

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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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).

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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 Recommendations¹ 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

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.

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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 subgroups 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.

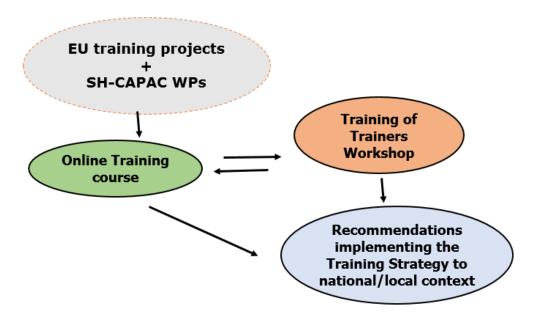
The SH-CAPAC project as part of its Work Package 5, aimed at building national capacity through training activities for health workers in affected countries, has taken stock of these experiences and has taken the relevant elements derived from them to merge with the approaches, methodologies and tools 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 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.

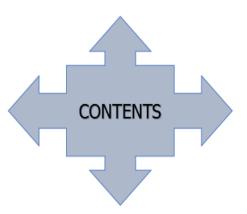
Similarly, following the recommendations of the MEM-TP dissemination workshop mentioned above, SH-CAPAC has reinforced the contents on sexual and reproductive health (SRH) and sexual violence (SV). SV is a specific reason for claiming asylum and as in international humanitarian crisis settings. Both SV and SRH are considered priority health concerns which requires specific screenings and interventions. The *Make it Work!*² training manual has been used for this purpose.

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² Frans, E. and Keygnaert, I. (2009) Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent.

SH-CAPAC Work Packages Analysis of health challenges and unmet health needs

 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

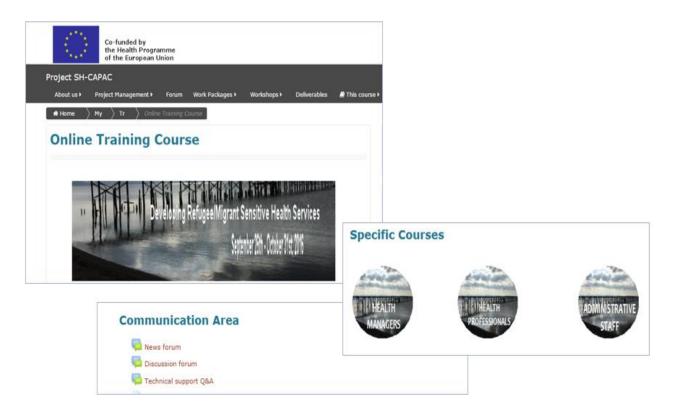
MEM-TP **Review** migrant and ethnic minorities' **situation in the EU** and identify common **challenges and best practices**; **Training programme** for health professionals and health care providers **to improve access and quality**



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 programs³ 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

³ Chiarenza A, Horvat L, Ciannameo A, Vaccaro G, Lanting K, Bodewes A, Suurmond J. (2015). Final Report Review of existing training materials. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Reggio Emillia, Amsterdam: Andalusian School of Public Health, AYSL of Reggio Emilia, University of Amsterdam.

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

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

Annex 1 Training course general program

Training course general program

Module 1. Context

- M1. Unit 1. Definitions, Framework of migration and asylum in EU. Asylum claims and trends.
- M1. Unit 2. Health policies and provision of health services in the EU.
- M1. Unit 3. Socio-cultural context of refugees and migrants' health.
- M1. Unit 4. Determinants of health among refugees and migrants. Health risks before, during and after the journey.

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 1. Diversity sensitive health care principles.
- M3. Unit 2. Health care model and accessibility.
- M3. Unit 3. Cultural and health mediation
- M3. Unit 4. Disease prevention and health promotion.
- M3. Unit 5. Communication skills: addressing sensitive issues.
- M3. Unit 6. Caring for the care givers

Module 4. Specific health concerns

- M4. Unit 1. Chronic diseases.
- M4. Unit 2. Communicable diseases.
- M4. Unit 3. Sexual and reproductive health
- M4. Unit 4. Violence.
- 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



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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 feed-back 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

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/

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Annex 3 Brief guidelines for 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 20th to November 20th, 2016. Registration will be open to participants from September 1st to September 30th, 2016

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

TUTORS

Daniel López Acuña	Andalusian School of Public Health
Olga Leralta Piñán	Andalusian School of Public Health
Ainhoa Rodríguez García de Cortázar	Andalusian School of Public Health
Julia Bolívar Muñoz	Andalusian School of Public Health
Ainhoa Ruiz Azarola	Andalusian School of Public Health
Jaime Jimenez Pernett	Andalusian School of Public Health
Amets Suess	Andalusian School of Public Health
Jackie Gernay	Andalusian School of Public Health
Luis Andrés Gimeno Feliu	Primary Care Service. Andalusian Health System. Spain
Pablo Perez Solis	Primary Care Service. Andalusian Health System.Spain
Ines Keygnaert	ICRH (International Centre for Reproductive Health)-Ghent University
Lotte De Schrijver	ICRH (International Centre for Reproductive Health)-Ghent University

Antonio Chiarenza	Azienda Unitá Sanitaria Locale Reggio Emilia
Hans Verrept	Azienda Unitá Sanitaria Locale Reggio Emilia Team
Marie Dauvrin	Azienda Unitá Sanitaria Locale Reggio Emilia Team
Jeanine Suurmond	Amsterdam Medical Centre. University of Amsterdam
Anna Szetela	Jagiellonian University - Institute of Public Health
Barbara Niedzwiedzka	Jagiellonian University - Institute of Public Health
Ewa Dobrogowska-Schlebusch	Trnava University - Faculty of Health Care and Social Work
Alberto Infante	Andalusian School of Public Health
Allan Krasnik	Faculty of Health and Medical Sciences, University of Copenhagen
Mette Kirstine Tørslev	Faculty of Health and Medical Sciences, University of Copenhagen
David Ingleby	Faculty of Health and Medical Sciences, University of Copenhagen

COORDINATION

Olga Leralta Piñán SH-CAPAC,EASP

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ADMINISTRATIVE SUPPORT

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CONTENTS

Module 1. Context

- M1. Unit 1. Definitions, Framework of migration and asylum in EU. Asylum claims and trends.
- M1. Unit 2. Health policies and provision of health services in the EU.
- M1. Unit 3. Socio-cultural context of refugees and migrants' health.
- M1. Unit 4. Determinants of health among refugees and migrants. Health risks before, during and after the journey.

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 1. Diversity sensitive health care principles.
- M3. Unit 2. Health care model and accessibility.
- M3. Unit 3. Cultural and health mediation
- M3. Unit 4. Disease prevention and health promotion.
- M3. Unit 5. Communication skills: addressing sensitive issues.
- M3. Unit 6. Caring for the care givers

Module 4. Specific health concerns

- M4. Unit 1. Chronic diseases.
- M4. Unit 2. Communicable diseases.
- M4. Unit 3. Sexual and reproductive health
- M4. Unit 4. Violence.
- 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 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

















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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 16th

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



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 1. Refugees and migrants' health policies















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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

Time	Objectives	Content
30 minutes	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.	CA1: Reading 1 and 2
10 minutes	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.	CA2: Answering key questions
20 minutes	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?	CA3: Discussion in online forum

4. Complementary activities

Recommended readings

World Health Organization. Regional Office for Europe. *Strategy and action plan for refugee and migrant health in the WHO European Region.* Regional Committee for Europe .66th Session. Copenhagen, Denmark 12-15 September 2016.

European Commission. Humanitarian Aid and Civil protection. *Refugees and internally displaced persons.* ECHO factsheets. Brussels. June 2015.

ACAPS. *European Asylum-Seeker Crisis: Scenarios. Possible developments in transit countries over the next 6-9 months.* http://www.acaps.org 4 November 2015.

SH-CAPAC. Mapping of the health response to the recent refugee influx into the EU. http://www.easp.es/sh-capac/ March 2016.

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

- 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.
- 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:

Condensed version of Sections 1C and 1D from IOM (2016), *Summary Report on the MIPEX Health Strand & Country Reports.* Brussels: International Organization for Migration (IOM) Regional Office Brussels, Migration Health Division (MHD) (mainly relevant to Topic A).

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

Time*	Objectives	Content
20 minutes	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.	CA1: Reading Topic A and the IOM (2016) reading. CA2: Answering key questions
		Optional activity 1: Writing case examples from own work experience
15 minutes	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.	CA1: Reading Topic B
		Optional activity 2: Reflect on your country's MIPEX scores
15 minutes	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.	CA1: Reading Topic C
		Optional activity 3: Reflect on role of international organisations in your country
10 minutes	To introduce questions for reflection and/or discussion online Where are the main gaps between ideals and reality, how could they be bridged?	CA3: Discussion in online forum

^{*} Optional activities require supplementary time (See section 4)

4. Complementary activities

Recommended readings

Executive Summary and Section III from IOM (2016), Summary Report on the MIPEX Health Strand
 Country Reports. Brussels: International Organization for Migration (IOM) Regional Office
 Brussels, Migration Health Division (MHD).

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

 Chapter 3 from MEM-TP Synthesis Report (2015), Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma - Synthesis Report. European Commission.

http://www.mem-tp.org/pluginfile.php/1104/mod_resource/content/3/WP1%20Report.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:
 FRA, European Union Agency for Fundamental Rights. Fundamental Rights of Migrants in an Irregular Situation in the European Union. Luxembourg: Publications Office of the European Union, 2011a.

http://fra.europa.eu/sites/default/files/fra_uploads/1827-FRA_2011_Migrants_in_an_irregular_situation_EN.pdf (retrieved: August 9, 2016).

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

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

4. Complementary activities

Recommended readings

- Phillips AL, Kumar D, Patel S, Arya M. Using text messages to improve patient-doctor communication among racial and ethnic minority adults: An innovative solution to increase influenza vaccinations. Preventive Medicine 2014;69:117-119.
- FRA, European Union Agency for Fundamental Rights. Migrants in an Irregular Situation: Access to Health Care in 10 European Union Member States. Luxembourg: Publications Office of the European Union, 2011b.
 - http://fra.europa.eu/sites/default/files/fra_uploads/1771-FRA-2011-fundamental-rights-for-irregular-migrants-healthcare_EN.pdf (retrieved: August 9, 2016).
- Médicins du Monde (Doctors of the World), Chauvin P, Mestre MC, Simonnot N. Access to Health Care for Vulnerable Groups in the European Union in 2012. An Overview of the Condition of Persons Excluded from Health Care Systems in the EU. Paris: Médicins du Monde, 2012.
 http://www.doktersyandewereld.be/sites/www.doktersyandewereld.be/files/publicatie/attachments/
 - http://www.doktersvandewereld.be/sites/www.doktersvandewereld.be/files/publicatie/attachments/eu_vulnerable_groups_2012_mdm.pdf (retrieved: August 9, 2016).
- Médicins du Monde (Doctors of the World), Chauvin D, Simonnot N, Vanbiervliet F, et al. Access to Health Care in Europe in Times of Crisis and Rising Xenophobia: An Overview of the Situation of People Excluded from Health Care Systems. Paris: Médicins du Monde, 2013.
 - 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:
 - o 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









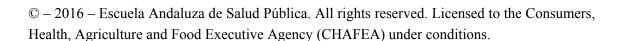












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Module 2. Strengthening institutional capacity to organize the response

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/Fh7tIr4Tl10

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 nzl.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

Time	Objectives	Content
5 minutes	To introduce the unit and learning objectives to participants. To highlight the relevance of the unit to the different groups of participants	Power Point (PP) Introduction, objectives and the different groups of course participants
10 minutes	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.	PP. Content of course A: Why do we need a health coordination and intersectoral collaboration?
20 minutes	To understand the use of the coordination framework as an essential tool that can facilitate the establishment or strengthening of the health response coordination.	PP. Content of course B: The health coordination framework and mechanism PP. Content of course C: the health coordination team Learning activities CA2: video (7 min) CA3:case study for forum discussion OA1: video (3 minutes)
22 minutes	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)	Learning activities CA3: (individual or group exercise to be discussed in forum) 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) b) Present a plan for a new/improved coordination team in the same setting
3	Closing thought on the importance of	"For the birds" A light-hearted

minutes	teamwork (optional video)	illustration of the importance of a team approach, collaboration and
		communication.
		https://www.youtube.com/watch?v=
		Q6X80IWdS6s

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)

• Bridging the Gap: Partnerships for change in refugee child and family health https://www.mcri.edu.au/bridging-the-gap.

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.

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 eves?
- ✓ 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 asylumnumbers 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

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

4. Complementary activities

Recommended reading:

• **SH-CAPAC Project.** Guide for assessment of health needs and health protection resources. SH-CAPAC Project, 2016.

Further reading (Not accessible from SH-CAPAC platform)

- ACAPS Humanitarian Needs Assessment The Good Enough Guide. Bourton on Dunsmore UK: Practical Action Publishing, 2014. http://reliefweb.int/sites/reliefweb.int/files/resources/h-humanitarian-needs-assessment-the-good-enough-guide.pdf (retrieved 9 September 2016).
- Health Cluster Guide. A practical guide for country-level implementation of the Health Cluster. Geneva, WHO, 2009. http://www.who.int/hac/global_health_cluster/guide/en/ (retrieved 7 July 2016).
- MSF. Medicins San Frontieres. Assessment Toolkit. Practical steps for the assessment of health and humanitarian crises. Vienna: MSF, 2012. https://evaluation.msf.org/sites/evaluation/files/assessment_toolkit.pdf (retrieved 7 July 2016)

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 Ciannameo (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

Time	Objectives	Content
15 minutes	To introduce the unit and learning	Slides presentation (1-9)
	objectives to participants	
	To describe the scenario of new	

Time	Objectives	Content
	crisis of refugees linked with access to healthcare services	
5 minutes	To introduce main issues about migrants background and to become aware of migrant-related issues.	Compulsory activity 1: video
40 minutes	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	Slides presentation (10-40)
20 minutes	To use the information in order to be more familiar with the concepts of barriers in accessing health care	Compulsory activity 2: case study
20 minutes	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.	Slides presentation (41-62)
20 minutes	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.	Compulsory activity 3: good practice template

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)

- Chiarenza, A. (2012). Developments in the concept of cultural competence. Antwerp: Garant publisher.
- Bradby, Hannah, Humphris, Rachel, Newall, Dave, & Phillimore, Jenny. (2015). Public health aspects of migrant health: a review of the evidence on health status for refugees and asylum seekers in the European Region. *Health Evidence Network synthesis report*. Available on: http://www.epgencms.europarl.europa.eu/cmsdata/upload/3a3f00c0-9a75-4c84-94ad-06e4bd2ce412/WHO-HEN-Report-A5-2-Refugees FINAL EN.pdf
- IOM International Organisation for Migration (2013), International Migration, Health and Human Rights. Available on: http://www.ohchr.org/Documents/Issues/Migration/WHO_IOM_UNOHCHRPublication.pdf
- IOM International Organisation for Migration (2015), Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Bulgaria. Available on: https://publications.iom.int/system/files/pdf/sar bulgaria.pdf
- IOM International Organisation for Migration(2015), Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Italy. Available on: https://publications.iom.int/system/files/pdf/sar_italy.pdf
- IOM International Organisation for Migration(2015), Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Croatia. Available on: https://publications.iom.int/system/files/pdf/sar_croatia.pdf
- IOM International Organisation for Migration(2015), Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Greece. Available on: https://publications.iom.int/system/files/pdf/sar_greece.pdf
- IOM International Organisation for Migration(2015), Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Malta. Available on: https://publications.iom.int/system/files/pdf/sar_malta.pdf
 - IOM International Organisation for Migration(2015), Assessment Report: health situation at EU's Southern Borders: Migrant, Occupational and Public Health in Spain. Available on:

https://publications.iom.int/system/files/pdf/sar_spain.pdf

- Keygnaert I, Ivanova O, Guieu A, Van Parys A-S, Leye E, & K., Roelens. (2016). What is the evidence on the reduction of inequalities in accessibility and quality of maternal health care delivery for migrants? A review of the existing evidence in the WHO European Region. In C. W. R. O. f. Europe (Ed.), Health Evidence Network (HEN) synthesis report. Available on: http://www.euro.who.int/en/publications/abstracts/what-is-the-evidence-on-the-reduction-of-inequalities-in-accessibility-and-quality-of-maternal-health-care-delivery-for-migrants-a-review-of-the-existing-evidence-in-the-who-european-region-2017
- MDM Medicine Du Monde (2015) Access to Healthcare for people facing multiple health. Vulnerabilities Obstacles in access to care for children and pregnant women in Europe. Available on: http://mdmgreece.gr/app/uploads/2015/05/MdM-Intl-Obs-2015-report-EN.pdf
- PICUM Platform for International Cooperation on Undocumented Migrants. (2008).
 Undocumented Children in Europe: Invisible Victims of Immigration Restrictions. Daphne II
 Programme 2007 2013. Retrieved from: http://picum.org/picum.org/picum.org/uploads/file/Undocumented Children in Europe EN.pdf
- WHO The World Health Organization. HEALTH OF MIGRANTS THE WAY FORWARD. Report of a global consultation. Madrid, Spain, 3–5 March 2010. Available on: http://www.who.int/hac/events/consultation-report-health-migrants-colour-web.pdf
- UCHNR United Nations High Commissioner for Refugees. (2011). Ensuring Access to Health Care: Operational Guidance on Refugee Protection and Solutions in Urban Areas. Available on: http://www.unhcr.org/4e26c9c69.pdf

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 ACIVITY 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)

- International Federation of Red Cross and Red Crescent Societies, Contingency planning guide. Geneva, 2012. http://www.ifrc.org/PageFiles/40825/1220900-CPG%202012-EN-LR.pdf
- **WHO.** Strategy and action plan for refugee and migrant health in the WHO European Region. Working document. September, 2016.



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

Module 3: Foundations for the development of migrant sensitive health systems















Agriculture and Food Executive Agency (CHAFEA) under conditions.

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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

Time	Objetives	Content
10 minutes	Introduction	COMPULSORY ACTIVITY 1:
	To understand cultural adjustment	Presentation about "Cultural
	and culture shock in health context.	adjustment and culture shock" and
	To analyze the areas and ways the	"Culture and health/disease perception
		and reaction".

10 minutes	 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 	Compulsory activity 2 : Case study: Oral rehydration in Pakistan, followed
10 minutes	To analyze culture as a factor influencing the decision about contacts with health care and cultural differences influencing the doctor-patient relationship.	by forum discussion. 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"
10 minutes	To analyze barriers occurring in doctor-patient relationship and communication.	COMPULSORY ACTIVITY 4: Different cultures, different ways: practical questions on cultural differences, followed by forum discussion.
10 minutes	 To keep in mind some concepts and terminologies related to "cultural competence", "intercultural competence" and Diversity Sensitivity". To present the concepts from Cultural Competence to Diversity Sensitivity and the shifts in their use. To reflect on the positive contributions in the concrete, context-specific professional practice 	COMPULSORY ACTIVITY 5: conceptualization from Intercultural Competence to Diversity Sensitivity
10 minutes	 To reflect on sexual, gender and bodily 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. 	COMPULSORY ACTIVITY 6: Presentation 3 "Sexual, gender and bodily diversity in different cultures"

4. Complementary Activities

Complementary readings

 Matsumoto D., Juang L. (2013). Culture and Psychology. Wadsworth, Cengage Learning 2013: 179-205.

- Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities; Board on Population Health and Public Health Practice; Institute of Medicine. Leveraging Culture to Address Health Inequalities: Examples from Native Communities: Workshop Summary. Washington (DC): National Academies Press (US); 2013 Dec 19. A, Culture as a Social Determinant of Health. Available from: http://www.ncbi.nlm.nih.gov/books/NBK201298/ (retrieved July 22, 2016).
- Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities; Board on Population Health and Public Health Practice; Institute of Medicine. Leveraging Culture to Address Health Inequalities: Examples from Native Communities: Workshop Summary. Washington (DC): National Academies Press (US); 2013 Dec 19. A, Culture as a Social Determinant of Health. Available from: http://www.ncbi.nlm.nih.gov/books/NBK201298/ (retrieved July 26, 2016).
- Barrett M. Introduction Interculturalism and multiculturalism: concepts and controversies.
 In: Barrett M (ed). Interculturalism and multiculturalism: similarities and differences, p. 15-42. Strasbourg: Council of Europe Publishing, 2013.
- Cattacin S, Chiarenza A, Domenig D. Equity standards for healthcare organisations: a
 theoretical framework. Diversity and Equality in Health and Care 2013;10:249-258.
 http://diversityhealthcare.imedpub.com/equity-standards-for-healthcare-organisations-a-theoretical-framework.pdf (Retrieved: September 30, 2016).
- Chiarenza A. Developments in the concept of 'cultural competence'. In: Ingleby D, Chiarenza A, Devillé W, Kotsioni (eds). Inequalities in health care for migrants and ethnic minorities, Vol. 2, p. 66-81. COST Series on Health and Diversity. Antwerp: Garant Publishers, 2012. http://bit.ly/2cL311K (Retrieved: September 30, 2016).
- Mock-Muñoz de Luna C, Ingleby D, Graval E, Krasnik A. Synthesis Report. MEM-TP,
 Training packages for health professionals to improve access and quality of health services
 for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian
 School of Public Health, University of Copenhagen, 2015a. http://bit.ly/2aIEklX (retrieved:
 September 30, 2016).
- OAS, Organization of the American States. Basic concepts, 2016. http://www.oas.org/en/iachr/multimedia/2015/lgbti-violence/lgbti-terminology.html (retrieved: September 30, 2016).
- Suess A, Espineira K, Crego Walters P. Depathologization. TSQ, Transgender Studies Quarterly 2014;1(1-2):73-77.

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
- **Time:** 15 minutes
- **Method:** The activity consists in video sreening 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:
 - o 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 to the host population in destination countries?

Human Trafficking

Compulsory Activity 2. Test your knowledge (group discussion)

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

<u>Pause</u> the presentation at <u>slide 16, 21 and 22</u>. 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

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

4. Complementary activities

Recommended readings

Social determinants of health

• Ingleby D. Ethnicity, Migration and the 'Social Determinants of Health' Agenda. Psychosocial Intervention, 2012; 21(3):331-341. Full text available at: http://www.sciencedirect.com/science/article/pii/S113205591270087X

- 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
- Campbell Mark. Social determinants of mental health in new refugees in the UK: cross-sectional and longitudinal analyses, Meeting Abstracts, The Lancet, November 2012, p27. Full text available at: http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)60383-9.pdf

Trafficking

- International Organization for Migration (IOM). Caring for Trafficked Persons:
 Guidance for Health Providers. 2009.

 http://publications.iom.int/system/files/pdf/ct_handbook.pdf (retrieved: September 21, 2016).
- Lederer LJ, Wetzel CA. The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. Annals of Health Law. 2014;23:61-90. http://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf
- Zimmerman, C. et al. The Health Risks and Consequences of Trafficking in Women and Adolescents: Findings from a European Study. London School of Hygiene and Tropical Medicine. London; 2003. http://www.lshtm.ac.uk/php/ghd/docs/traffickingfinal.pdf (retrieved: September 21, 2016).

Complementary readings

- Marmot M, Allan J, Bell R, Bloomer E, Goldblatt P, on behalf of the Consortium for the European Review of Social Determinants of Health and the Health Divide. WHO European review of social determinants of health and the health divide. Lancet 2012; 380(15):1011-1029. Full text available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2961228-8/abstract
- Commission of the European Communities. Solidarity in Health: Reducing Health Inequalities in the EU. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Commission of the European Communities. Brussels, 20.10.2009. Com (2009) 567 Final. Full text available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52009DC0567
- WHO (2009). Social determinants of health in countries in conflict. WHO Regional Publications, Eastern Mediterranean. Series 32. A perspective from the Eastern. Mediterranean Region: WHO. Full text available at: http://applications.emro.who.int/dsaf/dsa955.pdf

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).
 - o Aaqila, woman from Afghanistan, 55 years old.
 - o Issa, boy from Syria, 10 years old.
 - o Addam, man from Ethiopia, 43 years old.
 - o Berta, woman from Colombia, 25 years old.
 - o Hana, girl from Bosnia, 13 years old.

3. Work plan suggested

Time	Objetives	Content
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

- Ministry of Health and Long-Term Care. Syrian Refugee Early Assessment Considerations for Primary Care Providers. Ontario, Canada. 2016.
- Pottie K, Greenaway C, Feightner J, Welch V, Swinkels H, Rashid M, et al. Evidence-based clinical guidelines for immigrants and refugees. Cmaj. 2011;183(12):E824-925.
- Perez-Molina JA, Alvarez-Martinez MJ, Molina I. Medical care for refugees: A question of ethics and public health. Enfermedades infecciosas y microbiologia clinica. 2016;34(2):79-82.
- Weekers J, Siem H. Is compulsory overseas medical screening of migrants justifiable? Public health reports. 1997;112(5):396-402.

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). 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 practise 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.

• **Description:** Reading IHC (2011). Impact of Communication in Healthcare. Available at pdf Content Unit 4 (1) or at: http://healthcarecomm.org/about-us/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!¹).

• **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

Time	Objetives	Content
5 min.	Identify the unit's context	Reading 1
		-
10 min.	To recognise key elements in	Contents Unit 4 (1)
	communication in patient-centered	
	healthcare oriented towards cultural	
	and ethnic diversity	

1 Frans, E. and Keygnaert, I. (2009). Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent.

	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:

- IHC (2011). Impact of Communication in Healthcare. Available at http://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/
- Frans, E. and Keygnaert, I. (2009). Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent. (pp. 53-80) Available at http://www.seksuelevorming.be/sites/default/files/digitaal_materiaal/makeitwork.pdf

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:

- The Lancet Commission Culture and Health (2014) *Lancet* 2014; 384: 1607–39 (32 pages) Available at: http://dx.doi.org/10.1016/S0140-6736(14)61603-2 (retrieved: September 9, 2016).
- Council of Europe. (2011) Constructing an inclusive institutional culture. Council of Europe Publishing. (Part F Conflict resolution, negotiation and dialogue for mutual understanding, pp. 102-116, 14 pages). Available at: http://cdn.basw.co.uk/upload/basw_100713-4.pdf (retrieved: September 9, 2016)
- T-SHaRE Project team. (2012) TRANSCULTURAL SKILLS FOR HEALTH AND CARE. Standards and Guidelines for Practice and Training (pp. 17-27) Available at:
 http://tshare.eu/drupal/sites/default/files/confidencial/WP11_co/MIOLO_TSHARE_216pag_inas.pdf (retrieved: September 9, 2016)
- Purnell LD (2013). Transcultural Health Care. A Culturally Competent Approach. 4th ed. Philadelphia: F.A. Davis Company.
- Schachter CL, Stalker CA, Teram E, Lasiuk GC, Danilkewich A. (2009). Handbook on sensitive practice for health care practitioner: Lessons from adult survivors of childhood sexual abuse. Ottawa: Public Health Agency of Canada.
- Yu T, Chen GM. (2008) Intercultural Sensitivity and Conflict Management Styles in Cross-Cultural Organizational Situations. Intercultural Communication Studies 17(2):149-161.
 Available at: http://web.uri.edu/iaics/files/12-Tong-Yu-GM-Chen.pdf (retrieved: September 29, 2016)

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 excercise; power point
- **Time:** 5 minutes.
- **Method:** The activity "Identify your stress signals" consists of two parts:
 - o Identifying the own stress signals from a list of possibilities
 - o 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 excercise; 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 excercise; power point
- **Time:** 4 minutes.
- **Method:** The activity "Identify healthy coping mechanisms" consists of two parts:
 - o 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

Time	Objetives	Content
15 minutes	 To introduce the concepts "burnout" and "compassion fatigue". To identify signs of burnout and compassion fatigue. 	 Presentation and readings CA1: "Identify your stress signals"

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

- Mathieu F. The compassion fatigue workbook. Creative tools for Transforming Compassion Fatigue and Vicarious Traumatization. New York: Routledge, Taylor & Francis Group, 2012.
- Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence. (2015). Sexual Violence Research Initiative. Pretoria:
 South Africa. http://www.svri.org/sites/default/files/attachments/2016-06-02/SVRIVTguidelines.pdf
- Bährer-Kohler S. (Ed.). Burnout for Experts. Prevention in the Context of Living and Working. New York: Springer US, 2013.

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

















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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. Ederly 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.

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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:

O 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

Time	Objectives	Content
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

UNICEF. Uprooted: the growing crisis for refugee and migrant children. New York: UNICEF; 2016. http://weshare.unicef.org/Package/2AMZIFOP5K8 (retrieved: September 7, 2016). (pp. 92-97).

Further reading

Angell SY, Cetron, MS. Health Disparities among Travelers Visiting Friends and Relatives Abroad. Ann Intern Med. 2005;142(1):67-72.

Bean TM, Eurelings-Bontekoe E, Spinhoven P. Course and predictors of mental health of unaccompanied refugee minors in the Netherlands: One year follow-up. Soc Sci Med. 2007;64(6):1204-15. http://www.sciencedirect.com/science/article/pii/S0277953606005910 (retrieved: July 23, 2016).

Berg RC et al. An Updated Systematic Review and Meta-Analysis of the Obstetric Consequences of Female Genital Mutilation/Cutting. Obstetrics and Gynecology International 2014; Article ID 542859. https://www.hindawi.com/journals/ogi/2014/542859/ (retrieved: July 23, 2016).

Brown University. Brains in Crisis: Stress and Resilience in Syrian Refugee Children; 2016. https://www.youtube.com/watch?v=km3Yb9PYVil (retrieved: july 23, 2016).

Children and War Fundation. Measures; 2016. http://www.childrenandwar.org/measures/ (retrieved: july 23, 2016).

CMAS. Caring for Syria Refugee Children: A Program Guide for Welcoming Young Children and Their Families. Toronto: CMAS; 2016. http://cmascanada.ca/wp-content/uploads/2015/12/Supporting Refugees/Caring%20for%20Syrian%20Refugee%20Children-final.pdf (retrieved: July 23, 2016).

Comité Asesor de Vacunas de la Asociación Española de Pediatria. Vacunacion de niños inmigrantes y adoptados. Madrid: AEP; 2015. http://vacunasaep.org/documentos/manual/cap-12 (retrieved: july 23, 2016).

Crockett M. New faces from faraway places: Immigrant child health in Canada. Paediatr Child Health. 2005; 10(5):277-81.

EIGE, European Institute for Gender Equality. Female genital mutilation in the European Union and Croatia. Germany: European Union; 2013.

European Migration Network. Synthesis Report for the EMN Focussed Study 2014. Policies, practices and data on unaccompanied minors in the EU Member States and Norway. Synthesis Report: May 2015. EMN; 2015.

http://ec.europa.eu/dgs/home-affairs/what-we-

do/networks/european_migration_network/reports/docs/emn-

studies/emn_study_policies_practices_and_data_on_unaccompanied_minors_in_the_eu_member_states_and_norway_synthesis_report_final_eu_2015.pdf (retrieved: July 23, 2016).

European Migration Network. Policies on Reception, Return and Integration arrangements for, and numbers of, Unaccompanied Minors – an EU comparative study. EMN; 2010. http://ec.europa.eu/dgs/home-affairs/what-we-

<u>do/networks/european_migration_network/reports/docs/emn-studies/unaccompanied-minors/0. emn synthesis report unaccompanied minors final version may 2010 en.pdf</u> (retrieved: July 23, 2016).

Fazel M, Reed R, Panter-Brick C, Stein A. Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. Lancet 2012; 379:266-288. http://www.evidenceaid.org/wp-content/uploads/2016/03/1-s2.0-S0140673611600512-main.pdf (retrieved: July 23, 2016).

FRA, European Union Agency for Fundamental Rights. Data in Focus n° 06. Minorities as Victims of Crime. EU_MIDIS: European Union Minorities and Discrimination Survey. Vienna: FRA; 2012.

FRA. EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS. Separated, asylum-seeking children in European Union Member States. Comparative report. Luxembourg: Publications Office of the European Union; 2010.

Goosen S, Uitenbroek D, Wijsen C, Stronks K. Induced abortions and teenage births among asylum seekers in The Netherlands: analysis of national surveillance data. J Epidemiol Community Health 2009;63(7):528-33.

Gualdi-Russo E, Zaccagni L, Manzon VS, Masotti S, Rinaldo N, & Khyatti M. Obesity and physical activity in children of immigrants. European Journal of Public Health 2014, 24(1):40–46.

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.

Human Rights Watch. Caught in a net. Unaccompained migrant children in Europe. HRW; 2012. http://www.ohchr.org/Documents/HRBodies/CRC/Discussions/2012/Submissions/HRW.pdf (retrieved: July 23, 2016).

Huemer J, Karnik NS, Voelkl-Kernstock S, Granditsch E, Dervic K, Friedrich MH, Steiner H. Mental health issues in unaccompanied refugee minors. Child and Adolescent Psychiatry and Mental Health 2009;3:13. http://capmh.biomedcentral.com/articles/10.1186/1753-2000-3-13 (retrieved: July 23, 2016).

Internacional Organization for Migration. Foreign-born children in Europe: an Overview from the Health Behaviour in School-Aged Children (HBSC) Study. Background paper. Brussels: IOM; 2006.

Internacional Organization for Migration. Unaccompanied children on the move. Geneva: IOM; 2011. https://publications.iom.int/system/files/pdf/uam_report_11812.pdf (retrieved: july 23, 2016).

Kane J. Violence and School. Daphne Booklets. Brussels: European Commission, DG Justice, Freedom and Security, Daphne Programme; 2008.

Karnaki, P. PROMOVAX: Promote vaccinations among migrant populations in Europe. In: Childhood Immunization, Progress, challenges & priorities for further action. Luxembourg; 16 & 17 October 2012. http://ec.europa.eu/health/vaccination/events/ev_20121016_en.htm (retrieved: july 23, 2016).

Labree LJW, van de Mheen H, Rutten FFH, Foets M. Differences in overweight and obesity among children from migrant and native origin: a systematic review of the European literature. International Association for the Study of Obesity 2011;12:e535–e547.

Labree W, Lötters F, van de Mheen D, Rutten F, Rivera Cavaría A, Neve M, Rodenburg G, Machielsen H, Koopmans G & Foets M. Physical activity differences between children from migrant and native origin. BMC Public Health 2014;14:819.

Marsiglia F, Kulis S, Luengo MA, Nieri T & Villar P. Immigrant advantage? Substance use among Latin American immigrant and native-born youth in Spain. Ethn. Health 2008;13(2):149–170.

McKenzie M. Racial discrimination and mental health. Psychiatry 2006;5(11):383–387.

Missing Children Europe conference: Towards a coordinated strategic approach on missing unaccompanied migrant children. http://missingchildreneurope.eu/news/Post/536/Missing-Children-Europe-conference-Towards-a-coordinated-strategic-approach-on-missing-unaccompanied-migrant-minors (retrieved: July 23, 2016).

NSW Refugee Health Service. Fact Sheet 8: Refugee Children. Liverpool; 2009. https://www.swslhd.nsw.gov.au/refugee/pdf/Resource/FactSheet/FactSheet 08.pdf (retrieved: july 23, 2016).

Pfarrwaller E, & Suris J-C. Determinants of health in recently arrived young migrants and refugees: a review of the literature. Italian Journal of Public Health 2012; 9(3):e7529-1–e7529-16.

Professional Forum for Children in Andalusia. The refugee crisis, effects for children; 2016.

RESILAND. Orientations for professionals and officials working with and for children on the move. Athens: KMOP and Defence for Children International; 2015. http://www.resiland.org/files/small_booklet_res.pdf (retrieved: july 23, 2016).

Sirin S & Rogers-Sirin L. The educational and mental health needs of Syrian Refugee Children. Washington DC: National Center on Inmigrat Integration Policy, MPI: 2015, october. http://www.migrationpolicy.org/research/educational-and-mental-health-needs-syrian-refugee-children (retrieved: July 23, 2016).

Svensson M, Hagquist C. Adolescent Alcohol and Illicit Drug-Use in First and Second Generation Immigrants in Sweden. Working paper n° 8. Örebro University, Swedish Business School; 2009.

UNICEF. Blue Dots that keep refugee and migrant children safe in Europe. UNICEF; 2016, 18 march. https://blogs.unicef.org.uk/2016/03/18/refugee-migrant-children-europe-blue-dot/ (retrieved: July 23, 2016).

UNICEF, France. Ni sains, ni saufs: enquête sur les mineurs non accompagnés dans le Nord de la France. Paris: UNICEF; 2016. https://www.unicef.fr/contenu/espace-medias/ni-sains-ni-saufs-enquete-sur-les-mineurs-non-accompagnes-dans-le-nord-de-la-france (retrieved: July 23, 2016).

UNICEF. Uprooted: the growing crisis for refugee and migrant children. New York: UNICEF; 2016. http://weshare.unicef.org/Package/2AMZIFQP5K8 (retrieved: September 7, 2016).

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): 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:
 - O 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:
 - O Which perspective did you take?
 - o 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:
 - O Which guidelines are implemented in your country?
 - o If you see gaps: which organisations, structures or people are there to inform about the opportunities to fill this gap?
 - o Plan on how you can inform this on these guidelines and tools available

3. Work plan suggested

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

4. Complementary activities

Recommended reading

Keygnaert I, Vettenburg N, Temmerman M (2012) Hidden violence is silent rape: sexual and gender-based violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. Culture, Health & Sexuality, Vol. 14, issue 5, May 2012, pp 505-520. Hidden Violence is a Silent Rape CHS Ines Keygnaert published April 2 2012.pdf

Keygnaert I, Dias SF, Degomme O, Devillé W, Kennedy P, Kovats A, De Meyer S, Vettenburg N, Roelens K, Temmerman M (2014) Sexual and gender-based violence in the European asylum and reception sector: a perpetuum mobile? European Journal of Public Health, 2014, Vol.25, nr 1, pp 90-96 SGBV in EU Asylum reception sector perpetuum mobile Keygnaert et al EJPH published.pdf

Further reading

Keygnaert I, Guieu A, (2015) What the eye doesn't see: A critical interpretive synthesis of European policies addressing sexual violence in migrants. Reproductive Health Matters- Special Issue Sexual violence-Vol 23, nr 46, pp 45-55

Keygnaert I., Vangenechten J., Devillé W., Frans E. & Temmerman M. (2010) Senperforto Frame of Reference for Prevention of SGBV in the European Reception and Asylum Sector. Magelaan cvba, Ghent. ISBN 978-9078128-205

Inter-Agency Standing Committee. Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action. 2015. http://gbvaor.net

UNHCR. Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons - Guidelines for Prevention and Response. http://www.unhcr.org/protection/women/3f696bcc4/sexual-gender-based-violence-against-refugees-returnees-internally-displaced.html

SH-CAPAC Project. Guide for assessment of health needs and health protection resources. 2016. Available from: http://www.easp.es/sh-capac/

EN-HERA! (2009) Framework for the identification of good practices in Sexual & Reproductive Health for Refugees, Asylum seekers and Undocumented Migrants. Academia Press, Ghent, Belgium. ISBN 978-90-75955-69-9. EN-HERA! Framework for the Identification of Good Practices.pdf

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:

o ILGA Europe. Seeking refuge without harassment, detention or return to a "safe country". ILGA Europe Briefing on LGBTI Refugees and Asylum, February 2016.

http://ilga-

europe.org/sites/default/files/Attachments/ilga_europe_briefing_on_lgbti_asylum_issues_-february_2016.pdf (retrieved: August 30, 2016).

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

• **Description:** Sharing of audiovisual materials in the forum.

• **Time:** 20 minutes

Method:

o 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

Time	Objectives	Content
10 minutes	To facilitate an exchange of experiences related to the clinical work with LGBTI refugees and migrants, including positive aspects, difficulties and needs.	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
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

10 minutes	To learn about the current situation of LGBTI refugees in Europe.	CA 3: Reading
20 minutes	To identify audiovisual material aimed at raising awareness on the situation of LGBTI refugees / migrants	

4. Readings and audiovisual material

Compulsory reading:

ILGA Europe. Seeking refuge without harassment, detention or return to a "safe country". ILGA
Europe Briefing on LGBTI Refugees and Asylum, February 2016. http://ilgaeurope.org/sites/default/files/Attachments/ilga_europe_briefing_on_lgbti_asylum_issues__february_2016.pdf (retrieved: August 30, 2016).

Complementary readings:

- FRA, European Union Agency for Fundamental Rights. EU LGBT survey: Main results. Luxembourg: FRA Publications Office, 2013. http://fra.europa.eu/sites/default/files/eu-lgbt-survey-technical-report_en.pdf (retrieved: August 30, 2016).
- FRA, European Union Agency for Fundamental Rights. Being Trans in the European Union. Comparative analysis of the EU LGBT survey data. Luxembourg: FRA Publications Office, 2014. http://fra.europa.eu/sites/default/files/eu-lgbt-survey-results-at-a-glance_en.pdf__(retrieved: August 30, 2016).
- FRA, European Union Agency for Fundamental Rights. Protection against discrimination on grounds of sexual orientation, gender identity and sex characteristics in the EU. Comparative legal analysis. Vienna:
 FRA,
 http://fra.europa.eu/sites/default/files/fra_uploads/protection_against_discrimination_legal_updat e_2015.pdf (retrieved: August 30, 2016).
- Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. The Lancet 2016;388(100042):390-400.

Complementary audiovisual material:

 No Place for Me: Protecting Sexual and Gender Minority Refugees, ORAM (27:59 min): https://vimeo.com/58807431

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:

o Individually

- Watch the following documentaries:
 - Lebanon: LGBTI Refugees tell their stories, UNHCR (1:10 min): https://www.youtube.com/watch?v=F6COkYChXO
 - Never Arrive, Farah Abdi, Somali trans refugee and writer (6:15 min): https://www.youtube.com/watch?v=sd-yU0aceR0

o 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?

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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

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

4. Complementary activities

Recommended reading

Chenoweth J, Burdick L. The path to integration: meeting the special needs of refugee elders in resettlement. Refugee. 2001;20(1):20–9.

Women's Commission for Refugee Women and Children. Disabilities among refugees and conflict-affected populations. DCRWC, June 2008. http://www.aidsfreeworld.org/our-issues/disability/~/media/Files/Disability/conflict%20and%20disab%20(2).pdf (Retrieved 27/9/2016).

Further reading

Amir M, Lev-Wiesel R. Time does not heal all wounds: quality of life and psychological distress of people who survived the holocaust as children 55 years later. J Trauma Stress. 2003;16(3):295–9.

Floyd M, Rice J, Black S. Recurrence of posttraumatic stress disorder in later life: a cognitive aging perspective. J Clinical Geropsychology. 2002. doi:10.1023/A:1019679307628.

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. Porter M, Haslam N. Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons. JAMA. 2005. doi:10.1001/jama.294.5.602.

Teshuva K, Wells Y. Experiences of ageing and age care in Australia of older survivors of genocide. Ageing Soc. 2014. doi:10.1017/S0144686X12001109.

Womens Refugee Commission. I See That It Is Posible. Building Capacity for Disability Inclusion in Gender-based Violence (GBV) Programming in Humanitarian Settings. WRC, May, 2015. https://www.womensrefugeecommission.org/resources/document/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview (Retrieved 27/9/2016).



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 5. Specific health concerns















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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 planis 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 socioeconomicl 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

Method: Reading Diaz E, Kumar BN, Gimeno-Feliu LA, Calderon-Larranaga A, Poblador-Pou B, Prados-Torres A. Multimorbidity among registered immigrants in Norway: the role of reason for migration and length of stay. Tropical medicine & international health: TM & IH. 2015;20(12):1805-14. (8 pages)

COMPULSORY ACTIVITY 3: Recommendations for management of diabetes during Ramadan

Method: Reading Ibrahim M, Abu Al Magd M, Annabi FA, Assaad-Khalil S, Ba-Essa EM, Fahdil I, et al. Recommendations for management of diabetes during Ramadan: update 2015. BMJ open diabetes research & care. 2015;3(1):e000108 (10 pages)

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

3. Work plansuggested

Time	Objectives	Content			
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 multimorbility and chronic disease according to refugee origin, and socioeconomical status. 	Graphic articles.	and	reading	journal

Time	Objectives	Content
	To individualize interventions depending on refugee's country of origin and other circunstances.	
20 minutes	To analyse importance of educational resources on line by patients with chronic diseases.	Discussion about video: Diabetes in Ramadan https://www.youtube.com/watch? y=0WbDld5_Rkl

4. Complementary activities

Optional activities

OPTIONAL ACTIVITY 1: Estimation of the prevalence of chronic diseases

Method: Reading Esteban-Vasallo MD, Dominguez-Berjon MF, Astray-Mochales J, Genova-Maleras R, Perez-Sania A, Sanchez-Perruca L, et al. Epidemiological usefulness of population-based electronic clinical records in primary care: estimation of the prevalence of chronic diseases. Family practice. 2009;26(6):445-54 (9 pages)

OPTIONAL ACTIVITY 2: Migration and health in the European Union. Non-communicable diseases **Method:** Reading Kunst AE, Stronks K, Agyemang C. Non-communicable diseases. In: Rechel B, editor. Migration and health in the European Union. Maidenhead: Open University Press; 2011. p. 101-20.

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

Method: Reading European Centre for Disease Prevention and Control. Infectious diseases of specific relevance to newly- arrived migrants in the EU/EEA – 19 November 2015. ECDC: Stockholm; 2015. (6 pages)

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)
- o European Centre for Disease Prevention and Control

3. Work plan suggested

Time	Objectives	Content
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 excercise; power point Unit 3 & forum;

Method: The activity "Defining sexual and reproductive health" consists of four parts:

- Step 1: Forum:
 - o In your opinion, when is somebody in good sexual health?
 - o 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:
 - o 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:
 - O 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?
 - o Discuss how SRH can be influenced by the process of migration. Try to identify aspects influencing SRH in arrival, transit and destination countries.
 - O 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 excercise; power point Unit 3 & forum;

Method: The activity "Sexual and reproductive rights" consists of one part:

- Step 1: Discuss on the forum:
 - O 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?
 - O What barriers do they see regarding the sexual rights of asylum seekers?

COMPULSORY ACTIVITY 3: "Risk factor identification & reflection on SRH assessment"

Description: individual excercise; 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
 - http://www.euro.who.int/__data/assets/pdf_file/0003/317109/HEN-synthesis-report-45.pdf
- 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"

Description: Reading document Women's refugee commission. Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: a distance learning module. 2011. Available from: http://misp.iawg.net/

Method: The activity "MISP" consists of reading the MISP-RH: http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Minimum-Initial-Service-Package-MISP-for-Reproductive-Health-in-Crisis-Situations-A-Distance-Learning-Module.pdf (chapters 1, 2, 4, 5 and 6)

3. Work planning suggested

Time	Objectives	Content
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 readingsCA2: Presentation and readings
15 minutes	To be aware of risk factors of poor sexual and reproductive health in the context of migration	Presentation and readingsCA3: Reflection on SRH assessment
25 minutes	To know which guidelines to apply to provide a minimal sexual and reproductive health care service	Presentation and readingsCA4: MISP-RH

4. Complementary activities

Recommended readings

- Keygnaert I, Ivanova O, Guieu A, Van Parys A, Leye E, Roelens K (2016): What is the evidence on the reduction of inequalities in accessibility and quality of maternal health care delivery for migrants? A review of the existing evidence in the WHO European Region. Health Evidence Network Synthesis Report nr 45, WHO Europe, Copenhagen. ISBN 9789289051576
 http://www.euro.who.int/__data/assets/pdf_file/0003/317109/HEN-synthesis-report-45.pdf
- Women's refugee commission. Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: a distance learning module. 2011. Available from: http://misp.iawg.net/

- Inter-Agency Task Team on HIV and Young People. Guidance brief. HIV Interventions for Young People in Humanitarian Emergencies. Geneva: UNFPA. Available from: www.unfpa.org/upload/lib_pub_file/249_filename_guidelines-hiv-emer.pdf
- Keygnaert I, Guieu A, Ooms G, Vettenburg N, Roelens K, Temmerman M. Sexual and reproductive health of migrants: does the EU care? Health Policy, 2014; 114: 215-225.
- Keygnaert I, Vettenburg N, Roelens K, Temmerman M. Sexual health is dead in my body: participatory assessment of sexual health determinants in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. BMC PUBLIC HEALTH. 2014;14:416.
- Frans, E, Keygnaert, I. Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. 2010. Academia Press, Ghent. http://icrh.org/publication/sgbv-senperforto-make-it-work-training-manual
- Keygnaert I, Vangenechten J, Devillé W, Frans E, Temmerman M. Senperforto Frame of Reference for Prevention of SGBV in the European Reception and Asylum Sector. 2010. Ghent: Magelaan cvba. ISBN 978-9078128-205
- WHO & UNFPA. Measuring sexual health: conceptual and practical considerations and related indicators. 2010. World Health Organization, Geneva.
 http://www.who.int/reproductivehealth/publications/monitoring/who_rhr_10.12/en/
- 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=20c71afcb419f260c6afd10b684768f5&id=home

Optional activities

OPTIONAL ACTIVITY 1: "Sexual development & lifeline"

Description: Individual & Group excercise; 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?
 - 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?
 - What can and should be done to address the needs of refugees in that area?

OPTIONAL ACTIVITY 2: "Sexual health indicators"

Description: Group excercise; power point & forum; document: WHO & UNFPA (2010). Measuring sexual health: conceptual and practical considerations and related indicators. World Health Organization, Geneva.

Time: 15 minutes.

Method: The activity "Sexual health indicators" consists of two parts:

- Step 1: read the following document: WHO & UNFPA (2010). Measuring sexual health: conceptual and practical considerations and related indicators. World Health Organization, Geneva.
- 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"

- Description: Group excercise; power point & forum; document: Women's refugee commission.
 Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: a distance learning module. 2011. Available from: http://misp.iawg.net/
- Time: 25 minutes (+ optional chapters).
- Method: The activity "MISP" consists of three parts:
 - Step 1: Read the MISP-RH:

http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Minimum-Initial-Service-Package-MISP-for-Reproductive-Health-in-Crisis-Situations-A-Distance-Learning-Module.pdf

- 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
- **Method:** Reading Hassan G, Ventevogel P, Jefee-Bahloul H, Barkil-Oteo A, Kirmayer LJ. Mental health and psychosocial wellbeing of Syrians affected by armed conflict. Epidemiol Psychiatr Sc 2016:25(2):129-41.

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

Time	Objetives	Content		
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

- WHO, World Health Organization. IASC Guidelines for mental health and psychosocial support in emergency settings. Geneva: WHO, 2007. https://interagencystandingcommittee.org/system/files/legacy_files/guidelines_iasc_mental_health_">health_ health_
 psychosocial_june_2007.pdf (retrieved: September 28, 2016).
- WHO, World Health Organization, UNHCR, UN Refugee Agency. mhGAP Humanitarian Intervention Guide. Geneva: WHO, UNHCR, 2015. http://apps.who.int/iris/bitstream/10665/162960/1/9789241548922_eng.pdf (retrieved: September 28, 2016).
- UN, United Nations, Office of the United Nations. High Commissioner for Human Rights. Instanbul Protocol. Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. New York, Geneva, 2004. http://www.ohchr.org/Documents/Publications/training8Rev1en.pdf (retrieved: September 28, 2016).

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
- Napier AD, Ancarno C, Butler B, Calabrese J, Chatter A, Chatterjee H, Guesnet F, et al. The Lancet Commission. Culture and health. The Lancet 2014;384(9954):1607-39.

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:
 - The Waypoint (Washington Post, 2016):
 https://www.washingtonpost.com/graphics/world/lesbos/
 - The Future of Syria. Refugee Children in Crisis (UNHCR, 2016): http://unhcr.org/FutureOfSyria/isolated-and-insecure.html
 - Unfairy Tales (UNICEF, 2016): http://www.unicef.org/emergencies/childrenonthemove/unfairytales/en
 - o 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?