA1: Presentation and readings</td>
</tr>
<tr>
<td></td>
<td>• To identify criteria underlying the notion of violence and transgressive behavior</td>
<td>• CA2: Flag situations</td>
</tr>
<tr>
<td>20 minutes</td>
<td>• To identify different forms of violence and terminology used</td>
<td>• Presentation and readings slides 15-27</td>
</tr>
<tr>
<td></td>
<td>• To become accustomed to communicating about violence</td>
<td>• CA3: violence cases: identification of violence types</td>
</tr>
<tr>
<td>10 minutes</td>
<td>• To understand the consequences of sexual and gender-based violence (SGBV)</td>
<td>• Presentation and readings</td>
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<tr>
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<td>• To have an idea of prevalence of SGBV in Europe</td>
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<tr>
<td>10 minutes</td>
<td>• To become familiar with European policies and regulations on SGBV in the asylum sector</td>
<td>• Presentation and readings</td>
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<td></td>
<td>• CA4: Country-specific exercise measures SGBV prevention and response</td>
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</table>
4. Complementary activities

**Recommended reading**


**Further reading**


Part II: Persecution and discrimination on grounds of sexual orientation and gender identity.

Part II “Persecution and discrimination on grounds of sexual orientation and gender identity” of Unit 2, elaborated by Amets Suess Schwend, Andalusian School of Public Health, includes four compulsory activities (including one presentation, two compulsory activities and a compulsory reading), one optional activity, four complementary readings and three complementary audiovisual materials.

The estimated time required for this part of the Unit is one hour (compulsory activities).

1. Learning Objectives

Objectives of the presentation and activities:

- To reflect on the situation of LGBTI refugees and migrants in the countries of origin, during the migration journey and in the host countries.
- To explore concerns and needs of LGBTI refugees and migrants.
- To identify specific aspects in the current situation of economic crisis and increased refugee flow.
- To discuss principles and strategies for a diversity sensitive health care directed to LGBTI refugees and migrants.

2. Learning Activities

COMPULSORY ACTIVITY 1 (CA 1): Exchange of experiences

- **Description:** Exchange of experiences related to the clinical work with LGBTI refugees / migrants in the forum, including positive aspects, difficulties and needs.
- **Time:** 10 minutes
- **Method:**
  - **In the forum:**
    - Upload a post sharing your experiences related to the clinical work with LGBTI refugees / migrants, including positive aspects, difficulties and needs.
    - If you have not had any professional experience with LGBTI refugees / migrants, identify reasons for their invisibility.

COMPULSORY ACTIVITY 2 (CA 2): Presentation

- **Description:** Presentation on persecution and discrimination on grounds of sexual orientation and gender identity
- **Time:** 20 minutes
- **Method:** Watch a slide presentation.
COMPULSORY ACTIVITY 3 (CA 3): Reading

- **Description:** Reading on the situation of LGBT refugees and migrants
- **Time:** 10 minutes
- **Method:** Read the following document:

COMPULSORY ACTIVITY 4 (CA 4): Sharing of audiovisual materials

- **Description:** Sharing of audiovisual materials in the forum.
- **Time:** 20 minutes
- **Method:**
  - **Individually:**
    - Look for a video (documentary, conference, discussion, performance, music, etc.) aimed at raising awareness on the situation of LGBTI refugees / migrants.
  - **In the forum:**
    - Upload a post with the video, indicating the reasons for choosing this material.

3. Work plan suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
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<tbody>
<tr>
<td>10 minutes</td>
<td>• To facilitate an exchange of experiences related to the clinical work with LGBTI refugees and migrants, including positive aspects, difficulties and needs.</td>
<td>CA 1: Exchange of experiences In the forum: Exchange of experiences related to the clinical work with LGBTI refugees / migrants or identification of reasons for the invisibility of LGBTI refugees / migrants</td>
</tr>
</tbody>
</table>
| 20 minutes | • To reflect on the situation of LGBTI refugees and migrants in the countries of origin, during the migration journey and in the host countries.  
• To explore concerns and needs of LGBTI refugees and migrants    
• To identify specific aspects in the current situation of economic crisis and increased refugee flow.  
• To discuss principles and strategies for a diversity sensitive health care directed to LGBTI refugees and migrants.  
• To learn about the current situation of LGBTI refugees in Europe. | CA 2: Presentation |
4. Readings and audiovisual material

Compulsory reading:


Complementary readings:


Complementary audiovisual material:

4. Optional activity

OPTIONAL ACTIVITY: Film screening and discussion

- **Description:** Film screening of short documentaries and contribution of a commentary in the forum, identifying important concerns and needs expressed by LGBTI refugees / migrants, as well as strategies for addressing these concerns and needs in the health care context.
- **Time:** 20 minutes
- **Method:**
  - Individually
    - Watch the following documentaries:
      - Lebanon: LGBTI Refugees tell their stories, UNHCR (1:10 min): https://www.youtube.com/watch?v=F6C0kYChXO
      - Never Arrive, Farah Abdi, Somali trans refugee and writer (6:15 min): https://www.youtube.com/watch?v=sd-yU0aceR0
  - In the forum:
    - Upload a commentary to the forum, responding to the following questions:
      - Which are the most important concerns and needs expressed by LGBTI refugees / migrants?
      - Which strategies can be developed in the health care context to approach these concerns and needs?
**Unit 3: Elderly and disabled**

This unit has been prepared by Katja Lanting and Jeanine Suurmond (Academisch Medisch Centrum, Universiteit van Amsterdam). It includes one presentation, three activities, one video and five recommended readings. You will also find complementary reading for further knowledge. The estimated time required for this unit is one hour.

1. **Learning Objectives**

   Objectives of the Presentation:
   
   - To describe basic characteristics of the elderly refugee population.
   - To identify specific health needs of elderly refugees.
   - To identify barriers in access to health care.
   - To formulate a health care response to address needs.
   - To identify needs of refugees with disabilities and formulate a health care response to address these needs.

   Objectives of the Activities:
   
   - To identify specific health needs of elderly refugees.
   - To formulate a health care response to address these needs.

2. **Learning Activities**

   **COMPULSORY ACTIVITY 1: Presentation**
   
   - **Time:** 15 minutes
   - **Method:** Watch a slide presentation.

   **COMPULSORY ACTIVITY 2: Video**
   
   - **Time:** 15 minutes
   - **Method:**
     1. Please watch the 2 videos about refugee health needs.
     2. What are in your eyes specific health needs of elderly refugees? Please write down.
     3. Compare your answers with the information given in the presentation.
     4. Discuss your answer in the forum.
COMPULSORY ACTIVITY 3: Case study

- **Time:** 15 minutes
- **Method:**
  1. Read the case study.
  2. What could be possible barriers in access to care? Please write down.
  3. Compare your answers with the information given in the presentation.
  4. Discuss your answer in the forum.

COMPULSORY ACTIVITY 4: Video

- **Time:** 15 minutes
- **Method:**
  1. Please watch the video.
  2. Write down 3 most relevant strategies for improving access to health care for elderly refugee and asylum seekers in your region / country.
  3. Compare your answer with the information given in the presentation.
  4. Discuss your answer in the forum.

3. Work plan suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
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</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>To describe basic demographic characteristics of the elderly refugee population</td>
<td>Presentation (slide 3)</td>
</tr>
<tr>
<td>15 minutes</td>
<td>To identify specific health needs of elderly refugees</td>
<td>CA2 in three parts:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Videos (4-5)</td>
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<tr>
<td></td>
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<td>- Presentation (slides 6-7)</td>
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<td></td>
<td></td>
<td>- Discussion in forum</td>
</tr>
<tr>
<td>15 minutes</td>
<td>To identify barriers in access to health care</td>
<td>CA3 in three parts:</td>
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<tr>
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<td>- Case study (slides 8-9)</td>
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<td>- Presentation (slide 10)</td>
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<td>- Discussion in forum</td>
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<tr>
<td>15 minutes</td>
<td>To formulate a health care response to address needs</td>
<td>CA4 in three parts:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Video (slide 11)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Presentation (slides 12-13)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Discussion in forum</td>
</tr>
<tr>
<td>10 minutes</td>
<td>To identify needs of refugees with disabilities and formulate a health care response to address these needs.</td>
<td>CA1: Presentation (slide 14-21)</td>
</tr>
</tbody>
</table>
4. Complementary activities

Recommended reading


Further reading


McSpadden LA. Ethiopian refugee resettlement in the Western United States: social context and psychological well-being. The International migration review. 1987;21(3):796-819.


Guidelines for trainees
Module 5. Specific health concerns
Module 5. Specific health concerns

Module 5 contains four units. The estimated time required for the module is 5 hours, including contents and the compulsory activities.

In the following sections the learning objectives and activities are detailed for each unit. A work plan is suggested as well.

Unit 1: Non-communicable diseases.

Pablo Pérez Solís and Luis Andrés Gimeno Feliu, medical doctors, from the Spanish Public Health Service, have prepared this content. This Unit includes original graphic and reading material, two activities (one compulsory and one optional) and four recommended readings. The estimated time required for this Unit is one hour and 15 minutes, including contents, readings and a discussion in forum.

1. Learning objectives

- To describe the impact of chronic diseases in refugee health and the basics of the epidemiological situation in the European context.
- To describe different patterns of multimorbidity and chronic disease according to refugee’s origin, and socioeconomic status.
- To individualize interventions depending on refugee’s country of origin and other circumstances.

2. Learning activities

**COMPULSORY ACTIVITY 1: Infographic on non communicable diseases**

**Method:** Watch the pdf.

**COMPULSORY ACTIVITY 2: Prevalence of chronic disease**


**COMPULSORY ACTIVITY 3: Recommendations for management of diabetes during Ramadan**


**COMPULSORY ACTIVITY 4: Diabetes in Ramadan**

**Description:** Video Screening and discussion in forum

**Method:** The activity consists in a video screening and discussion in forum about the importance of this kind of resources in clinical settings: [https://www.youtube.com/watch?v=OWbDId5_Rkl](https://www.youtube.com/watch?v=OWbDId5_Rkl)

3. Work plan suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
</tr>
</thead>
</table>
| 55 minutes | • To describe the impact of chronic diseases in refugee health and the basics of the epidemiological situation in the European context.  
• To describe different patterns of multimorbidity and chronic disease according to refugee origin, and socioeconomic status. | Graphic and reading journal articles.        |
Unit 2: Communicable diseases.

Pablo Pérez Solís and Luis Andrés Gimeno Feliu, medical doctors, from the Spanish Public Health Service, have prepared this content. This Unit includes original graphic and reading material, two activities (one compulsory and one optional) and four recommended readings. The estimated time required for this Unit is one hour and 15 minutes, including contents, readings and a discussion in forum.

1. Learning objectives

• To describe the impact of communicable diseases in migrants and refugee
• To know core elements for a adequate approach: modes of transmission, risk-related practices, and barriers as socio-economic status and access to healthcare.
• To know different public health implications of most common communicable diseases in migrants and refugees
• To individualize interventions depending on refugee’s country of origin and other circumstances

2. Learning activities

COMPULSORY ACTIVITY 1: Infographic on communicable diseases
Method: Watch the pdf.

COMPULSORY ACTIVITY 2: Infectious diseases of specific relevance
COMPULSORY ACTIVITY 3: Communicable disease risks associated with the movement of refugees

**Method:** Reading European Centre for Disease Prevention and Control. Communicable disease risks associated with the movement of refugees in Europe during the winter season – 10 November 2015, Stockholm: ECDC; 2015. (Note: Pending on updated ECDC new document for 2016) (12 pages)

COMPULSORY ACTIVITY 4: Prevalence of main communicable diseases in the world

**Description:** Search on the web

**Method:** This activity consists in searching on the web the prevalence of communicable diseases studied in this unit in different countries in the world. Afterwards, compare this prevalence with that of host country. Sources:

- Yellow Book (CDC)
- World Health Organization (WHO)
- European Centre for Disease Prevention and Control

3. Work plan suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
</tr>
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</table>
| 55 minutes | • To describe the impact of communicable diseases in migrants and refugee health as a heterogeneous phenomenon that it is.  
• To know core elements for an adequate approach: modes of transmission, risk-related practices, and barriers as SES and access to healthcare  
• To know different public health implications of most common communicable diseases in migrants and refugees  
• To individualize interventions depending on refugee’s country of origin and other circumstances | Graphic and reading journal articles               |
| 20 minutes | • Prevalence of main communicable diseases in the world                      | This activity consists in searching on the web the prevalence of communicable diseases studied in this unit in different countries in the world. Afterwards, compare this prevalence with that of host country. |

4. Complementary activities

Optional activities

OPTIONAL ACTIVITY 1: Assessing the burden of key infectious diseases

**Method:** Reading European Centre for Disease Prevention and Control. Assessing the burden of key infectious diseases affecting migrant populations in the EU/EEA. Stockholm: ECDC; 2014. (106 pages)
Unit 3: Sexual and reproductive health.
Lotte De Schrijver and Ines Keygnaert, Ghent University-ICRH, have prepared this content. This Unit includes one presentation, five compulsory activities and eight recommended readings. The estimated time required for this Unit is 90 minutes, including the presentation and activities.

1. Learning objectives
- To understand that people have different needs according to their sexual development stage.
- To be able to identify important supportive/hindering factors of sexual development.
- To understand the elements of a definition of sexual and reproductive health.
- To understand the concept of sexual and reproductive rights (history, purpose, meaning).
- To be aware of risk factors for poor sexual and reproductive health in the context of migration.
- To know which guidelines to apply to provide a minimal sexual and reproductive health care service.

2. Learning activities

COMPULSORY ACTIVITY 1: “Defining sexual and reproductive health”
Description: Group exercise; power point Unit 3 & forum;
Method: The activity “Defining sexual and reproductive health” consists of four parts:
- Step 1: Forum:
  - In your opinion, when is somebody in good sexual health?
  - In your opinion, when is somebody in good reproductive health?
  - Check whether you have identified elements related to the 5 sexual health core components: general well-being and development, a safe and satisfying sex life, sexual relationships and sexuality, Family planning and fertility, access to Information & Care.
- Step 2:
  - Reflect on how this relates to your own sexual timeline?
  - Which elements would you use to describe your own SRH?
- Step 3: Read the WHO definitions of sexual health, sexuality and reproductive health.
- Step 4: Discuss the following:
  - Discuss the similarities and differences between what you indicated in the previous activity as being elements of good sexual and reproductive health and the given definitions.
  - How do sexual and reproductive health relate to each other according to you? Which one is the more narrow and which one the more broader term?
  - Discuss how SRH can be influenced by the process of migration. Try to identify aspects influencing SRH in arrival, transit and destination countries.
  - How are reception centres in your country dealing with sexual and reproductive health? Do you have suggestions for improvement?

COMPULSORY ACTIVITY 2: “Sexual and reproductive rights”
Description: Group exercise; power point Unit 3 & forum;
Method: The activity “Sexual and reproductive rights” consists of one part:
- Step 1: Discuss on the forum:
  - Do you believe that sexual and reproductive health rights are universal?
  - Which rights are easily/not easily fulfilled as an asylum seeker in Europe? Do they have suggestions for improvement?
  - What barriers do they see regarding the sexual rights of asylum seekers?

COMPULSORY ACTIVITY 3: “Risk factor identification & reflection on SRH assessment”
Description: individual exercise; power point Unit 3.
Method: The activity “Risk factor identification & Reflection on SRH assessment” consists of three parts:
• Step 1: Read the HEN report n.45 on reduction of inequalities in accessibility and quality of maternal health care delivery for migrants
  

• Step 2: Look at table presented on the next slide.

• Step 3: Reflect on the following:
  o Do you recognize these risk factors in your country?
  o What could be done to prevent this?
  o Is anything missing according to you?

COMPULSORY ACTIVITY 4: “MISP-RH”


3. Work planning suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
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</table>
| 15 minutes | To understand the elements of the definitions of sexual and reproductive health | • Presentation and readings
|          |                                                                            | • CA1: Defining sexual and reproductive health |
| 15 minutes | To understand the concept of sexual and reproductive rights (history, purpose, meaning). | • Presentation and readings
|          |                                                                            | • CA2: Presentation and readings               |
| 15 minutes | To be aware of risk factors of poor sexual and reproductive health in the context of migration | • Presentation and readings
|          |                                                                            | • CA3: Reflection on SRH assessment            |
| 25 minutes | To know which guidelines to apply to provide a minimal sexual and reproductive health care service | • Presentation and readings
|          |                                                                            | • CA4: MISP-RH                                 |

4. Complementary activities

Recommended readings

  


• WHO Regional Office for Europe & BZgA. Standards for sexuality education in Europe. A framework for policy makers, educational and health authorities and specialists. 2010. Cologne: BZgA. Available from: http://www.bzga-whocc.de/?uid=20c71afcb419f260c6afdd10b684768f5&id=home

Optional activities

OPTIONAL ACTIVITY 1: “Sexual development & lifeline”

Description: Individual & Group exercise; power point & forum; 1 A4 paper

Method: The activity “Sexual development & lifeline” consists of four parts:

• Step 1: Draw a timeline on a piece of paper and write “sexual timeline” as a title. Draw a line from the top of the page until the bottom. The top will represent the moment you were born, whereas the bottom of the line will represent the present. Construct a sexual timeline from your personal experiences (first kiss, fondling, physical changes, first time in love, first orgasm, divorce…) For an example: Frans, E. and Keygnaert, I. (2009). Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent: p.27.

• Step 2: Look at your sexual timeline: What was the need you felt at certain stages of your sexual development? For example: Maybe you felt the need to talk about contraceptives with an adult when you first became sexually active? Maybe your first sexual experience came too early and you felt the need to slow things down?

• Step 3: Discuss on the forum what the needs are at different stages of one’s sexual life to make these experiences positive ones or to reduce the negative impact of painful experiences.

• Step 4: Reflect and discuss the following questions on the forum:
  o What is the situation for refugees?
  o Which problems are they facing? Which aspects of sexual and reproductive health are being limited due to the situations refugees are in? And which are not?
  o What can and should be done to address the needs of refugees in that area?
OPTIONAL ACTIVITY 2: “Sexual health indicators”


Time: 15 minutes.

Method: The activity “Sexual health indicators” consists of two parts:
- Step 2: apply the proposed indicators (Annex 3. Proposed indicators of sexual health) on the situation in your own country.

OPTIONAL ACTIVITY 3: “MISP-RH”

- Time: 25 minutes (+ optional chapters).
- Method: The activity “MISP” consists of three parts:
  - Step 1: Read the MISP-RH:
  - Step 2: Take the tests
  - Step 3: Discuss on the forum how minimum initial service for reproductive health in crises can be improved.

Unit 4: Mental health.

Amets Suess Schwend and Ainhoa Rodríguez de Cortázar, Andalusian School of Public Health, have prepared this content. This Unit includes three compulsory activities, one presentation and one optional activity, as well as six recommended readings (among them the compulsory reading). The estimated time required for this Unit is 60 minutes (including the compulsory activities, presentation and compulsory reading).

1. Learning objectives
- To explain the general patterns of mental health problems in migrants and refugees, within a human rights and social determinants of health approach.
- To present strategies for a diversity sensitive mental health practice.
- To identify strategies for a diversity sensitive mental health practice.
- To learn about the mental health situation and psychosocial wellbeing of Syrian refugees.

2. Learning activities

COMPULSORY ACTIVITY 1: Presentation on migration and mental health
- Description: Presentation on migration and mental health.
- Time: 20 minutes
- Method: Watch a slide presentation.
COMPULSORY ACTIVITY 2: Reading on mental health situation and psychosocial wellbeing of Syrian refugees.

- **Description:** Reading on mental health situation and psychosocial wellbeing of Syrian refugees.
- **Time:** 10 minutes

COMPULSORY ACTIVITY 3: Best practice examples for diversity sensitive mental health practice

- **Description:** Identification of a Best Practice example for a diversity sensitive mental health practice directed to refugees / migrants
- **Time:** 30 minutes
- **Method:**
  - **Individually:**
    - Identify a Best Practice example for a diversity sensitive mental health care practice directed to refugees / migrants.
  - **In the forum:**
    - Upload a post with materials related to the Best Practice example (link to the website, paper, audiovisual material, etc.).
    - Explain the reasons for choosing this Best Practice example.

### 3. Work planning suggested

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Content</th>
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</table>
| 20 minutes | To explain the general patterns of mental health problems in migrants and refugees, within a human rights and social determinants of health approach.  
To present strategies for a diversity sensitive mental health practice. | Compulsory activity 1: Presentation                                       |
| 10 minutes | To learn about the mental health situation and psychosocial wellbeing of Syrian refugees. | Compulsory activity 2: Reading                                             |
| 30 minutes | To identify strategies for a diversity sensitive mental health practice. | Compulsory activity 3: Best Practice examples for a diversity sensitive mental health practice directed to refugees / migrants  
  - Individually: Identification of a Best Practice example for a diversity sensitive mental health care practice directed to refugees / migrants  
  - In the forum: Post with materials related to the Best Practice example |
4. Complementary activities

**Recommended readings**


**Further readings**

- Gross H, van Groll P. "We have No Rights". Arbitrary imprisonment and cruel treatment of migrants with mental health issues in Canada. Toronto: University of Toronto, 2015


**Optional activities**

**OPTIONAL ACTIVITY: Mental health and psychological wellbeing of refugees during the journey and in refugees’ camps**

- **Description:** Video screening and commentary
- **Time:** 30 minutes
- **Method:**
  - Individually:
    - Watch one or more of the following documentaries regarding the situation of refugees:
  - In the forum:
    - Upload a commentary, responding to the following questions:
      - Which is the potential impact of the situation described in the videos on the mental health and psychological wellbeing of refugees?
      - Can you observe a specific impact on children and youth?
      - Which strategies can be identified for protecting their mental health and psychological wellbeing in the refugees’ camps?
      - psychological wellbeing in the refugees’ camps?