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

**REPORT ON THE DESIGN,
DEVELOPMENT AND
EVALUATION OF THE ONLINE TRAINING COURSE**

Deliverable 5.3

December 28th, 2016



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User's guide

- The present document corresponding to Deliverable 5.3 of the SH-CAPAC Project presents the evaluation of the on line training course developed by the SH-CAPAC Project. The objective of the course was how to improve access to health care and public health interventions at country level in EU Member States subject to a particular migratory pressure.
- Section 1 discusses how the project went from the design of a Training Strategy to the Development of an on line training course providing the background on the salient aspects of Work Package 5 on the development of institutional capacities in EU countries for improving the health response to refugees, asylum seekers and other migrants.
- It discusses how training needs were identified and converted into a pedagogic design that resulted in a 60n hour on line training course.
- Sections 2 describes the content and methodology of the on line training course, including the course objectives, its contents and activities, the training approach followed, the scheduled activities, the tutoring approach and the requirements for the trainers/tutors and the way in which the course was delivered The user's guides for the 5 modules of the course are also included.
- Section 3 summarize the methods of the evaluation of the pilot carried out in several Member States of the on line training course.
- Section 4 contains the detailed evaluation results.
- Section 5 contains the recommendations for the adaptation of the material to national and subnational contexts and for implementation of training strategy at country level.
- A number of annexes are also included in this report as background documents which supplement the main content of the report and provide the necessary background.

1 Background: From a training strategy to a pilot training course

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

The SH-CAPAC project at large has focused on 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.

One of the five expected outcomes of the SH_CAPAC project was 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".

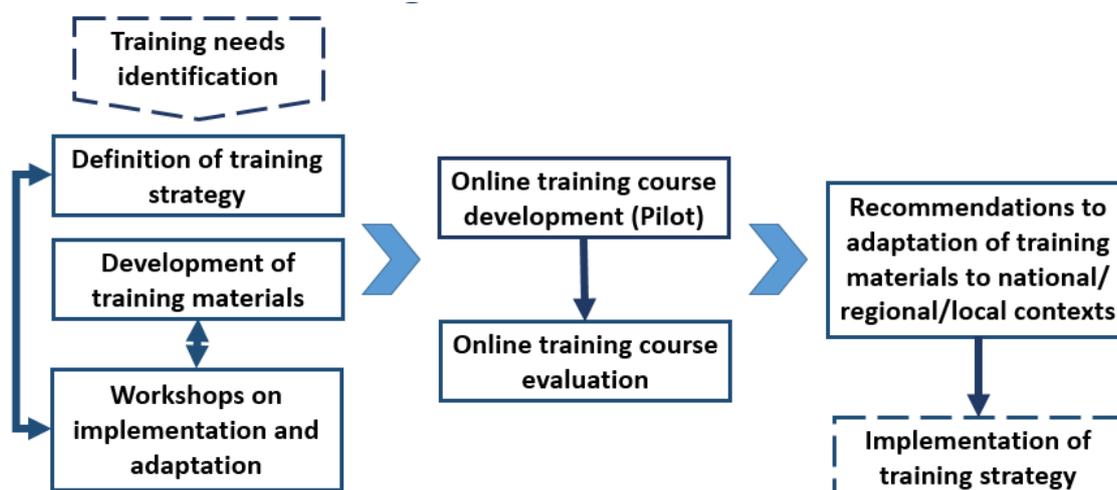
It is important to underscore that as part of this expected outcome the Project has developed training material on 19 different topics, all of which have been piloted. In the future, these materials, all together or individually can be used to produce courses which fit local training needs and contexts.

1.1 Training needs identification

The Training activities (Figure 1) have 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/Other professionals:** 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; journalists, academicians and other relevant professionals involved in healthcare.

Figure 1. SH-CAPAC Training activities scheme



1.2 Development, implementation and adaptation of the training strategy

An SH-CAPAC training strategy was developed by EASP team to design and implement the training activities. To validate and improve the training strategy some discussions took place on two of the workshops covered by the SH-CAPAC project:

1.2.1 SH-CAPAC Reggio Emilia workshop. June 16-17, 2016 "Improving access to health care and capacity building in Member States under particular migratory pressure"

A combined workshop for WP4 and WP5 was held in Reggio Emilia. The aim for WP5 was to "build national capacity through training of trainers in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity".

To achieve this objective a Working group session took place to identify the barriers and enablers for the training strategy.

The detailed results of this Workshop can be consulted in SH-CAPAC Deliverable D4.2.

1.2.2. SH-CAPAC Granada Workshop -September 15-16, 2016 "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 "

The main objectives for this workshop were:

1. To present the training Strategy of SH-CAPAC Project and its piloting at European level.
2. To discuss the implementation of the training strategy at national level.
3. To adapt training contents to a national level.
4. To develop a guide of recommendations for the implementation of the SH- CAPAC Training Strategy at national level.

The participants were a multidisciplinary group, which came from 11 Member States¹ and represented a wide variety of institutions. These included different level health authorities, NGOs, academic institutions, IOM, ECDC and the EUR-HUMAN project. Representatives of the SH-CAPAC consortium came from Belgium, Denmark, Italy, Netherlands, Poland, Slovakia and Spain.

This workshop aims were:

- 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
- to discuss the adaptation of the SH-CAPAC training materials to national/regional/local contexts.

The detailed results of this Workshop can be consulted in SH-CAPAC Deliverable D5.2.

Several recommendations from these Workshops were used to design the final version of the training strategy (annex 1) and to further develop and refine the course structure and contents, as described in the following section.

2 Online training course description

The on-line pilot course was titled *Improving the health response to refugees, asylum seekers and other migrants*. It constitutes one central part of Work Package 5 of the SH-CAPAC project.

2.1 Objectives of the course

The aims of this course were:

- To pilot the training contents and pedagogical approach and to evaluate them.
- To validate and identify adaptation requirements of the SH-CAPAC training materials to national/regional/local contexts.

The evaluation findings will provide helpful guidance to national and regional authorities who want to adapt the training to the local context and implement the course later.

The learning objectives for the training aimed at ensuring that participants, at end of the training, would 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. Recognise available resources to improve access to health care and public health interventions for refugees, asylum seekers and other migrants in their territories and health systems, and
4. Increase competences to provide migrant sensitive health care.

¹ Austria, Belgium, Bulgaria, Denmark, Greece, Hungary, Malta, Portugal, Slovenia, Spain and Sweden.

2.2 Contents and activities

The total course material consisted of 19 teaching units (each lasting one hour), grouped into five modules. In addition, three hours were programmed to familiarize the trainees with the virtual classroom and another two hours to evaluate the content and approach of the course.

The modules and teaching units by author are listed below:

MODULES AND UNITS	Authors
Module 1. Refugees and Migrants' Health policies	
M1. Unit 1. The challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx	Daniel Lopez-Acuna
M1. Unit 2. Health policies and provision of health services to migrants and refugees in the EU	David Ingleby Allan Krasnik Mette Kirstine Tørslev
M1. Unit 3. Migrants in an irregular situation	Ametz Suess
Module 2. Strengthening institutional capacity to organise the health response	
M2. Unit 1. Framework for coordination and intersectoral collaboration.	Jacqueline Gernay
M2. Unit 2. Assessment of health needs and health protection resources	Jeanine Suurmond Iain Aitken Mette Tørslev
M2. Unit 3. Mapping the gaps in access to health care for asylum seekers and refugees: identification of barriers and solutions	Antonio Chiarenza Benedetta Riboldi Valentina Chiesa
M2. Unit 4. Planning and implementing the health response.	Alberto Infante
Module 3. Foundations for the development of migrant sensitive health systems	
M3. Unit 1. Socio-cultural context of refugees and migrants' health.	Anna Szetela Ametz Suess Ainhoa Ruiz Azarola
M3. Unit 2. Determinants of health among refugees and migrants: health risks before, during and after the journey.	Julia Bolívar Gwen Herkes Ines Keygnaert
M3. Unit 3. Disease prevention and health promotion.	Pablo Pérez Solis Luis Andrés Gimeno
M3. Unit 4. Communication skills for addressing sensitive issues	Olga Leralta Lotte De Schrijver Ines Keygnaert
M3. Unit 5. Caring for caregivers	Lotte De Schrijver Ines Keygnaert

Module 4. Vulnerabilities	
M4. Unit 1. Children and unaccompanied minors	Ainhoa Rodríguez
M4. Unit 2. Gender-based violence and persecution on grounds of sexual orientation and gender identity	Ines Keygnaert Amets Suess
M4. Unit 3. Elderly	Jeanine Suurmond Katja Lanting
Module 5. Specific health concerns	
M5. Unit 1. Non-communicable diseases.	Pablo Pérez Solis Luis Andrés Gimeno
M5. Unit 2. Communicable diseases.	Pablo Pérez Solis Luis Andrés Gimeno
M5. Unit 3. Sexual and reproductive health	Lotte De Schrijver Ines Keygnaert
M5. Unit 4. Mental health.	Amets Suess Ainhoa Rodríguez

A user's guide for each of the five modules was 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 12 and can also be found in the SH_CAPAC project webpage.

2.3 Training approach

The training approach was "*learner-determined, task-specific*". This means that trainers specify learning task and goals, but trainees have control over how they work and achieve the planned goals and tasks.²

The training contents have been selected and compiled in three tracks to meet the needs of the different participant profiles. The three tracks are:

For Health Managers: 15 units

For Health Professionals: 16 units

For Administrative Staff: 12 units

The distribution of didactic units and modules for each track is shown in the following table:

Modules. Units	Health managers	Health Professionals	Admin. staff
M1.UD1	x	x	x
M1.UD2	x	x	x
M1.UD3	x	x	x
M2.UD1	x		
M2.UD2	x		

² Coomey, M., y Stephenson, J., (2001) "Online learning: it is all about dialogue, involvement, support and control-according to research". En Stephenson, J. (Ed), Teaching and Learning Online: Pedagogies for New Technologies, Kogan Page, Londres

Modules. Units	Health managers	Health Professionals	Admin. staff
M2.UD3	x		
M2.UD4	x	x	x
M3.UD1	x	x	x
M3.UD2	x	x	x
M3.UD3	x	x	x
M3.UD4	x	x	x
M3.UD5	x	x	x
M4.UD1	x	x	x
M4.UD2	x	x	x
M4.UD3	x	x	x
M5.UD1		x	
M5.UD2		x	
M5.UD3		x	
M5.UD4		x	

Nevertheless, participants could cover the Module 5 Didactic Units as optional when they asked for it. The same happened with Module 2 specific Units for health managers.

The training was delivered in an online format in English. Each unit had 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 complemented the information provided. Additionally, in some cases participatory discussion in forum were proposed. During the course, trainees could post a message on the specific forum available for each Unit/Module and received feedback or answers to the questions from tutors.

2.4 Schedule

The online training course ran from October 20th to November 30th, 2016.

Module 0	Presentation and use of the virtual classroom	October 20-23
Module 1	Refugees and Migrants' Health policies	October 24-30
Module 2	Strengthening institutional capacity to organise the health response	October 31-November 6
Module 3	Foundations for the development of migrant sensitive health systems	November 7-15
Module 4	Vulnerabilities	November 16-22
Module 5	Specific health concerns	November 23-30

2.5 Tutoring activities

Tutors main role is to ensure that learning objectives are achieved. Tutors and technical coordinators used Tutors forum to exchange questions and comments on technical and pedagogical issues.

The list of tutors is shown in the table below:

Daniel López-Acuña	Andalusian School of Public Health, Spain
Olga Leralta Piñán	Andalusian School of Public Health, Spain
Ainhoa Rodríguez García de Cortázar	Andalusian School of Public Health, Spain
Julia Bolívar Muñoz	Andalusian School of Public Health, Spain
Ainhoa Ruiz Azarola	Andalusian School of Public Health, Spain
Jaime Jimenez Pernet	Andalusian School of Public Health, Spain
Ametz Suess	Andalusian School of Public Health, Spain
Jackie Gernay	Andalusian School of Public Health, Spain
Alberto Infante	Andalusian School of Public Health, Spain
Luis Andrés Gimeno Feliu	Primary Care Service. Public Health System, Spain
Pablo Perez Solis	Primary Care Service. Public Health System, Spain
Ines Keygnaert	ICRH (International Centre for Reproductive Health)-Ghent University, Belgium
Antonio Chiarenza	Azienda Unitá Sanitaria Locale Reggio Emilia, Italy
Jeanine Suurmond	Amsterdam Medical Centre. University of Amsterdam, Netherlands
Anna Szetela	Jagiellonian University - Institute of Public Health, Poland
Allan Krasnik	Faculty of Health and Medical Sciences, University of Copenhagen, Denmark
Mette Kirstine Tørslev	Faculty of Health and Medical Sciences, University of Copenhagen, Denmark

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.

For each module, there was a **technical coordinator** that monitored activities progress during the period of each module and guaranteed the evaluation process.

Jaime Jiménez Pernet, Olga Leralta Piñán and Ainhoa Ruiz Azarola, from EASP Team, have coordinated the course development. Inmaculada Roldán Miranda was Administrative Assistant and Pablo Martinez was the Web master.

2.6 Delivery of the course

The online training course was supported by Andalusian School of Public Health (EASP) and developed as a Moodle virtual learning environment (<http://www.sh-capac.org/course/view.php?id=54>). Moodle is one of the most popular Learning Management System (LMS) in academic environments.

Figure 2. Online campus

3 Evaluation plan of the pilot training course

3.1 Objectives of the evaluation plan

- To pilot the SH-CAPAC training strategy for the development and strengthening of refugee/migrant sensitive health services
- To validate and identify adaptation requirements of the SH-CAPAC training materials to national/regional/local contexts.

3.2 Dimensions

The evaluation has covered many aspects, using different tools to measure them.

3.2.1. Knowledge learning

At the beginning of each module, an ex-ante self-assessment about the degree of knowledge regarding the course's objectives was administrated (Knowledge pre-test). Participants could not access respective contents of module until this *questionnaire was* completed (annex 2).

At the end of each module, an ex-post self-assessment was administrated, to measure the knowledge outcomes after the course (Knowledge post-test).

3.2.2. Engagement and participation

Navigation and log data from Moodle platform were used to extract information on achievement of the activities by participants and the time spent on the platform.

The level of engagement was evaluated through a self-assessment question within the standard EASP satisfaction survey (annex 3).

3.2.3. Training materials relevance, quality and usability

At the end of each module, participants completed a survey on relevance and usefulness of training contents. To elaborate this questionnaire, an outline of each module was prepared by authors (annex 4).

A questionnaire on relevance, usability, quality of the training materials by Unit was filled-in by participants at the end of the course (annex 5).

4. Satisfaction regarding learning activities

It was measured through the EASP satisfaction survey (annex 3) and written contributions in the participant's forum.

5. Adaptation requirements for usage in other contexts

A questionnaire on usability, quality and relevance of the training materials by Unit was filled-in by participants at the end of the course (annex 5).

4 Evaluation results

4.1 Participation

4.1.1. Registration process and number of participants

The course was initially designed for 60 participants, 20 per track, to ensure representativeness of the three profiles. Relevant authorities and focal points at country level, as well as academic institutions and relevant NGOs were asked by the SH-CAPAC project director to nominate participants.

Registration was open until the beginning of Module 1 (October 23rd) and took place as follows:

- Each country sent a list of its nominated participants with their name, email address, current occupation and affiliation to the course secretary.
- The course secretary sent a user name and password to each participant on October 17th, together with the course programme and instructions on how to access the virtual campus.

The course attracted a large audience and the number of registered participants were 103 of which 8 requested throughout the period to be withdrawn from the course because they could not handle the heavy work load involved. The final number of participants on the pilot course was 95 people, distributed as follows: 31 health managers, 43 health professionals and 21 administrative staff and other participants. For detailed data from participants see annex 6.

4.1.2. Achievement

Figure 3. Course accomplishment

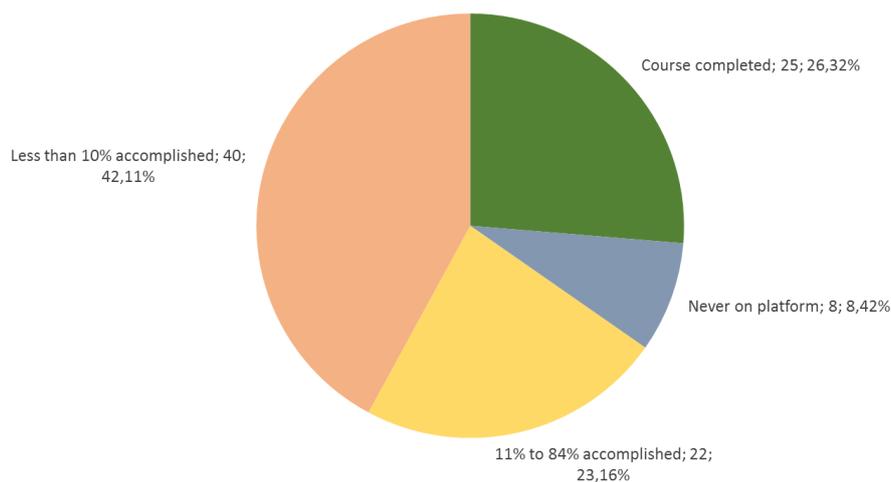
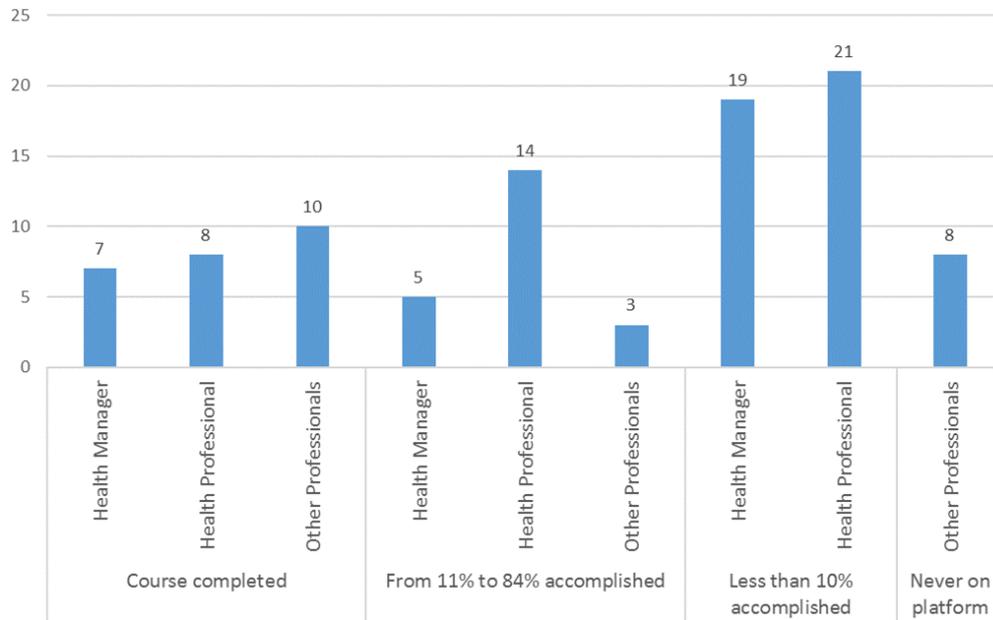


Figure 4. Course accomplishment by profile



4.2 Engagement

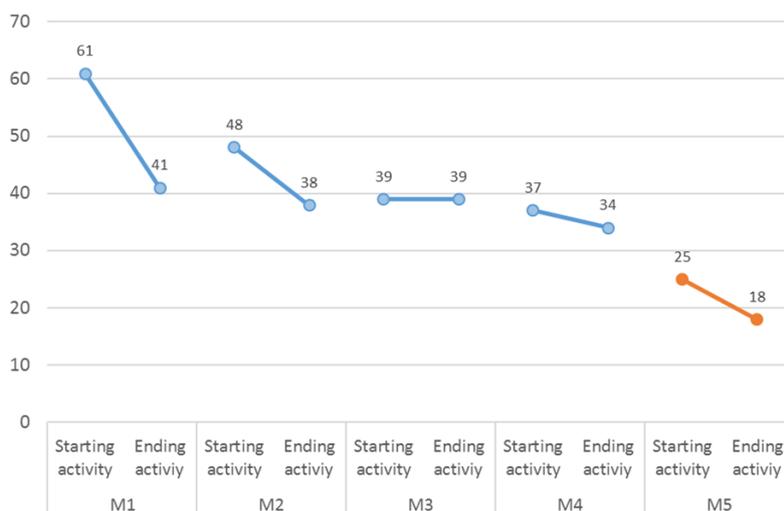
4.2.1. Self-assessment of engagement

Participants were asked to self-assess their engagement with the course. The results are:

Health Managers	7,2
Health Professionals	7,3
Other professionals	7,8
MEAN	7,4

4.2.2. Course dedication

Figure 5. Number of participants that completed starting and ending activities in each module



We can observe a general decrease on this measure. The most significant reduction was on module 1, where 20 less participants complete the last activity of module.

4.2.3. Time on platform

A Moodle algorithm was used to calculate the time spend for each participant on the online platform. This could be important to approximate the effort required by the participants on the pilot course.

All participants that complete the course (n=25), spent an average of 40 hours on the platform. However, there is a high variation between different profiles.

Time on platform			
Track	Mean (hours)	Min. (hours)	Max. (hours)
Health Manager	41,2	23,1	62,3
Health Professional	50,7	17,0	82,7
Other Professionals	31,7	21,6	41,9
All participants	40,5	-	-

4.3 Quality and satisfaction with the course

4.3.1. Satisfaction regarding the quality of teaching

A questionnaire regarding the quality of teaching was administrated at the end of the course. The scale used was 0 to 10, with 0 indicating "Not at all" and 10 "Very much").

The mean value for the degree of general satisfaction was 7,6. This value falls below the quality standard of EASP courses even though this is not a typical academic course but rather a piloting with very experienced professionals. The subgroup of Other professionals gave the course an approval rate with a mean of 8,9.

The **scheduling** and the **evaluation system** were the poor rated elements. Health managers valued those elements lower that the other two profiles.

For the complete results of the survey see annex 3.

4.3.2. Qualitative feedback

Among the 31 people who have participated in the "feedback forum", the level of satisfaction is quite high, in general terms. The course has been **informative, interesting and beneficial**, according to their comments.

The course has represented an experience to review concepts, share experiences with other professionals, and also to raise awareness levels in relation to refugees' issues according to the piloting objectives of this course. Participants were asked to complete surveys and participate in other ways of collecting information about the learning process (Forum, private messaging, teleconferencing, etc.).

It has been pointed out that it was useful in understanding what is being done and what needs to be done in order to address the halt needs of these populations, and to have a comprehensive framework.

It was highlighted that the content had a high level of quality, the themes have been appropriate and the structure of the course well organized.

The tutors and the secretary's role has been considered very helpful.

The different strategies/tools of teaching are considered good, attractive for the course. Very useful learning material for thinking and acting. Classes and presentations in PowerPoint have shown a high level of knowledge and a pedagogical approach.

All the discussions allowed to place the participants in the position put of the refugees, understanding how they feel. It was beneficial reading the posts about the experiences of different participants that provided real examples and practical solutions to problems. In addition, discussing ideas with participants from different backgrounds was also deemed as very interesting.

Most of the presentations and activities were considered interesting and beneficial. The exercises and activities have been well suited to expand knowledge, encourage debate and reflection on the proposed topics and thus strengthen what has been learned.

Another issue to be noted is that many participants participated in a language other than their native tongue, and that created an additional challenge.

Live stories, case studies, flag activity or SWOT analysis were considered very interesting, useful and beneficial. Having said that, there are some areas identified as needing improvement. The following are recommendations obtained from the observations made in the feedback forum, and specific contributions of some participants.

Some of the general recommendations made in order to improve the course in the next editions are the following:

- Workload has not always been well dimensioned.
- More information on the timeline of every module should be available before the start.
- All documents should be accessible at the start of a module.
- It is important for the trainee to know the completion status of the module easily.
- Clarify to the trainees the criteria about what is a completed activity.
- PPT format is not the best option on online settings, and audio or video versions are more suitable.

4.4 Knowledge learning

This dimension has been evaluated with a pre and post tests regarding the course's objectives. A prior self-assessment about the degree of knowledge of those objectives was applied at the beginning of each module (Knowledge pre-test). Later, at the end of each module, a similar self-assessment was conducted (Knowledge post-test). The scale used was 1 to 5, with 1 indicating "no knowledge" and 5 "deep knowledge".

The general rates show a relevant increase of self-assessed knowledge for all learning objectives.

4.5 Quality and usability of training materials and activities

Detailed results are shown in specific reports by Module (see annexes 7-11).

5 Recommendations for adaptation of material and implementation of training strategy

Country engagement is essential for implementing the training developed by SH-CAPAC. Capacity building is central to the larger objective of improving the health response to refugees, asylum seekers and other migrants. It can be used as a catalytic action to improve cooperation and synergy of current efforts. Capacity building can also foster dialogue between governmental and non-governmental organisations. Non-governmental organisations should be encouraged to use the training materials.

This report includes recommendations to modify materials and learning activities for usage in new contexts. This adaptation process can differ according to adaptation needs. The recommendations are aimed at serving as a guide for matching the original training program with professional and cultural profiles of the learners for whom the course will be offered.

The recommendations have been structured as follows:

Language:

All contents require translation to local languages, as language is one of the barriers identified in the piloting.

Structure:

Regarding the contents, the course does not necessarily have to be implemented with the structure of the piloted course programme. Contents are designed to be easily fragmented to meet the needs of the target trainees at every level.

An introduction at the beginning of each module has been considered as useful, including learning objectives and time schedules.

Work planning:

The time required to complete the volume of work (readings, activities, etc.) required in each module is greater than the estimated. The suggested time for certain activities underestimates the real workload. More time is needed to go through all the readings and assigned tasks of the course.

Tutors:

The role of tutors should be clear to the trainees. It is important to know who to contact, when and how in case of need for clarifications, or technical difficulties.

The engagement of tutors is essential to guide discussion and promote more thinking on the different course topics.

It has been positive to encourage the community-building or de-facto community of practice throughout the course. This permits to go beyond the simple pattern of "what you know?" and "here is my answer."

To attain an effective learning discussion there are three main phases within each module where tutors have specific tasks:

Phases for effective learning discussions		
Phase	Action	Indications
Before	Review the module guidelines, contents and activities on the online platform	At appropriate module and didactical unit.
	Report any technical problem or request minor changes on contents	At Tutors forum
During	Introduction to the students, specifying professional profile, subject treated and didactical unit	At Forum module <i>Module coordinator announces starting of module</i>
	Review results of pre-test to know the level of previous knowledge of students	At beginning of module
	Daily review of forum module to follow general discussions.	At Forum module
	Answer questions concerning the didactical unit (Recommended delay 24h on weekdays)	At Forum module
	Daily monitoring progress on assignments and forum activities.	Forum activities Assignments Course reports
After	Communicate to each participant with the overall degree of progress and individual achievements at the end of module	At appropriate activities (Feedback)
	If necessary, provide additional documentation or web resources for further information	At Forum module
	Complete a course assessment form	You will receive it by e-mail

Learning activities:

PPT presentations should be adapted to the target audiences in every context. Sometimes it can be better a video with a tutor, or a pdf, than screen presentations.

Case studies adapted to the local context are useful. Role-taking methodologies are very useful in face to face training activities.

Tutor's feedback to the submitted documents by the trainees' is of great importance. In an online course, where interaction is more difficult than in face to face training, this can affect the motivation of participants.

Discussions/Forums:

Participating in a forum requires contributing with answers to the forum questions, but also engaging in debate and commenting on other contributions. Participation in online forums is very time consuming, and requires regular presence in in order to follow and reply to threads. The tutor's role in this aspect is of great relevance.

In order to keep the discussion relevant in online settings, some forums could be organized via skype in real time. It is recommended that most activities have a forum for discussion with both tutors and participants. Forums should be moderated by tutors. Comments and questions that are posted in the wrong place can be moved. Technical questions should have their own specific forum.

Online learning:

The Moodle platform may not be the best option for all local contexts since it needs basic technical skills for participants and computer and networking availability.

Technical issues (Moodle platform):

At the beginning of the course, participants should be clearly informed about the data being recorded in the online campus. It should be clarified how personal data (profile, picture, forum posts etc.) are accessible only for other participants and administrators.

Regarding the notification system, it is recommended to reduce the number of emails that trainees receive, specially forum posts. The option to get a daily digest is very helpful.

Evaluation:

Questions in pre and post-tests should be very concise and precise, in order to allow the participants to rate their knowledge.

Evaluation should be anonymous to meet good practice standards.

ANNEX 1: TRAINING STRATEGY

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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 of a system that wants to improve services towards migrants. Taking a **whole organization approach** is recommended. **Managers and policy makers** should also be targeted, and appropriate additional training material developed for them in the future.*

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

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

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

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

The Training has put emphasis on the need of developing a public health and health systems perspective to the health response to the refugees, asylum seekers and other migrants. Cultural aspects and training on cultural competencies is important but it is only a part of the approach needed to build the institutional capacity

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.

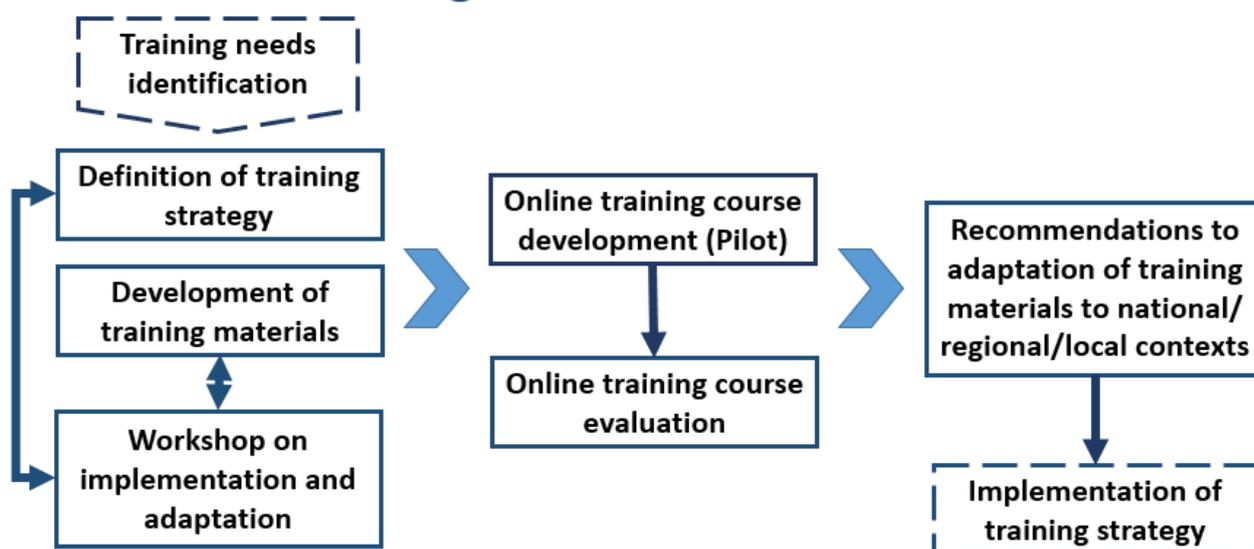
in Member states for improving the health response to the recent massive population influx into the European Union. This is the reason why emphasis has been placed in transmitting knowledge and developing skills in areas covered by other Work Packages of the project (WP1,2,3 and 4) in such a way that 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/Other professionals:** 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; journalists, academics and other relevant professionals involved in healthcare.

2 SH-CAPAC Training Strategy

SH-CAPAC: Training activities



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.

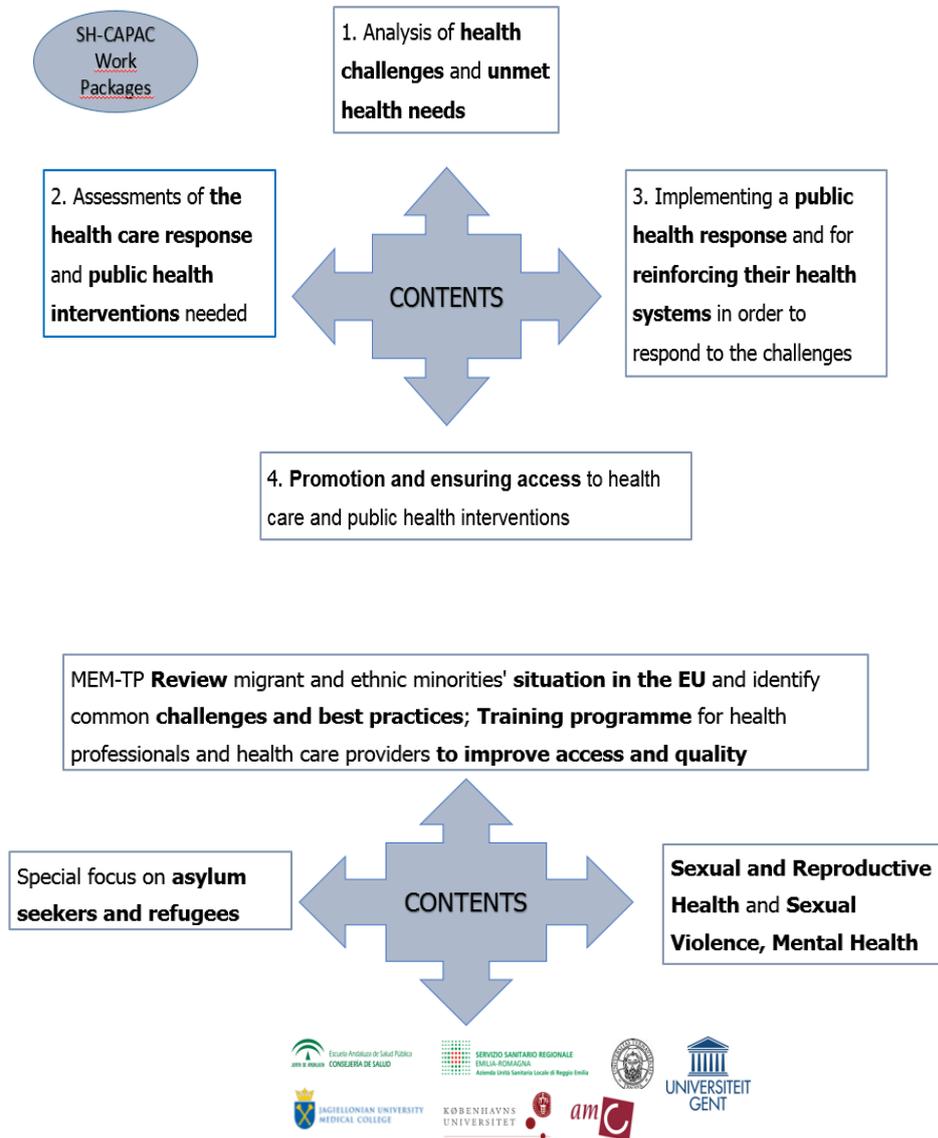
The inputs received during the regional workshops organized by the SH-CAPAC project in Ghent, Copenhagen and Reggio Emilia, the lessons learned during the Country Missions and the main conclusions of the Focus Groups organized in many Member States as part of the preparation of the *Resource package 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.

In the images bellow, the strategy to elaborate the contents is summarized:



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

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 “Improving the health response to refugees, asylum seekers and other migrants” 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 30th, 2016.**

The screenshot shows the Moodle interface for the 'Pilot training course'. At the top, there is a navigation bar with links for 'Project SH-CAPAC', 'About us', 'Deliverables', 'Work Packages', 'Workshops', 'Training', and 'This course'. Below this is a breadcrumb trail: 'Home > My > Tr > pilot_shcapac'. The main content area features a large banner image of a pier over water with the text 'Improving the health response to refugees, asylum seekers and other migrants'. Above the banner is a navigation menu with 'Home', 'Moodle training', 'Module 1', 'Module 2', 'Module 3', 'Module 4', 'Module 5', and 'Evaluation'. On the right side, there is a 'FORUMS' section with 'Tutors Forum' and 'Trainees Forum', each with a speech bubble icon. Below that is a 'PEOPLE' section with 'Participants'.

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 the context for an understanding of the complexity and relevance of the issues from many different perspectives. The Training program gives emphasis to a clear focus on outcomes for healthcare professionals, patients, and health care organisations.

³ Chiarenza A, Horvat L, Ciannamero 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 Emilia, Amsterdam: Andalusian School of Public Health, AYSL of Reggio Emilia, University of Amsterdam.

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/other professional (**AS**).

The training approach is "learner-determined, task-specific". This means that trainers specify learning task and goals, but trainees have control over how they work and achieve the planned goals and tasks.

The training contents have been selected and compiled in three tracks to meet the needs of the different participant profiles. The three tracks are:

For Health Managers: 15 units
 For Health Professionals: 18 units
 For Administrative Staff: 12 units

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.

Evaluation plan is designed:

1. To pilot the SH-CAPAC training strategy for the development and strengthening of refugee/migrant sensitive health services.
2. To validate and identify adaptation requirements of the SH-CAPAC training materials to national/regional/local contexts.

Evaluation will cover five different aspects, using specific tools to assess them:

1. Knowledge learning, through prior self-assessment about the degree of knowledge regarding the course's objectives (Knowledge pre test), at the beginning of each module. And self-assessment about the knowledge outcomes after the end of each module (Knowledge post test).
2. Training materials quality and usability, through a survey on quality, relevance and usability of training materials, at the end of the course.

3. Engagement and participation, through navigation and log data (extracted from online campus on Moodle at the end of the course) and self-assessment at the end of the course (through a question included in Teaching quality feedback and satisfaction survey).
4. Satisfaction regarding learning activities, through the teaching quality feedback and satisfaction survey, at the end of the course, and written interview to selected participants at the end of the course.
5. Adaptation for usage in other contexts, through a survey on quality, relevance and usability of training materials, at the end of the course.

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 derive from the regional workshop to be held in Granada September 15th-16th, 2016.

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	<ul style="list-style-type: none"> • Setting up a Working Group led by EASP Team
February-March	<ul style="list-style-type: none"> • Find priorities for the outline of contents focused on improving access and quality of health services for migrants, with special focus on refugees
April	<ul style="list-style-type: none"> • Discussion on outline of contents (6th Trnava, Slovakia) • Design the Training strategy • Develop the Course guideline
May-July	<ul style="list-style-type: none"> • Develop the training programme, contents and formats of the training materials and Evaluation tools
June	<ul style="list-style-type: none"> • Regional Workshop to discuss access to health care and capacity building strategies (16th-17th Reggio Emilia, Italy)
June-July	<ul style="list-style-type: none"> • Develop the contents of the Granada Regional Workshop
September	<ul style="list-style-type: none"> • Granada's Workshop (15th-16th Granada, Spain)
October-November	<ul style="list-style-type: none"> • Pilot testing of the online training courses (virtual campus EASP) October 20th to November 30th
November-December	<ul style="list-style-type: none"> • Evaluation of the online training courses

Annex 1

General programme

Module 1. Refugees and Migrants' Health policies

- M1. Unit 1. The challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx
- M1. Unit 2. Health policies and provision of health services to migrants and refugees in the EU.
- M1. Unit 3. Migrants in an irregular situation

Module 2. Strengthening institutional capacity to organise the health response

- M2. Unit 1. Framework for coordination and intersectoral collaboration.
- M2. Unit 2. Assessment of health needs and health protection resources
- M2. Unit 3. Mapping the gaps in access to health care for asylum seekers and refugees: identification of barriers and solutions
- M2. Unit 4. Planning and implementing the health response.

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

- M3. Unit 1. Socio-cultural context of refugees and migrants' health.
- M3. Unit 2. Determinants of health among refugees and migrants: health risks before, during and after the journey.
- M3. Unit 3. Disease prevention and health promotion.
- M3. Unit 4. Communication skills for addressing sensitive issues
- M3. Unit 5. Caring for caregivers

Module 4. Vulnerabilities

- M4. Unit 1. Childhood and unaccompanied minors
- M4. Unit 2. Gender-based violence and persecution on grounds of sexual orientation and gender identity
- M4. Unit 3. Elderly and disabled refugees

Module 5. Specific health concerns

- M5. Unit 1. Non-communicable diseases.
- M5. Unit 2. Communicable diseases.
- M5. Unit 3. Sexual and reproductive health
- M5. Unit 4. Mental health

ANNEX 2: KNOWLEDGE PRE-POST

MODULE 1: Refugees and Migrants' Health policies

KNOWLEDGE QUESTIONNAIRE (PRE-POST)

ASSESS PREVIOUS KNOWLEDGE ON THE ISSUES RAISED IN THE MODULE, AND ASSESS THE KNOWLEDGE OUTCOMES AFTER THE COURSE.

Please express the degree of knowledge regarding the course's objectives

Please rate on a scale of 1 to 5, with 1 indicating "not knowledge" and 5 "deep knowledge"

1. The major trends characterizing the recent massive migratory influx into the EU, its magnitude and dynamic.
2. To contextualize the issue within the wider perspective of forced displacement in the world.
3. 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.
4. To reflect critically on the main challenges associated to the health response to refugees, asylum seekers and other migrants.
5. To discuss the need for a public health and health systems approach.
6. To analyse the policies governing service delivery which can make health services either "migrant-friendly" or inequitable.
7. To identify different ways in which barriers to access can arise and services may need to be made more responsive to the needs of migrants.
8. To explore policies on migrant health in Europe, distinguishing between policies applying to migrant workers, asylum seekers and undocumented migrants.
9. To identify how international bodies (at global and European levels) have tried to influence policies on migrant health.
10. 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.
11. The current situation of access to health and health of migrants in an irregular situation in the European context.
12. To identify strategies and Best Practices examples for improving access to health care for migrants in an irregular situation.

MODULE 2: Strengthening institutional capacity to organise the health response

1. To understand the necessity 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.
2. To use the coordination framework as a tool that facilitates the establishment or strengthening of the coordination of the health response to the refugees, asylum seekers and other migrants.
3. To describe and analyse the type of coordination and intersectoral collaboration that exists in your country at their level of work with regards to addressing the health needs of the refugees, asylum seekers and other migrants and make recommendations.
4. To describe the basics of assessment of health challenges.
5. To collect and analyse information through socio-demographic mapping.
6. To collect and analyse information on Health needs and risks identification
7. To map and assess health protection services
8. To identify barriers to access to health care for refugees, asylum seekers and other migrants.
9. To identify and use evidenced tools and measures addressing the access to health care for refugees and asylum seekers.
10. To identify the main features of the current refugees, asylum seekers and other migrant´s influx required for planning an effective response.
11. To understand the way in which action plans to cope with this influx are prepared
12. To understand the difference between response plans and contingency plans.
13. To be familiar with the effective preparation of action plans

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

1. To understand the importance of paying attention to sociocultural context of health and healthcare.
2. To make cultural adjustment and culture shock in health context.
3. To identify areas and ways where the culture influences health and disease perception in different societies
4. To identify k the importance of culturally differentiated meaning of health and disease.
5. To reflect about culture as a factor influencing the decision about contacts with health care and cultural differences influencing the doctor-patient relationship.
6. To analyze barriers occurring in doctor-patient relationship and communication.
7. To reflect on the positive contribution of interculturality and Sensitivity to diversity.
8. To reflect on sexual and gender diversity in different cultures.
9. To describe the specific Social Determinants of Health affecting different groups of migrants in the different phases of the migratory process
10. To describe the health consequences for victims of human trafficking
11. To describe most prevalent refugee health issues and a basic approach on a primary care consultation.
12. To identify the most common preventive and screening activities for newly arriving activities.
13. To recognize key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity
14. To reflect on the ability to addressing sensitive issues in culturally diverse contexts.
15. To introduce the concepts "burnout" and "compassion fatigue".

MODULE 4: Vulnerabilities

1. To describe basic characteristics of the refugee children and unaccompanied migrant minors.
2. To identify specific risks and health problems of refugee children and unaccompanied migrant minors.
3. To identify barriers in access to health care for refugee children and unaccompanied migrant minors.
4. To formulate a health care response to address needs of refugee children and unaccompanied migrant minors.
5. To describe the consequences of sexual and gender-based violence (SGBV)
6. To describe the prevalence of SGBV in Europe
7. To recognize European policies and regulations on SGBV in the asylum sector
8. To identify concepts and terminologies related to sexual orientation, gender identity and sex characteristics
9. To describe the situation of LGBTI refugees and migrants in the countries of origin, during the migration journey and in the host countries.
10. To identify concerns and needs of LGBTI refugees and migrants.
11. To describe basic characteristics of the elderly refugee population.
12. To identify specific health needs of elderly refugees and formulate a health care response to address these needs.
13. To identify barriers in access to health care for elderly refugees.
14. To identify needs of refugees with disabilities and formulate a health care response to address these needs.

MODULE 5. Specific health concerns

1. To describe the impact of chronic diseases in refugee health and the basics of the epidemiological situation in the European context.
2. To describe different patterns of multimorbidity and chronic disease according to refugee's origin, and socioeconomical status.
3. To describe the impact of communicable diseases in migrants and refugee health as a heterogeneous phenomenon that it is.
4. To identify core elements for an adequate approach: modes of transmission, risk-related practices, and barriers as socio--economical status and access to healthcare.
5. To identify different public health implications of most common communicable diseases in migrants and refugees.
6. To identify different needs according to sexual development stage.
7. To identify supportive/hindering factors of sexual development.
8. To define sexual and reproductive health.
9. To describe the concept of sexual and reproductive rights (history, purpose, meaning).
10. To detect risk factors for poor sexual and reproductive health in the context of migration.
11. To apply guidelines to provide a sexual and reproductive health care service.
12. To describe mental health problems in migrants and refugees, within human rights and social determinants of health approach.
13. To identify strategies for a diversity sensitive mental health practice.

ANNEX 3: ENGAGEMENT AND PARTICIPATION

We present you this questionnaire aiming to rating your satisfaction regarding the quality of teaching. We also ask you to self-assess your engagement with the course.

- Self-assessment of engagement. Indicate the degree of engagement you had in the course (scale of 0 to 10, with 0 indicating not at all and 10 very much)

SATISFACTION REGARDING LEARNING ACTIVITIES

1. Coordination of the Teaching Activity

Indicate which of the following the course's coordinator made available to you in advance:

1.1. Overall Goals of the Activity

0 1 2 3 4 5 6 7 8 9 10 DK/DR*

1.2. General Content

0 1 2 3 4 5 6 7 8 9 10 DK/DR

1.3. Methodologies (practices, etc.)

0 1 2 3 4 5 6 7 8 9 10 DK/DR

1.4. Schedule

0 1 2 3 4 5 6 7 8 9 10 DK/DR

1.5. Group's Characteristics and Participants' Profiles

0 1 2 3 4 5 6 7 8 9 10 DK/DR

1.6. Attendance Control

0 1 2 3 4 5 6 7 8 9 10 DK/DR

1.7. Evaluation System

0 1 2 3 4 5 6 7 8 9 10 DK/DR

1.8. Obtention of diplomas/certificates of attendance

0 1 2 3 4 5 6 7 8 9 10 DK/DR

1.9. Methods for controlling attendance

0 1 2 3 4 5 6 7 8 9 10 DK/DR

2. Secretariat and Logistics

2.1. Indicate your degree of satisfaction regarding the logistical support received

0 1 2 3 4 5 6 7 8 9 10 DK/DR

3. Participants

Indicate your degree of satisfaction regarding the following aspects related to the group's participants

3.1. Homogeneity in the group's prior knowledge

0 1 2 3 4 5 6 7 8 9 10 DK/DR

3.2. Participant profiles and level of training were adequate for the course

0 1 2 3 4 5 6 7 8 9 10 DK/DR

3.3. Degree of the group's participation

0 1 2 3 4 5 6 7 8 9 10 DK/DR

3.4. Degree of the group's respect for the established schedule

0 1 2 3 4 5 6 7 8 9 10 DK/DR

4. For disabled participants

4.1. Accessibility of the installations

0 1 2 3 4 5 6 7 8 9 10 DK/DR

4.2. Degree of difficulty in following the course at a normal pace

0 1 2 3 4 5 6 7 8 9 10 DK/DR

5. Overall Satisfaction

5.1. Indicate your degree of general satisfaction

0 1 2 3 4 5 6 7 8 9 10 DK/DR

* DK = Don't Know

NR = No Response

ANNEX 3: SURVEY RESULTS

	Health Managers				Health Professionals				Other Professionals				Total			
	Mean	Min	Max	SD	Mean	Min	Max	SD	Mean	Min	Max	SD	Mean	Min	Max	SD
0. Self-assessment of engagement.	7,2	3	10	1,9	7,3	5	9	1,4	7,8	6	10	1,6	7,4	3	10	1,5
1.1. Overall Goals of the Activity	7,7	6	10	1,7	8,2	6	10	1,5	8,2	7	10	1,2	8,1	6	10	1,5
1.2. General Content	8,0	5	10	1,5	8,2	5	10	1,5	8,1	7	10	1,1	8,1	5	10	1,4
1.3. Methodologies (practices, etc.)	7,0	4	10	1,8	7,4	4	10	2,0	7,8	5	9	1,2	7,4	4	10	1,7
1.4. Schedule	6,2	2	10	2,7	7,4	4	10	2,3	7,4	3	10	2,1	7,1	2	10	2,4
1.5. Group's Characteristics and Participants' Profiles	7,2	2	10	2,4	7,4	2	10	2,4	7,3	3	10	3,2	7,4	2	10	2,6
1.6. Evaluation System	5,7	1	9	2,9	7,4	4	10	1,9	7,4	3	9	1,8	7,0	1	10	2,2
2.1. Indicate your degree of satisfaction regarding the logistical support received	6,9	1	10	3,0	7,8	3	10	2,0	8,9	5	10	1,7	7,9	1	10	2,3

3. Participants. Indicate your degree of satisfaction regarding the following aspects related to the group's participants

3.1. Homogeneity in the group's prior knowledge	6,2	3	9	2,0	6,9	2	10	2,5	7,9	7	10	1,3	7,0	2	10	2,2
3.2. Participant profiles and level of training were adequate for the course	7,4	6	9	1,2	7,6	3	10	2,3	8,4	7	10	1,0	7,8	3	10	1,8
3.3. Degree of the group's participation	7,1	6	9	1,3	6,9	3	10	2,1	8,1	6	10	1,5	7,3	3	10	1,8
3.4. Degree of the group's respect for the established schedule	6,6	5	8	1,1	6,7	3	10	2,4	8,2	6	10	1,4	7,1	3	10	2,0
4. Overall Satisfaction																
4.1. Indicate your degree of general satisfaction	6,3	1	9	2,5	7,7	4	10	1,7	8,9	8	10	0,9	7,6	1	10	2,0

ANNEX 4: TRAINING CONTENTS USEFULNESS

Following is a list of the training contents. We would like to know how useful they are to you in carrying out your work:

Please rate on a scale of 1 to 5, with 0 indicating not at all useful and 5 very useful

- **Not at all useful: absolutely unnecessary for carrying out tasks related to my position.**
- **Very useful: Essential for carrying out tasks related to my position.**

Module 1. Refugees and Migrants' Health policies

M1. Unit 1. The challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx

- The recent migratory flow into the EU.
- The EU response to the refugee crisis.
- The characterization of the different migration groups: Recent arrivals, People in transit, Asylum seekers, Refugees, Stranded/ irregular migrants.
- The major health challenges faced by the refugees, asylum seekers and other migrants that are part of the recent migratory influx.
- The diversity of the health response by country and by type of migrant population.
- The need for a public health and health systems approach.

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

- Framework for analyzing health policies affecting migrants.
- Overview of policies in Europe.
- International bodies: human rights, legal instruments, standards and recommendations.

M1. Unit 3. Migrants in an irregular situation

- Concepts and terminologies regarding migrants in an irregular situation.
- Comparative studies in the European context.
- Impact of the current economic crisis.
- Barriers for effective access to health care.
- Recommendations from comparative reports.

Module 2. Strengthening institutional capacity to organise the health response

M2. Unit 1. Framework for coordination and intersectoral collaboration

- Why do we need coordination and intersectoral collaboration?
- The health coordination framework and mechanism.
- The health coordination team (Who, What & How).

M2. Unit 2. Assessment of health needs and health protection resources

- Introduction to population needs assessment.
- Contextualizing the assessment.
- Assessment coordination and planning.
- Collecting data.
- Sociodemographic overview.
- Health needs and risks identification.
- Assessing health protection resources.
- Priority setting.
- Reporting.

M2. Unit 3. Mapping the gaps in access to health care for asylum seekers and refugees: identification of barriers and solutions

- General barriers to access to health care.
- Specific barriers for specific health care needs.
- Impact on health care access of specific situation of the refugees.
- Evidence on the barriers.
- Measures to address barriers.

M2. Unit 4. Planning and implementing the health response

- Linking the population health assessment with the planning and implementation of the health response
- Strategic and operational response plans.
- Contingency plans.
- Main areas that ought to be covered in the health response.
- Effective preparation of action plans.

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

M3. Unit 1. Socio-cultural context of refugees and migrants' health

- Cultural adjustment and culture shock.
- Health Care in Intercultural Contexts.
- Cultural Competence, Intercultural Competence and Diversity Sensitivity.
- Culture and health/disease perception and reaction.
- Cultural diversity and effective healthcare.
- Culture influencing the decision about contacts with health care.
- Cultural differences as a barrier in diagnostics, access and treatment.
- Gender and sexual orientation in different cultures.

M3. Unit 2. Determinants of health among refugees and migrants: health risks before, during and after the journey

- Social determinants of health for refugees, asylum seekers and other migrants.
- Different exposures during the life course.
- Health risks before, during and after the migratory journey.
- Policy measures tackling social determinants for refugees, asylum seekers and other migrants.
- Human trafficking.

M3. Unit 3. Disease prevention and health promotion

- Most prevalent refugee health issues and a primary care approach to deal with them.
- Most common preventive and screening activities for newly arriving people.
- Patient centered approach.

M3. Unit 4. Communication skills for addressing sensitive issues

- Key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity.
- Facing barriers in communication in culturally diverse contexts.
- Strategies for addressing sensitive issues.

M3. Unit 5. Caring for caregivers

- Concepts of “burnout” and “compassion fatigue”.
- Signs of burnout and compassion fatigue.
- Risk factors.
- Preventive measures.
- Additional measures.

Module 4. Vulnerabilities

M4. Unit 1. . Childhood and unaccompanied minors

- Migrant children’s health.
- Refugee children: risks and health consequences.
- Unaccompanied migrant/refugee children.
- Mental health of refugee children.
- Migrant children & bullying.
- Health of Refugee Children.
- Migrant Children Vaccination.
- Substance misuse.

M4. Unit 2. Gender-based violence and persecution on grounds of sexual orientation and gender identity

- What is Gender-based violence (SGBV).
- Consequences of SGBV.
- SGBV in the European asylum sector.
- SGBV prevention and response policies and measures.
- Situation of LGBTI refugees and migrants in the country of origin, during the migration journey and in the host countries.
- Health consequences for LGBTI refugees and migrants.
- Recommendations of International and European civil society organizations and human rights institutions for LGBTI refugees and migrants.
- Diversity sensitive health care for LGBTI refugees and migrants.

M4. Unit 3. Elderly and disabled refugees

- Recognizing health needs of elderly and disabled refugees.
- Barriers of elderly and disabled refugees in access to care.
- Formulating health care responses to address needs.

Module 5. Specific health concerns

M5. Unit 1. Non-communicable diseases

- The impact of non-communicable diseases in refugee health and the basics of the epidemiological situation in the European context.
- Patterns of multimorbidity and non-communicable diseases according to refugee origin, and socioeconomic status.
- Interventions depending on refugee's country of origin and other circumstances.

M5. Unit 2. Communicable diseases.

- The impact of communicable diseases in migrants and refugee health Core elements for an adequate approach: modes of transmission, risk-related practices, and barriers as socio-economical status and access to healthcare.
- Public health implications of most common communicable diseases in migrants and refugees.
- Interventions according on refugee's country of origin and other circumstances.

M5. Unit 3. Sexual and reproductive health

- Epidemiology of sexual and reproductive health among migrant's and refugees.
- Guidelines that apply to provide a minimal sexual and reproductive health care service.
- Risk factors in the context of migration.
- FGM prevention.

M5. Unit 5. Mental health

- General patterns of mental health problems in migrants and refugees.
- Strategies for a diversity sensitive mental health practice.
- Mental health and psychological wellbeing of refugees during the journey and in the refugee's camps.
- Victims of torture.

ANNEX 5: TRAINING MATERIALS QUALITY, USABILITY AND RELEVANCE

This survey includes 5 questions regarding every Unit's contents. The scale is 1 to 5, with 1 indicating not at all and 5 very much. One of them is an open question for further contributions.

1. Presentation and content of information is appropriated to the target audience.

1 2 3 4 5

2. Clear statement of sources for all information provided, supported by up-to-dated scientific evidence.

1 2 3 4 5

3. Adequacy and relevance to your own context.

1 2 3 4 5

4. How do you rate the need for adaptation of materials in this Unit to local context?

1 2 3 4 5

ANNEX 6: PARTICIPANTS DESCRIPTION

Annex 6. Participants description

Track	Name	Description
Participants having completed the course		
Health Manager	Amalia Tzikou	Public health inspector, food safety & environmental on the Region of South Aegean, Greece
Health Manager	Carmen Montaña-Remacha	Epidemiologist (Andalusian Regional Ministry of Health)
Health Manager	Filipa Pereira	International relations senior officer. Directorate-General of Health. Portugal
Health Manager	Konstantinos Gogossis	National Health Operations Centre Manager (Athens)
Health Manager	Michal Dlugi	Specialist. NFZ Office, Kraków, Poland
Health Manager	Panagiota Mandi	Employee and Member of the Governmental Coordinating Body for managing the health care services for refugees and migrants (Greece)
Health Manager	Sven Feddern	Pediatric doctor. Health authorities of the City of Cologne (Germany)
Health Professional	Emanuela Maria Frisicale	Student on Specialization in Hygiene and Preventive Medicine. Università Cattolica del Sacro Cuore, Roma
Health Professional	Inmaculada González Castro	ENT medical and surgical management. University Hospital (Spain)
Health Professional	Jonas Özbay	General practitioner in a reception centre for refugees (Erstaufnahmeeinrichtung) in Mühlhausen/Thüringen, Germany.
Health Professional	Leuconoe Grazia Sisti	Greece
Health Professional	Marisa Pietzsch	Coordinator of humanitarian health services. German health authority
Health Professional	Markus Rieger	German Red Cross. Delegate at refugee camp Erding (Germany)
Health Professional	Pilar Estebanez	Public health (Madrid)
Health Professional	Theologia Livanou	Supervisor nurse at emergency unit in Leros hospital (Greece)

Annex 6. Participants description

Other Professionals	Ana Giraldez Estebanez	Livelihood Delegate Spanish Red Cross
Other Professionals	Evaggelia Revezouli	Collaborator specializing in statistical analysis for Refugee issues. Greek National Health Operations Centre, Ministry of Health
Other Professionals	Helio Manhica	PhD candidate in Public Health.CHESS (Centre for Health Equity Studies), Stockholm, Sweden
Other Professionals	Isabel López Gordo	Responsible of Communication and Fundraising. Pablo Horstmann Foundation (Madrid, Spain)
Other Professionals	Mariana Crespo	External Relations Officer, Department of Country Cooperation and collaboration with the UN system,-World Health Organization
Other Professionals	Marta Escobar-Ballesta	Ph.D. Candidate in Psychology at University of Sevilla (Spain)
Other Professionals	Muriel Aza	Currently not working (Spain)
Other Professionals	Nikolett Arnold	Administrative staff at Chair of Migration Health at the University of Pécs, Hungary
Other Professionals	Olga Koutra	Administrative staff. Refugees Hospitality Centers. Hellenic Ministry of Health, National Health Operations Center. Greece
Other Professionals	Pete Venticich	Volunteer with Cruz Roja España (Madrid)

Participants not finishing the course

Health Manager	Ana Arrojo
Health Professional	Aldo Virgilio
Health Professional	Alessandro Rinaldi
Health Professional	Alice Corsaro
Health Manager	Annemarie Hoogewys
Health Manager	Antonia De Barros Mota
Health Professional	Bohdana Mysyshyn
Health Professional	Carina Ferreira-Borges
Health Professional	Carme Roca

Annex 6. Participants description

Health Professional	Cinzia Gradellini
Health Professional	Concepción Sarasa Bosque
Health Professional	Cristiana Franchi
Health Professional	Donatella Palazzo
Health Professional	Eldine Oosterberg
Health Professional	Elisa Biliotti
Health Manager	Elsa Ramos
Health Professional	Erika Marek
Health Manager	Ester Pedone
Health Manager	Eva Falcão
Health Professional	Fernanda Silva
Other Professionals	Florianne Gaillardin
Other Professionals	Francesca Basile
Health Professional	Gina Leptokaridou
Other Professionals	Ignazio Schintu
Health Manager	Ing-Marie Wieselgren
Health Professional	Issa Jabbour Neemi
Health Manager	Jacek Zak
Health Manager	Ján Čižmárik
Health Manager	Jeyathesan Kulasingan
Health Professional	Joaquín Bodião
Health Professional	Joaquin J Millán Pérez
Health Manager	Josep Roma i Millan
Health Professional	Julia Kadin Funge
Health Manager	Julia Zoppe
Health Professional	Katarina Stete
Other Professionals	Katja Lanting
Health Professional	Konstantina Alexopoulou
Health Professional	Letizia Drogo
Health Manager	Maciej Burski
Health Manager	Maki Igarashi
Other Professionals	Manolis Volos
Health Professional	Maria Dolors Tenas Bastida

Annex 6. Participants description

Other Professionals	Maria Kalingas Ruin
Health Professional	Maria Nyström Agback
Health Manager	Mariana Stoyanova
Health Professional	Marika Podda Connor
Other Professionals	Maritzell Abrahamsson
Health Manager	Martha Bird
Health Professional	Mauricio Calderón
Health Manager	Mauro Patti
Other Professionals	Milagros García Barbero
Health Manager	Morten Ekstrøm
Health Manager	Nektarios Georgantis
Health Manager	Patricia Fruyt
Health Manager	Paula Marques
Health Professional	Paulina Swiatek
Health Professional	Regina Pimentel
Other Professionals	Rocío Valero
Health Manager	Şeyma Demirlikan
Health Professional	Silvia Putekova
Health Professional	Simon Ruben Hansen
Health Professional	Sophie Kindler
Health Professional	Stefan Osche
Other Professionals	Tarina García Concheso
Health Manager	Tomas Kudela
Health Manager	Tona Tizana Alcazo
Health Professional	Valerio Mogini
Health Professional	Vicente Silva
Health Professional	Victoria Ulrich
Other Professionals	Yvonne Speeckaert

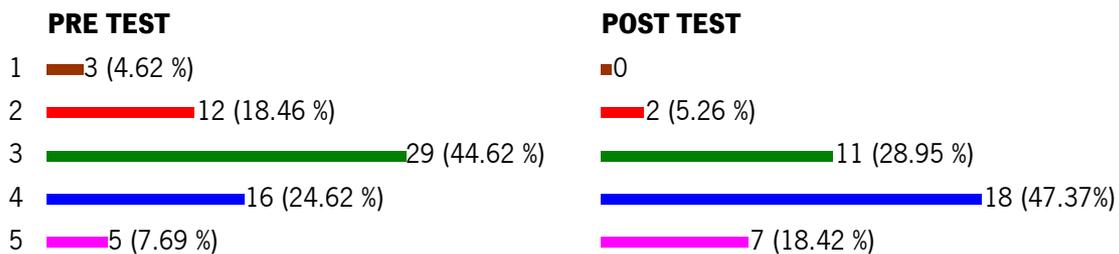
ANNEX 7: DETAILED RESULTS MODULE 1

1. Knowledge learning

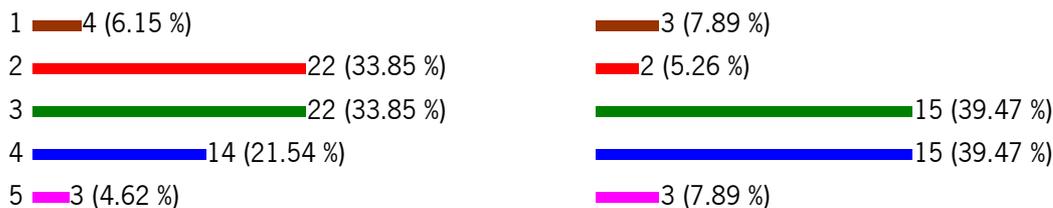
This dimension has been evaluated with a pre-post test regarding the course's objectives. A prior self-assessment about the degree of knowledge of those objectives was applied at the beginning of each module (Knowledge pre test). Later, at the end of each module, a similar self-assessment was conducted (Knowledge post test). The scale used was 1 to 5, with 1 indicating "No knowledge" and 5 indicating "Deep knowledge".

- Knowledge pre-test: 65 respondents
- Knowledge post-test: 38 respondents

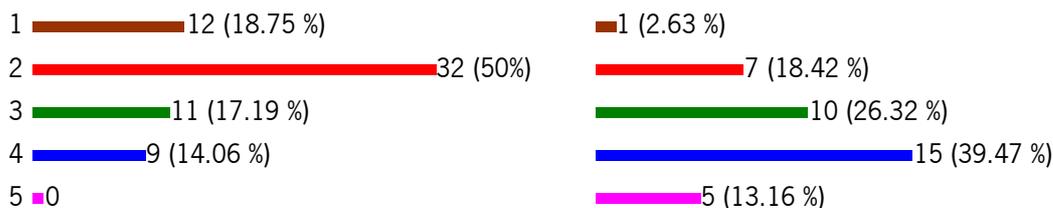
1. The major trends characterizing the recent massive migratory influx into the EU, its magnitude and dynamic.



2. To contextualize the issue within the wider perspective of forced displacement in the world.



3. 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.

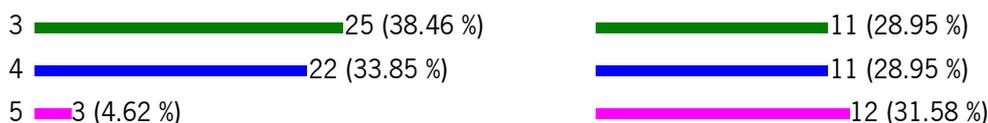


4. To reflect critically on the main challenges associated to the health response to refugees, asylum seekers and other migrants

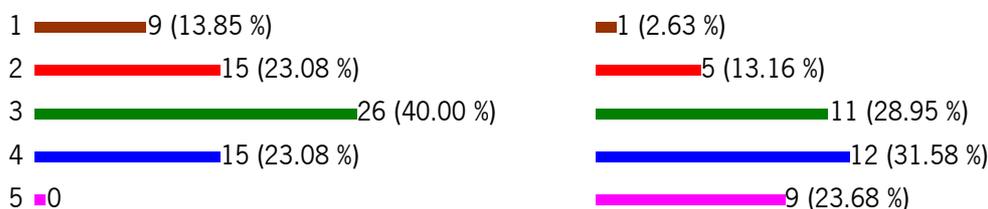


5. To discuss the need for a public health and health systems approach.

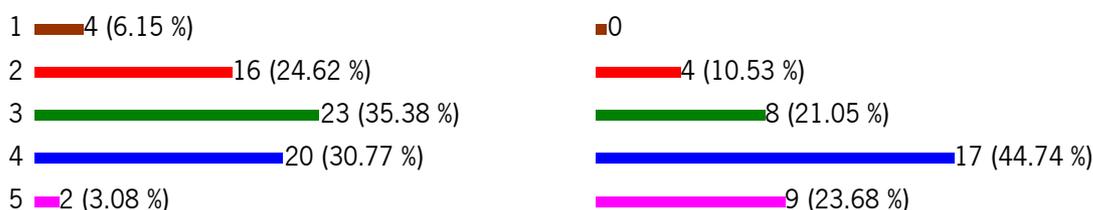




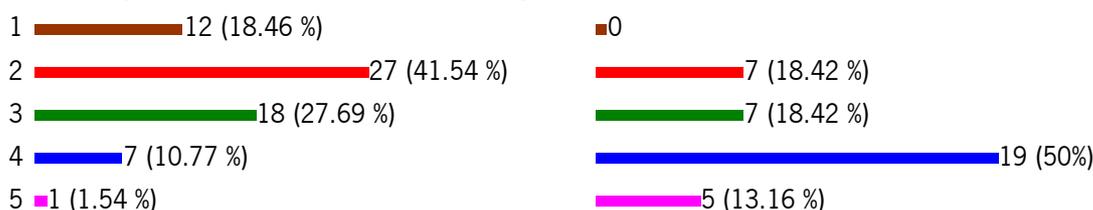
6. To analyse the policies governing service delivery which can make health services either “migrant-friendly” or inequitable.



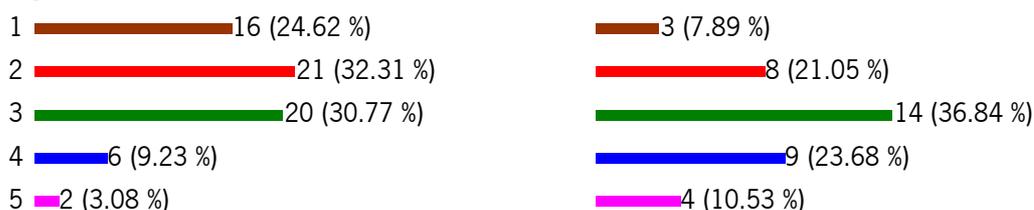
7. To identify different ways in which barriers to access can arise and services may need to be made more responsive to the needs of migrants.



8. To explore policies on migrant health in Europe, distinguishing between policies applying to migrant workers, asylum seekers and undocumented migrants.



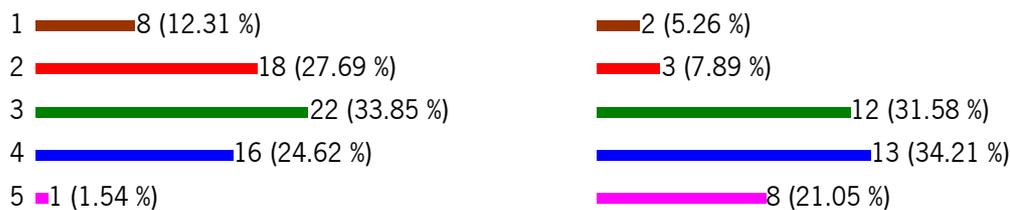
9. To identify how international bodies (at global and European levels) have tried to influence policies on migrant health.



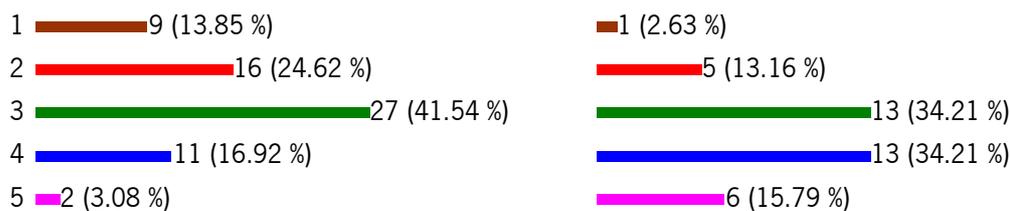
10. To reflect critically on the gap between international standards and national policies affecting refugees and other migrants, the obstacles this gap creates to providing good care, and what can be done to overcome these.



11. The current situation of access to health and health of migrants in an irregular situation in the European context.



Identification of strategies and examples for improving access to health care for migrants in an irregular situation.



We can observe a relevant increase of self-assessed knowledge for all objectives of the Module 1.

2. Engagement and participation

2.1. Description of training materials and activities

Unit 1: The challenges of the health response to refugees, asylum seekers and other migrants and the nature of the recent migratory influx.	
M1U1 CA1	Compulsory activity 1: Reading PPT
M1U1 CA1	Compulsory activity 2: Set of questions
M1U1 CA1	Compulsory activity 3: Forum discussion
	Recommended readings : 4 documents
Unit 2: Health policies and provision of health services in the EU	
M1U2 CA1	Compulsory activity 1: Reading PPT
M1U2 CA1	Compulsory activity 2: Forum discussion
M1U2 CA1	Compulsory activity 3: Forum discussion
	Recommended readings : 2 documents
	Optional activity 1: Forum discussion
	Optional activity 2: Forum discussion
	Optional activity 3: Forum discussion

Unit 3: Migrants in an irregular situation	
M1U3 CA1	Compulsory activity 1: Reading PPT
M1U3 CA1	Compulsory activity 2: Reading document
M1U3 CA1	Compulsory activity 3: Forum discussion
	Recommended readings : 4 documents
	Optional activity 1: Forum discussion (Mapping technique)

2.2. Participation analysis from Log data Moodle

Reading, videos and other activities. Number of participants.

Activity	Health Managers	Health Professionals	Other professionals	Total
M1U1 CA1	16	34	11	61
M1U1 CA2	14	29	10	53
M1U2 CA1	14	26	11	51
M1U3 CA1	14	24	11	49
M1U3 CA2	12	24	11	47

Forum. Number of participants.

Activity	Health managers	Health professionals	Other professionals	Total
M1U1 CA3	12	23	9	44
M1U2 CA2	12	21	8	41
M1U2 CA3	12	20	9	41
M1U3 CA3	12	20	9	41

3. Quality and usability of training materials and activities

3.1. Survey on quality, relevance and usability of training materials (Q1 and Q2).

At the end of the course, a questionnaire was available to evaluate quality, usability and relevance of training materials regarding each unit. The scale used was 1 to 5, with 1 indicating “Not at all” and 5 “Very much”.

Presentation and content of information is appropriated to the target audience			
	Health Manager (n=	Health Professional	Other Professionals
M1U1	3,4	4,1	4,5
M1U2	3,8	4,0	4,1
M1U3	4,0	4,2	4,5
Clear statement of sources for all information provided, supported by up-to-dated scientific evidence			
M1U1	3,9	4,6	4,3
M1U2	4,0	4,5	4,4
M1U3	3,4	4,4	4,5

3.2. Survey on quality, relevance and usability of training materials (Open question).

Are there any other aspects that you want to comment/contribute?

Track	U1	U2	U3
Health Managers	The content of this unit is more relevant for health care students, doctors and nurses new in the sector, but not for experienced health care managers	Too intensive for basic health care practioner Is a general remark: it is not yet clear to me what target group could benefit from the course, except for students and practioners new in the sector	it is not yet clear to me what target group could benefit from the course, except for students and practioners new in the sector
		Module was coherent with main goal and specific objectives.	Module was coherent with main goal and specific objectives.
	I was very happy with the pilot altogether but the time table was a bit too tight. Please allow more time for studying.	very useful unit	for compulsory activity 2. 10min is not enough (for me it took 1 hr to read and understand...)
	better the evaluation to be at the end of each unit		
Health Professionals	Module was coherent with main goal and specific objectives.		
	Since I already knew most of the concepts of this Unit/Module I found the content repetitive, but I understand that was useful	I think it's very good that tutor give us a document with four or two special pages to read. That help students to focus on	I think it's very good that tutor gave us a document with four or two special pages to read. That helps students to focus on

Track	U1	U2	U3
	for people never dealt with this topics.	the essential. Very big documents could demotivate them. In relation to the last question, I think the adaptation of material	the essential. Very big documents could demotivate them. In relation to the last question, I think the adaptation of materia
	The amount of teaching materials (to read them through) exceeded the timeframe provided	Not in this case	-
	Im not sure about this last question's aim. I dont think materials in this Unit need adapt to local context, because its just the framework to understand the rest of the course contents.		
	No, thanks	I have made an evaluation fort the full course. I will post this in the forum and send to administrators	I have made an evaluation fort the full course. I will post this in the forum and send to administrators
	I have made a document for the Whole course. Will upload in the module forum, and send to administrator		
	Useful and good done. No other comments		
	Time constraints to finish module on time		
		Material was adequate	Material was adequate
	This module, requires to learn and understand it and participate in activities between 10 to 15 hours.	It was food for thought for policy makers	Enjoyed following posts from different perspectives
Other Professionals		the evaluation should be at the end of the unit	evaluation at the end of the unit
	The first presentation (Dr. López-Acuña) was very relevant to introduce the students to the subject.		
		see feedback for module 1 unit 1	I just finished this unit as I did not complete it previously, I found it to be very interesting and also thought that Amets did a great job monitoring the forum. This unit has given me the idea that I would like to work in closing the gap seen in the hea

Track	U1	U2	U3
	Material was adequate	Very interesting the contributions in the forum on the provision of Health care in the different countries	From my point of view it has been very successful inclusion of this topic specifically since it is a great problem that are having many countries, and with situations of greater discrimination and illegality and very interesting the contribution of profes
	no, thank you.	This unit was very important because I had to do a lot of research regarding my own country	no further comment
	This was my first introduction to serious knowledge in this area. I have next to no work experience in the area. This unit was very interesting and gave me a lot of content to do further research on. Very relevant (and necessary) to me as an introduction.		

3.3. Usefulness of contents and activities

At the end of each module, the list of the training contents was rated by participants in terms of usefulness for carrying out task related to their position. The scale was 1 to 5, with 1 indicating “Not at all useful” and 5 “Very useful”.

	Health Manager (n=12)	Health Professional (n=17)	Other Professionals (n=8)
Unit 1: The recent migratory flow into the EU	3,8	4,1	4,5
Unit 1: The EU response to the refugee crisis	3,6	4,1	4,4
Unit 1: The characterization of the different migration groups: Recent arrivals, People in transit, Asylum seekers, Refugees, Stranded/ irregular migrants	3,8	4,4	4,8
Unit 1: The major health challenges faced by the refugees, asylum seekers and other migrants that are part of the recent migratory influx	4,0	4,5	4,6
Unit 1: The diversity of the health response by country and by type of migrant population	3,9	4,4	4,5

	Health Manager (n=12)	Health Professional (n=17)	Other Professionals (n=8)
Unit 1: The need for a public health and health systems approach	3,9	4,4	5,0
Unit 2: Framework for analyzing health policies affecting migrants	3,9	4,1	4,4
Unit 2: Overview of policies in Europe	3,8	4,1	4,5
Unit 2: International bodies: human rights, legal instruments, standards and recommendations	3,5	3,9	4,4
Unit 3: Concepts and terminologies regarding migrants in an irregular situation	3,9	4,2	4,4
Unit 3: Comparative studies in the European context	3,8	4,1	4,3
Unit 3: Impact of the current economic crisis	3,5	4,2	4,0
Unit 3: Barriers for effective access to health care	4,0	4,6	4,8
Unit 3: Recommendations from comparative reports	3,7	3,9	4,5

4. Adaptation for usage in other contexts

4.1. Survey on quality, relevance and usability of training materials (Q3 and Q4).

At the end of the course, a questionnaire was available to evaluate quality, usability and relevance of training materials regarding each unit. The scale used was 1 to 5, with 1 indicating “Not at all” and 5 “Very much”.

	Health Manager (n=12)	Health Professional (n=17)	Other Professionals (n=8)
Adequacy and relevance to your own context			
M1U1	3,9	4,5	4,1
M1U2	3,8	4,0	3,9
M1U3	3,4	4,2	3,9
How do you rate the need for adaptation of materials in this Unit to local context?			

M1U1	3,9	4,0	3,8
M1U2	3,9	4,1	3,5
M1U3	3,9	4,1	3,8

4.2. Key messages from discussions for training adaptation

Some activities were commented by participants in forums both during the course and in the feedback forum at the end of the course. After reading all post in forums, Module coordinator has selected and summarized the contributions to adaptation of training contents.

Unit	Activity	Remarks/Comments
	pretest	Knowledge pre-test would use terms like “migrants in an irregular situation” (M1) which can have several definitions. The definition would only be given in the module, which is not accessible before the pre-test
M1U1	CA 1 Reading 1 (PPT)	<p>Local data are required, taking care with redundant numbers, presented without clear intention. Abbreviations need to be clearly explained.</p> <p>It should also be considered that: 1. scientific reading usually requires multiple re-reading of the same document, usually spending more time during a second read which tries to understand the document more thoroughly 2. participants are mostly non-native speakers of English 3. there are many terms and abbreviations that need to be looked up, even for native speakers but more so for nonnative speakers</p> <p>One participant considered that it was too much reading and it must be shortened. <i>“Although the PDF document had about twice as much text (8000 words) than the PPT (4000 words), it took me less time to read the PDF than the PPT.”</i></p>
	CA 2 Reading 2 (PDF)	Reading 1 (PPT) is mostly redundant (copy & paste), but harder to read. Suggestion: only present reading 2 (PDF) Another comment: Good way of testing knowledge, and gaining new knowledge.
	Quiz	I feel a bit ridiculed by the nature of the questions. It should be expected that participants of the class are able to have a more differentiated perspective on the topic than YES/NO respectively right/wrong. Sometimes the questions have no simple yes/no answer.
	CA 3	Comment: Question not clear. The first is technically a yes/no question which is not stimulating for debate, and the second is unclear. Recommendation: Specify questions, and maybe leave out one
	CA3	Not relevant for the target group HEALTH PROFESSIONALS
M1U2	CA 1 Readings A/B/C/MIPEX summary	Interesting reading, empirically confirming personal experiences. Another Comment: Good, relevant and foreseeable texts
	CA 3 forum discussion	"Gap between ideals and reality" is a really frustrating fact, for me personally the discussion fueled my frustration even though it was relevant.

	CA2	Comment: First part of question good and relevant, but the second part requires a lot of returning forum participation. Recommendation: Leave out second part of assignment
	CA3	Recommendation: Replace with forum discussion with a question like” how do you experience specific policies supporting or limiting you daily work with migrant health?”
M1U3	CA 1 PPT	Comment: Relevant and easily understood content. In general Power Points in this course has worked well, as a way of presenting condensed material, even if superficial
	CA 2 Reading FRA	Comment: Relevant information, to long. Recommendation: Shorter
	CA 3 forum discussion	Comment: Some healthcare workers might have no experience about migrants in an irregular situation, and have little knowledge on strategies on the matter. Recommendation: Change question. Maybe something like: What barriers of access do you think migrants in an irregular situation face, apart from the ones related to their legal status?” or “Give suggestions to how you imagine barriers in access to healthcare can be overcome?”

ANNEX 8: DETAILED RESULTS MODULE 2

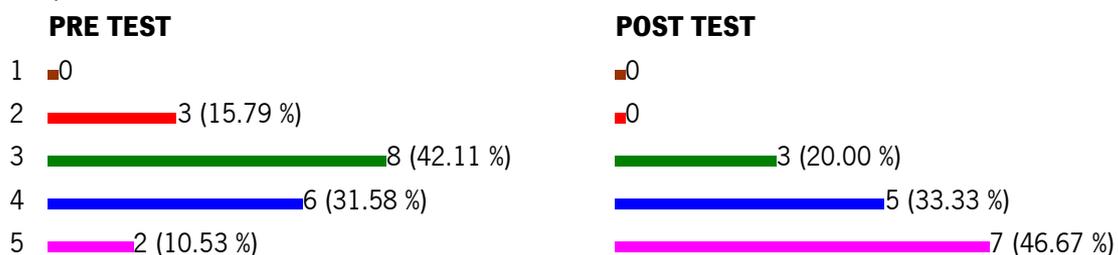
1. Knowledge learning

This dimension has been evaluated with a pre-post test regarding the course's objectives. A prior self-assessment about the degree of knowledge of those objectives was applied at the beginning of each module (Knowledge pre test). Later, at the end of each module, a similar self-assessment was conducted (Knowledge post test). The scale used was 1 to 5, with 1 indicating no knowledge and 5 indicating deep knowledge.

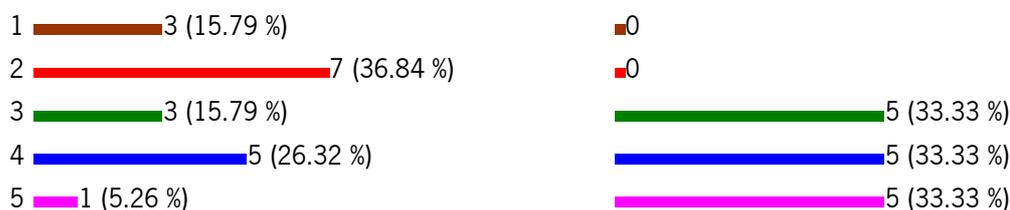
For Health Managers (HM)

- Knowledge pre-test: 19 respondents
- Knowledge post-test: 15 respondents

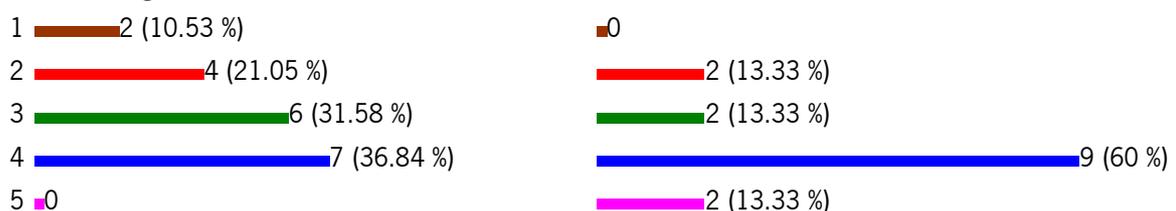
1. To understand the necessity for coordination and intersectoral collaboration to address the health needs of the refugees, asylum seekers and other migrants who are part of the recent influx into the European Union.



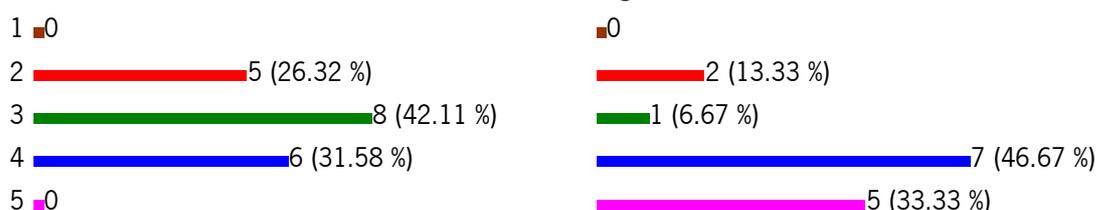
2. To use the coordination framework as a tool that facilitates the establishment or strengthening of the coordination of the health response to the refugees, asylum seekers and other migrants.



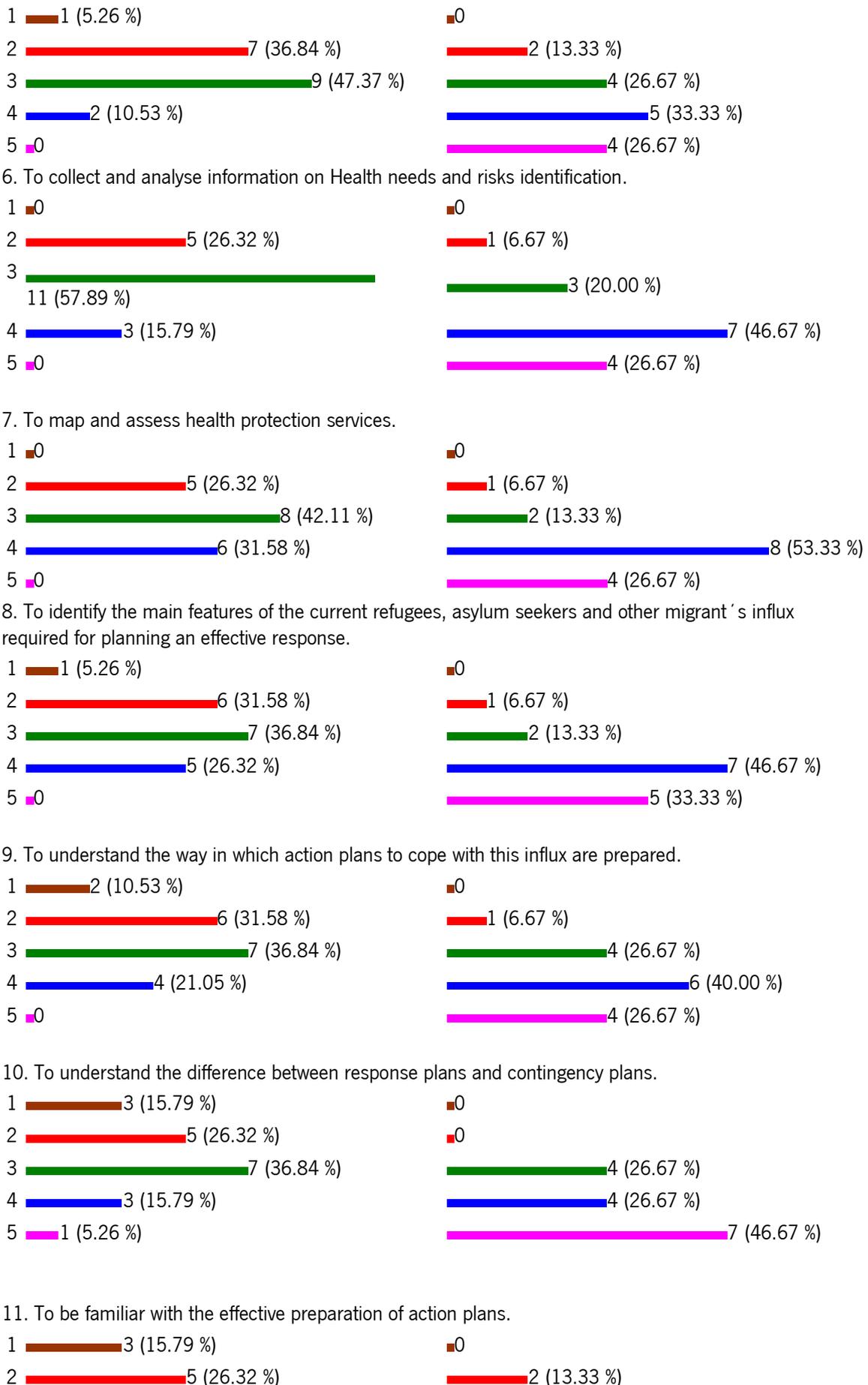
3. To describe and analyse the type of coordination and intersectoral collaboration that exists in your country at their level of work with regards to addressing the health needs of the refugees, asylum seekers and other migrants and make recommendations.



4. To describe the basics of assessment of health challenges.



5. To collect and analyse information through socio-demographic mapping.

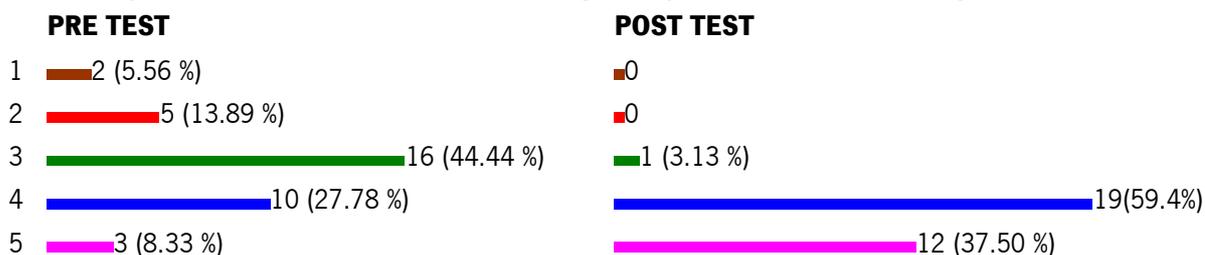




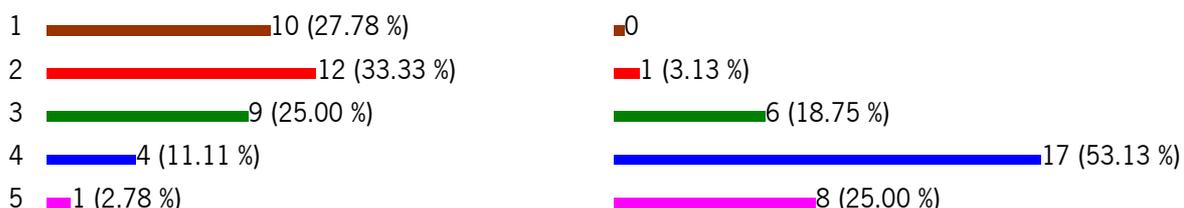
For Health professionals (HP) and Administrative staff (AS) & Other professionals (OTHER)

- Knowledge pre-test: 36 respondents
- Knowledge post-test: 32 respondents

1. To identify barriers to access to health care for refugees, asylum seekers and other migrants.



2. To identify and use evidenced tools and measures addressing the access to health care for refugees and asylum seekers.



We can observe a relevant increase of self-assessed knowledge for all objectives of the Module 2.

2. Engagement and participation

2.1. Description of training materials and activities

		HM	HP & OTH
Unit 1: Framework for coordination and intersectoral collaboration		X	
M2U1 CA1	Compulsory activity 1: Reading PPT		
M2U1 CA2	Compulsory activity 2: Watching video		
M2U1 CA3	Compulsory activity 3: Forum discussion		
M2U1 CA4	Compulsory activity 4: Exercise		

M2U1 OA1	Optional activity 1: Watching video		
	Recommended readings: 1 document		
Unit 2: Assessment of health need s and health protection resources		X	
M2U2 CA1	Compulsory activity 1: Forum discussion		
M2U2 CA2	Compulsory activity 2: Exercise		
M2U2 CA3	Compulsory activity 3: Forum discussion		
M2U2 CA4	Compulsory activity 4: Exercise		
	Recommended readings : 1 document		
Unit 3: Mapping the gaps in access to health care for asylum seekers and refugees: identification of barriers and solutions		X	X
M2U3 CA1	Compulsory activity 1: Watching video		
M2U3 CA2	Compulsory activity 2: Forum discussion		
M2U3 CA3	Compulsory activity 3: Forum discussion		
	Recommended readings : 1 document		
Unit 4: Planning and implementing the Health Response		X	
M2U4 CA1	Compulsory activity 2: Watching video		
M2U4 CA2	Compulsory activity 2: Exercise		
M2U4 CA3	Compulsory activity 3: Exercise		
	Recommended readings : 1 document		

2.2. Participation analysis from Log data Moodle

Reading, videos and other activities. Number of participants.

Activity	HM Participants	HP Participants	AS, Others	Totals
M2U1 CA1	13	8	3	24
M2U1 CA2	12	8	1	21
M2U1 CA4	5	3	0	8
M2U1 OA1	12	11	2	25

Activity	HM Participants	HP Participants	AS, Others	Totals
M2U2 CA2	10	5	0	15
M2U2 CA4	9	3	0	12
M2U4 CA1	10	10	2	22
M2U4 CA2	9	6	0	15
M2U4 CA3	7	4	0	11
M2U3 CA0	10	25	11	46
M2U3 CA1	10	23	11	44
M2U3 CA3	10	19	9	38

Forum. Number of participants.

Activity	HM Participants	HP Participants	AS, Others	Total
M2U1 CA3	10	5	0	15
M2U2 CA1	11	5	0	16
M2U2 CA3	9	6	0	15
M2U3 CA2	9	30	9	48
M2U3 CA3	10	19	9	38

3. Quality and usability of training materials and activities

3.1. Survey on quality, relevance and usability of training materials (Q1 and Q2).

At the end of the course a questionnaire was available to evaluate quality, relevance and usability of training materials, regarding each unit. The scale used was 1 to 5, 1 indicating “not at all”, and 5 indicating “very much”.

Presentation and content of information is appropriate d to the target audience				
	Health Managers (n=8)	Health Professionals (n=16)	Other Professionals (n=8)	Total (n=32)
M2U1	3,6	4,2	4,3	4,1
M2U2	3,8	4,4	4,5	4,2
M2U3	3,6	4,1	4,4	4,1
M2U4	3,9	4,0	4,7	4,1
Clear statement of sources for all information provided, supported by up-to-dated scientific evidence				
M2U1	3,8	4,2	4,3	4,1
M2U2	3,9	4,2	4,5	4,1
M2U3	3,8	4,3	4,5	4,2
M2U4	4,1	4,2	4,7	4,3

3.2. Survey on quality, relevance and usability of training materials (open question).

At the end of the course a questionnaire was available to evaluate quality, relevance and usability of training materials, regarding each unit. *Is there any other aspect that you want to comment/contribute?*

TRACK	U1	U2	U3	U4
Health Manager	This unit was relevant and relatively new. For most manager I assume this is already known content.	Rather relevant to managers, but then this is a short overview	Could be omitted,	Interesting material to have a more profound insight (but lack of time!)
				It was very useful and sufficient.

TRACK	U1	U2	U3	U4
	The whole framework unit was very complex. I needed quite some time to get through the material.	The whole framework unit was very complex. I needed quite some time to get through the material.	More examples could be used in this unit	The whole framework unit was very complex. I needed quite some time to get through the material.

Only Unit 3 was compulsory for HM, HP, Administrative and others.

TRACK	U3
Health Professional	<p>Module was coherent with main goal and specific objectives.</p> <p>I really appreciated the teaching method of this unit</p> <p>This unit was very correct and useful for me</p> <p>It was a fantastic Unit. I learned and enjoy it a lot.</p> <p>In addition, we had time enough to do it.</p> <p>I would have tanked any feed back from tutors.</p> <p>I have made an evaluation fort the full course. I will post this in the forum and send to administrators</p> <p>more example of good practices.</p> <p>Gaps can sometimes be addressed by being more thoughtful in our response. This course promotes thinking out of the box and see what is available and what can be offered whilst lobbying with policy makers</p>
Other Professionals	<p>Material was well developed and adequate</p> <p>Awesome unit. Loved all the info about barriers to access. Very insightful for me. Also thought it was very applicable to local level!</p>

Some Health Professionals and others also evaluated the contents of the other units and made some additional comments:

	U1	U2	U4
Health Professional			It was great to get so much input from so many different countries
	Module was coherent with main goal and specific objectives.	Module was coherent with main goal and specific objectives.	The level of the information about epidemiological data or presentation of the context/problem have a really higher quality and completeness, respect to what concern how to manage it.

	U1	U2	U4
	.	I have made an evaluation for the full course. I will post this in the forum and send to administrators	I have made an evaluation for the full course. I will post this in the forum and send to administrators
	.	Every day it is becoming common to restrict entitlements for migrants. We need to find more ways to strengthen the message that health equity is for all, irrespective of status	I felt a bit uneasy on this topic as I am not a policy maker. I hope what was discussed is pushed forward in a positive way

3.3. Usefulness of contents and activities

At the end of each module the list of the training contents was rated by participants in terms of usefulness for carrying out tasks related with their position. The scale used was 1 to 5, 1 indicating “not at all useful”, and 5 indicating “very useful”.

	Health Manager (n=11)	Health Professional (n=13)	Other Professionals (n=6)
Unit 1: Why do we need coordination and intersectoral collaboration?	4,1		
Unit 1: The health coordination framework and mechanism	3,9		
Unit 1: The health coordination team (Who, What & How)	4,0		
Unit 2: Introduction to population needs assessment	4,1		
Unit 2: Contextualizing the assessment	3,9		
Unit 2: Assessment coordination and planning	3,9		
Unit 2: Collecting data	3,8		
Unit 2: Sociodemographic overview	3,9		
Unit 2: Health needs and risks identification	4,0		
Unit 2: Assessing health protection resources	3,8		
Unit 2: Priority setting	3,9		
Unit 2: Reporting	3,7		
Unit 3: General barriers to access to health care	3,9	3,8	3,3
Unit 3: Specific barriers for specific health care needs	4,1	3,7	3,3
Unit 3: Impact on health care access of specific situation of the refugees	4,1	3,8	3,0
Unit 3: Evidence on the barriers	3,9	3,7	3,2

Unit 3: Measures to address barriers	3,9	3,4	3,0
Unit 4: Linking the population health assessment with the planning and implementation of the health response	3,9		
Unit 4: Strategic and operational response plans	3,8		
Unit 4: Contingency plans.	3,7		
Unit 4: Main areas that ought to be covered in the health response	3,9		
Unit 4: Effective preparation of action plans	3,8		

4. Adaptation for usage in other contexts

4.1. Survey on quality, relevance and usability of training materials (Q3 and Q4).

At the end of the course a questionnaire was available to evaluate quality, relevance and usability of training materials, regarding each unit. The scale used was 1 to 5, 1 indicating “not at all”, and 5 indicating “very much”.

How do you rate the need for adaptation of materials in this unit to local context?				
	Health Managers (n=8)	Health Professionals (n=16)	Other Professionals (n=8)	Total (n=32)
M2U1	4,0	4,2	3,7	4,0
M2U2	4,1	4,2	3,8	4,1
M2U3	4,1	4,2	4,0	4,1
M2U4	4,3	3,9	3,8	4,0
Adequacy and relevance to your own context				
M2U1	3,9	4,1	3,2	3,9
M2U2	4,0	4,4	3,5	4,1
M2U3	3,5	4,4	4,1	4,1
M2U4	4,0	3,9	3,7	3,9

4.2. Key messages from discussions for training adaptation.

Some activities were commented by participants in forums both during the course and in the feedback forum at the end of the course. After reading all post in forums, Module coordinator has selected and summarized the contributions to adaptation of training contents.

Unit	Activity	Remarks/ Comments
M2 U1	CA 1 PPT	One person commented that the “working document” was very hard to read because of the variable formatting even though the information content was well structured and comprehensible.
M2 U2	CA4 "stepwise checking ..."	One person commented that the description of the task was not clear: If it is about HOW to ask providers, the answer is in the presentation; if it is about WHAT to ask providers, the task description is not very accurate.
M2 U3	PPT	Some comments pointed out that the structure of the slides was great, and that it was a very good presentation. However, one person thinks that it contained a lot of text which I think would have been much easier to read as a PDF.
M2 U3	video "What they took ..."	One person commented that it was not clear that the power point continued after the video. Recommendation: Split power point in two, one before and after video. Or make it more clear that pp continues.
M2 U3	CA 2 case study	<p>One person thinks that some facts in the case study are very improbable, so it seems a bit made up (combined from other stories):</p> <ol style="list-style-type: none"> 1. If he's from Afghanistan, he would most probably speak Farsi/Dari or Pashtu, maybe Urdu. If he was educated in a religious school, he might be able to read Quran Arabic, but rather not speak it. I suggest changing the language he speaks to Farsi or the country of origin to an Arabic country (Syria or Iraq). 2. the flight route via Libya is rather uncommon for Afghans until now as far as I know 3. The name Mohamed, although extremely common, is associated with the prejudice that the person holding it is of Islamic faith. To avoid the reader falling for this prejudice, I suggest using a different name. What about Seyfullah (for an Afghani), Ahmad or Bassel (for a Syrian). 4. The prevalence of Diabetes Type II in his age group is extremely low (see e.g. the graph http://www.who.int/diabetes/facts/en/diabcare0504.pdf, page 3). So it can make doubt in the diagnosis. [If it is really diabetes, then I'd first think of LADA. But being told his history at the beginning it can be even more associating the symptoms described with a trauma-associated disorder ...] Was this questioning of the diagnosis intended? <p>Some participants pointed out that the forum in this activity did not work. Since most participants would have similar answers, it didn't seem useful to read through the many posts. Recommendation: Either make smaller group forums, or make the assignment a “hand-in” not meant to be discussed among participants.</p>

Unit	Activity	Remarks/ Comments
M2 U4	CA 1 lecture	One comment: Presentation video is in principle a good idea and diversifies methods. But 1. the mostly just read the slides 2. many slides were not clearly readable because of video quality. It would be good to have the presentation also available as PPT for easier access and reference. (Searching in the video is difficult)
M2 U4	CA2 multiple choice	One comment: Multiple choice question is not able, in general, to adequately address a complex topic. In this case, some questions were ambiguous and the answers depend on the point of view. For example, in question 5 I selected answer a) because we can never decide what is going to happen but only how we can react to the situation – this was marked as wrong. I suppose c) is the expected answer, but I would then argue that even if we cannot predict certain circumstances at all, we can prepare for exactly that situation and that is actually something we make a contingency plan for.

ANNEX 9: DETAILED RESULTS MODULE 3

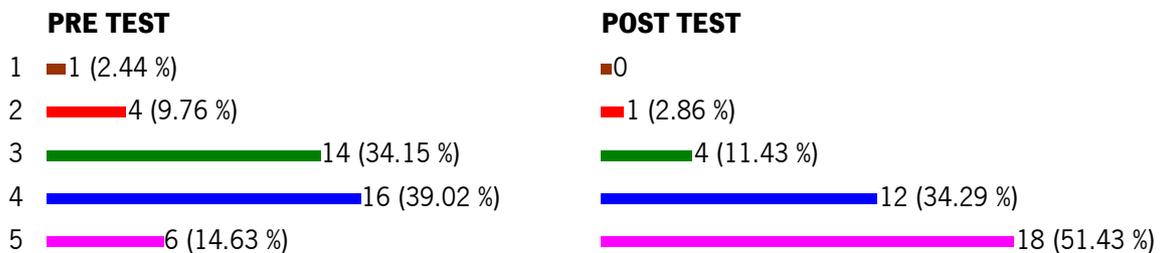
1. Knowledge learning

This dimension has been evaluated with a pre-post test regarding the course's objectives. A prior self-assessment about the degree of knowledge of those objectives was applied at the beginning of each module (Knowledge pre test). Later, at the end of each module, a similar self-assessment was conducted (Knowledge post test). The scale used was 1 to 5, with 1 indicating "no knowledge" and 5 "deep knowledge"

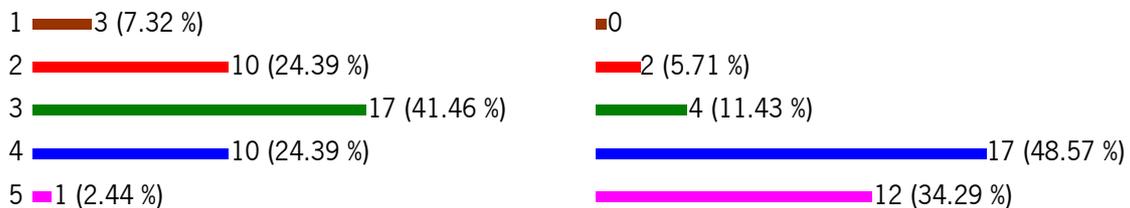
Knowledge pre-test: 41 respondents

Knowledge post-test: 35 respondents

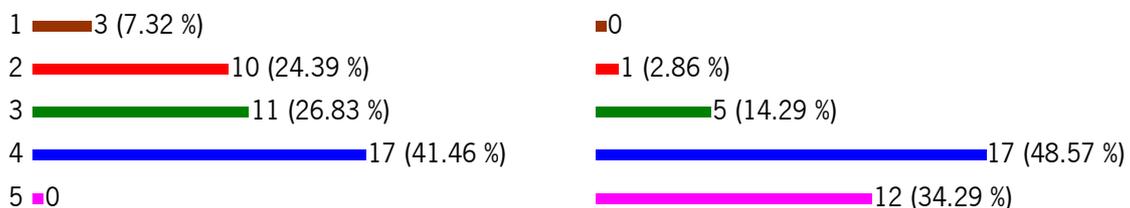
1. To understand the importance of paying attention to sociocultural context of health and healthcare.



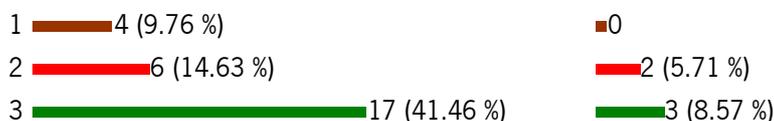
2. To make cultural adjustment and culture shock in health context.



3. To identify areas and ways where the culture influences health and disease perception in different societies.

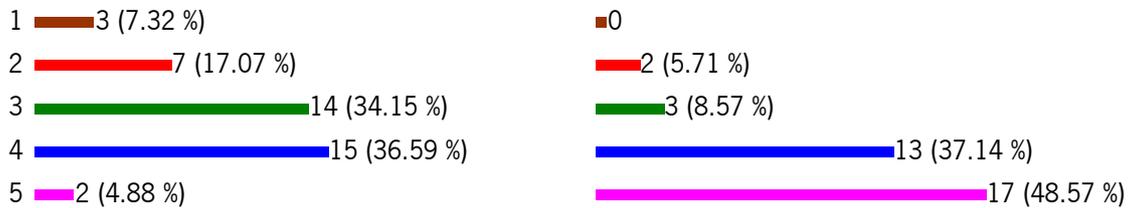


4. To identify the importance of culturally differentiated meaning of health and disease

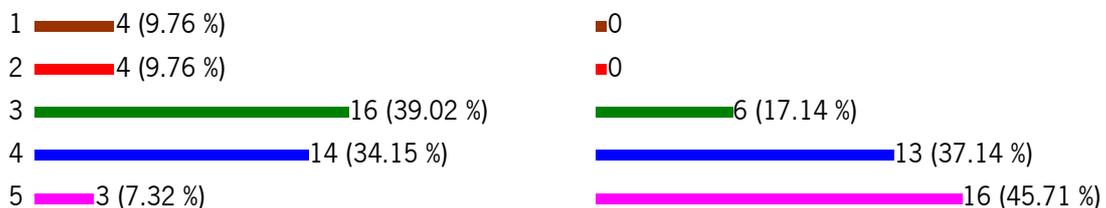




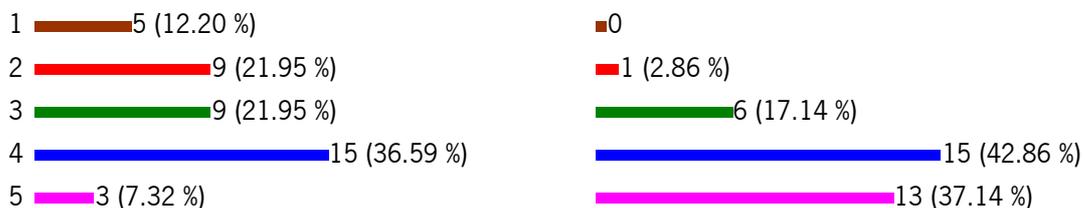
5. To reflect about culture as a factor influencing the decision about contacts with health care and cultural differences influencing the doctor-patient relationship.



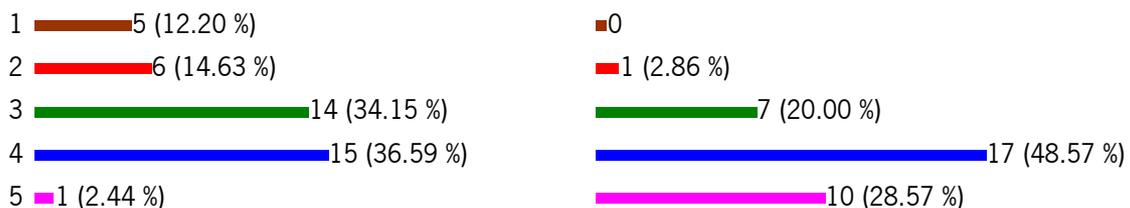
6. To analyze barriers occurring in doctor-patient relationship and communication..



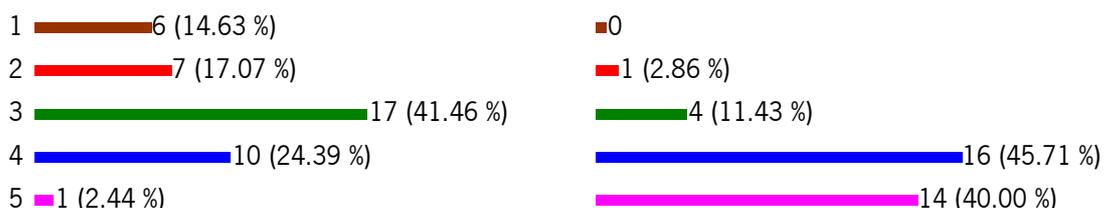
7. To reflect on the positive contribution of interculturality and Sensitivity to diversity.



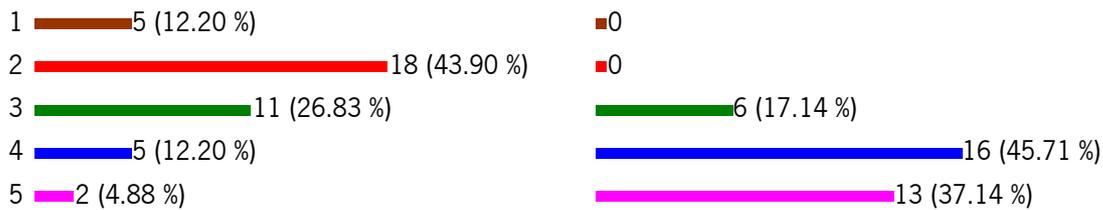
8. To reflect on sexual and gender diversity in different cultures.



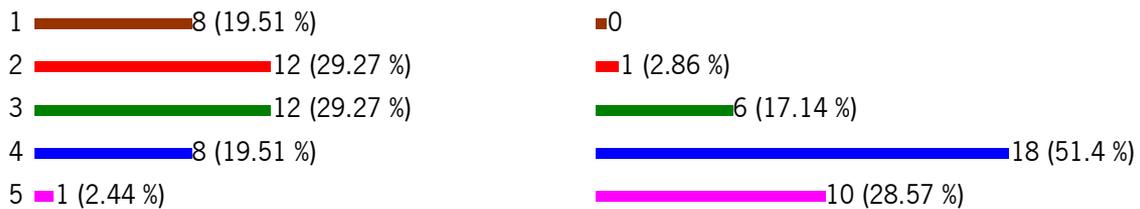
9. To describe the specific Social Determinants of Health affecting different groups of migrants in the different phases of the migratory process.



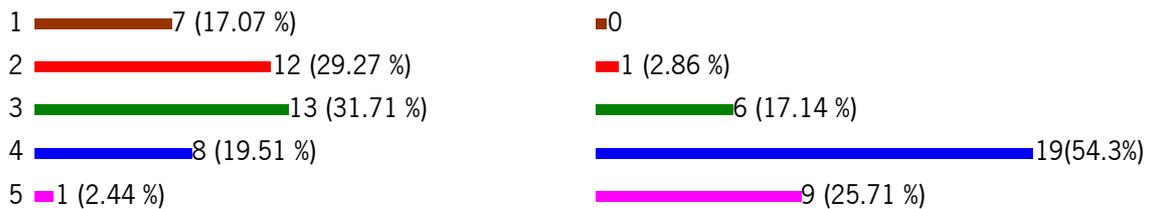
10. To describe the health consequences for victims of human trafficking.



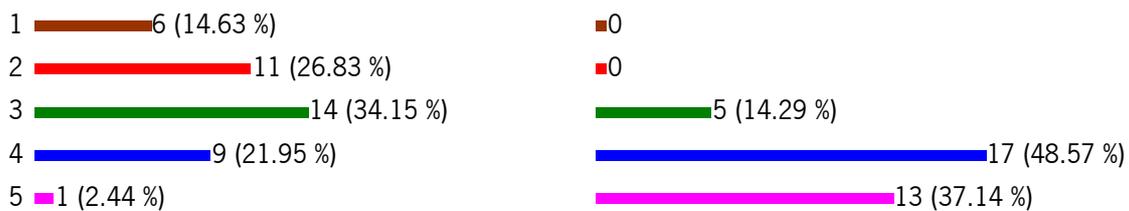
11. To describe most prevalent refugee health issues and a basic approach on a primary care consultation.



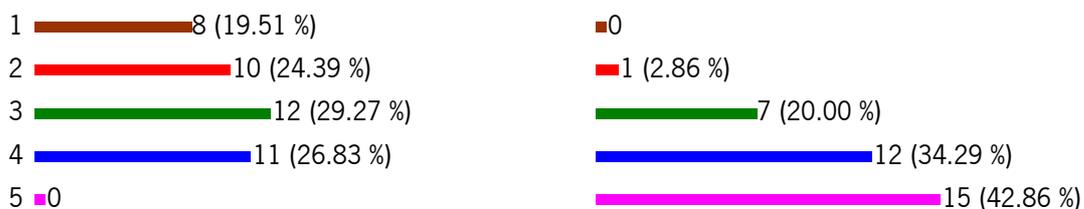
12. To identify the most common preventive and screening activities for newly arriving activities.



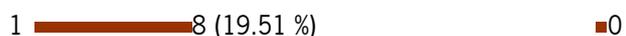
13. To recognize key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity.



14. To reflect on the ability to addressing sensitive issues in culturally diverse contexts.



15. To introduce the concepts “burnout” and “compassion fatigue”.





We can observe a relevant increase of self-assessed knowledge for all objectives of the module 3.

2. Engagement and participation

2.1. Description of training materials and activities

Module 3: Foundations for the development of migrant sensitive health systems	
Module 3, Unit 1: Sociocultural context of refugees and migrants' health	
M3U1 CA1	Compulsory activity 1: Reading PPT
M3U1 CA2	Compulsory activity 2: Group discussion on forum
M3U1 CA3	Compulsory activity 3: Reading PPT
M3U1 CA4	Compulsory activity 4: Answer questions
M3U1 CA5	Compulsory activity 5: Reading PPT
M3U1 CA6	Compulsory activity 6: Reading PPT
Module 3, Unit 2: Determinants of health among refugees and migrants: health risks before, during and after the journey.	
M3U2 CA1	Compulsory activity 1: Reading PPT and Forum discussion
M3U2 CA2	Compulsory activity 2: Reading PPT and Forum discussion
Module 3, Unit 3: Disease prevention and health promotion	
M3U3 CA1	Compulsory activity 1: Reading PDF document
M3U3 CA2	Compulsory activity 2: Forum discussion
Module 3, Unit 4: Capacity-building for migrant sensitive health systems. Communication skills.	

M3U4 CA1	Compulsory activity 1: Reading on-line document
M3U4 CA2	Compulsory activity 2: Reading PPT
M3U4 CA3	Compulsory activity 3: Writing individual reflections
M3U4 CA4	Compulsory activity 4: Reading PPT
M3U4 CA5	Compulsory activity 5: Case study
Module 3, Unit 5: Caring for caregivers	
M3U5 CA1	Compulsory activity 1: Reading PPT
M3U5 CA2	Compulsory activity 2: Upload a written contribution
M3U5 CA3	Compulsory activity 3: Reading PPT
M3U5 CA4	Compulsory activity 4: Upload a written contribution
M3U5 CA5	Compulsory activity 5: Reading PPT
M3U5 CA6	Compulsory activity 6: Upload a written contribution

2.2. Participation analysis from Log data Moodle

Reading, videos and other activities: Number of participants.

Activity	Health Managers	Health Professionals	Other professionals	Total
M3U1 CA1	10	20	9	39
M3U1 CA3	10	22	9	41
M3U1 CA4	9	18	8	35
M3U1 CA5	9	22	9	40
M3U1 CA6	9	22	9	40
M3U3 CA1	9	21	9	39
M3U4 CA2	9	21	9	39
M3U4 CA3	9	20	9	38
M3U4 CA4	0	5	4	9
M3U5 CA1	8	20	9	37

M3U5 CA2	7	16	9	31
M3U5 CA3	8	20	9	37
M3U5 CA4	8	19	9	36
M3U5 CA5	7	16	9	32
M3U5 CA6	10	20	9	39

Forum: Number of participants

Activity	Health managers	Health professionals	Other professionals	Total
M3U1 CA2	10	20	9	39
M3U2 CA1	8	18	8	34
M3U2 CA2	8	18	9	35
M3U3 CA2	8	18	9	35
M3U4_CA5	8	18	9	35

3. Quality and usability of training materials and activities

3.1. Survey on quality, relevance and usability of training materials (Q1 and Q2).

At the end of the course, a questionnaire was available to evaluate quality, relevance and usability of training materials regarding each unit. The scale used was 1 to 5, with 1 indicating “not at all” and 5 “very much”

Presentation and content of information is appropriated to the target audience				
	Health Manager (8 participants)	Health Professional (17 participants)	Other Professionals (8 participants)	Total (33 participants)
M3U1	3,6	4,2	4,5	4,2

M3U2	3,5	4,2	4,6	4,1
M3U3	3,6	4,1	4,3	4,0
M3U4	3,4	4,5	4,6	4,3
M3U5	4,4	4,2	4,4	4,2
	Clear statement of sources for all information provided, supported by up-to-dated scientific evidence			
M3U1	4,0	4,5	4,6	4,4
M3U2	3,8	4,5	4,5	4,3
M3U3	3,9	4,4	4,4	4,2
M3U4	3,5	4,5	4,6	4,3
M3U5	3,8	4,2	4,3	4,1

3.3. Survey on quality and relevance (Open Question)

Is there any other aspect that you want to comment/contribute?

TRACK	U1	U2	U3	U4	U5
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Health Manager	relevance for context is clear but abundant in this course Could be omitted	too elaborate, theoretical, already known	OK, but not relevant for health care workers audience should be defined to answer these questions	Nobody in the area of asylum doubts the importance and specificity of communication.. However, you won't learn how to communicate from such a course...than what is the purpose?	Idem, we all know the importance but this course should decide on target...
Health Manager	evaluation at the end of each unit	evaluation at the end of unit	evaluation at the end of unit	evaluation at the end of unit	evaluation at the end of unit

TRACK	U1	U2	U3	U4	U5
Health Professional	Module was coherent with main goal and specific objectives.	Module was coherent with main goal and specific objectives.	Module was coherent with main goal and specific objectives.	Module was coherent with main goal and specific objectives.	Module was coherent with main goal and specific objectives.
Health Professional	it takes much more time to complete than previously estimated	no	in the title of unit 3 (on the pdf document) the term.	no additional comment, very good materials	again, very good educational materials, very useful and interesting

TRACK	U1	U2	U3	U4	U5
Health Professional	Very good cases study.	In my opinion, both topics are very interesting: -social determinants of health could be exposed in a little theoretical way, thinking in potential target audience. We had some problems with that approach and Julia answered in a timely way. I thank her for that. -trafficking is for me a new topic and I think it is very necessary.	Very good Unit in my opinion. Relevant information exposed in a clear and practical way. Individualized feedback from the tutor.	Very good feedback from Olga Leralta.	I have to say, even if that information is relevant and for me never studied before, when I reached this Unit, I felt quite exhausted. Module 3 was in my opinion a bit overloaded. As a consequence, now I'm not sure if I did all my compulsory activities in this Unit. If not, I'm sorry.

TRACK	U1	U2	U3	U4	U5
Other Professionals	Good tasks allowed for application to local context	Hugely interesting info on the social determinants. This topic lends itself perfectly to the provision of examples and case studies. The human trafficking topic was eye opening and high quality.	Activity allowed us to apply to a local context. I loved the organisation of the slides/powerpoint from Module 2 Unit 3 (barrier, evidence, measures to address it, succesful example), could that style be applied to this unit in some way?	see comment to module 3 unit 3	See feedback to module 3 unit 3. I liked this unit as it presented a completely foreign topic to me. I took a lot from it even though I am not currently working at a level, which would create the problems discussed.
Other Professionals	Material was adequate	Material was adequate	Material was adequate	Material was adequate	Material was adequate

3.3. Questionnaire usefulness

At the end of each module the list of the training contents was rated by participants in terms of usefulness for carrying out tasks related with their position. The scale used was 1 to 5, 1 indicating “not at all useful”, and 5 indicating “very useful”.

	Health Manager (n=8)	Health Professional (n=16)	Other Professionals (n=8)
Unit 1: Cultural adjustment and culture shock	3,6	4,2	4,3
Unit 1: Health Care in Intercultural Contexts	4,1	4,1	4,4
Unit 1: Cultural Competence ,Intercultural Competence and Diversity Sensitivity	3,8	4,3	4,5
Unit 1: Culture and health/disease perception and reaction	4,0	4,3	4,1
Unit 1: Cultural diversity and effective healthcare	4,0	4,2	4,4
Unit 1: Culture influencing the decision about contacts with health care	3,9	4,5	4,3
Unit 1: Cultural differences as a barrier in diagnostics, access and treatment	3,8	4,4	4,3
Unit 1: Gender and sexual orientation in different cultures	3,5	3,8	4,0

Unit 2: Social determinants of health for refugees, asylum seekers and other migrants	3,5	4,5	4,8
Unit 2: Different exposures during the life course	3,8	4,3	4,1
Unit 2: Health risks before, during and after the migratory journey	3,9	4,7	4,4
Unit 2: Policy measures tackling social determinants for refugees, asylum seekers and other migrants	4,0	4,2	4,5
Unit 2: Human trafficking	3,5	4,3	4,0
Unit 3: Most prevalent refugee health issues and a primary care approach to deal with them	4,0	4,4	4,1
Unit 3: Most common preventive and screening activities for newly arriving people	3,9	4,3	4,0
Unit 3: Patient centered approach	4,3	4,6	4,0
Unit 4: Key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity.	4,0	4,6	4,3
Unit 4: Facing barriers in communication in culturally diverse contexts	4,0	4,5	4,5
Unit 4: Strategies for addressing sensitive issues	3,8	4,3	4,3
Unit 5: Concepts of “burnout” and “compassion fatigue”.	3,8	4,4	4,4
Unit 5: Signs of burnout and compassion fatigue.	3,6	4,4	4,5
Unit 5: Risk factors	3,8	4,3	4,1
Unit 5: Preventive measures	3,8	4,4	4,3
Unit 5: Additional measures	3,5	4,1	4,0

4. Adaptation

4.1. Survey on quality and relevance (Questions 3 and 4)

At the end of the course, a questionnaire was available to evaluate quality, relevance and usability of training materials regarding each unit. The scale used was 1 to 5, with 1 indicating “not at all” and 5 “very much”.

Adequacy and relevance to your own context				
	Health Manager (8 participants)	Health Professional (17 participants)	Other Professionals (8 participants)	Total (33 participants)
M3U1	3,8	4,4	4,1	4,2

M3U2	3,4	4,4	3,9	4,0
M3U3	3,8	4,2	3,9	4,0
M3U4	3,3	4,3	4,0	3,9
M3U5	3,5	3,9	3,1	3,6
	How do you rate the need for adaptation of materials in this Unit to local context?			
M3U1	4,4	4,1	4,0	4,1
M3U2	4,0	4,1	3,8	4,0
M3U3	4,1	4,1	3,8	4,0
M3U4	4,0	4,4	3,5	4,1
M3U5	4,4	3,9	3,6	3,9

4.2. Key messages from discussions for training adaptation.

Participants in forums commented some activities both during the course and in the feedback forum at the end of the course. After reading all post in forums, Module coordinator has selected and summarized the contributions to adaptation of training contents.

Unit/Activity	Remarks/Comments	Unit/Activity
M3 U1	CA 1 presentation	Some contents could be explained more clearly.
	CA 2 case study	Case studies are very interested but smaller groups could stimulate discussions.
	CA 2 forum discussion	Clarify questions for the forum discussions.
	CA 3 presentation	Be careful with sensitive issues and the redundancy of the contents.
M3 U2	webinar human trafficking	Take technical needs and problems in account where it needed. Technical issue switching several times between presentation, webinar and forum is complicated.
M3 U3	CA 2 forum discussion	It is a good idea to play with different patients and scenarios. Makes forum interesting and possible to apply own experience due to the variety in patients. But, not too many.
M3 U4	CA 1 reading	Be always careful with the accessibility of the materials
	CA 3 activity	Individual reflection vs public discussion.
	CA 5 case study/discussion	Open the Case studies scenarios. Sometimes case studies are based on were "worst case scenarios" and therefore the discussion caused little controversy.
M3 U5	presentation "Introduction" 1	Good content to include in a curriculum
	CA 1	
	CA 2	Be careful with sensitive issues. Some participants could feel a privacy invasion. Take care also with ethical issues.
	presentation "Preventive measures" 3	Individual vs workplace/team situation

ANNEX 10: DETAILED RESULTS MODULE 4

1. Knowledge learning

This dimension has been evaluated with a pre-post test regarding the course's objectives. A prior self-assessment about the degree of knowledge of those objectives was applied at the beginning of each module (Knowledge pre test). Later, at the end of each module, a similar self-assessment was conducted (Knowledge post test).

Knowledge pre-test: 37 respondents

Knowledge post-test: 30 respondents

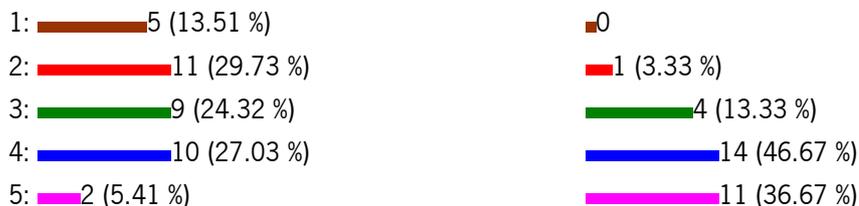
1.To describe basic characteristics of the refugee children and unaccompanied migrant minors.



2.To identify specific risks and health problems of refugee children and unaccompanied migrant minors.



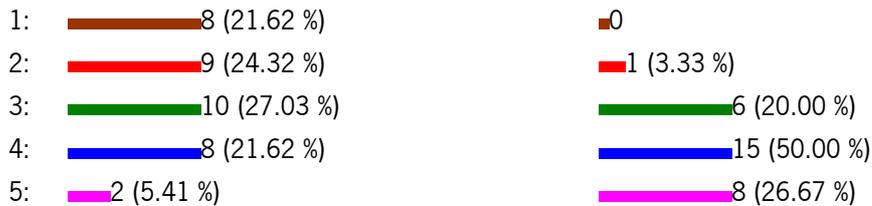
3.To identify barriers in access to health care for refugee children and unaccompanied migrant minors.



4.To formulate a health care response to address needs of refugee children and unaccompanied migrant minors.



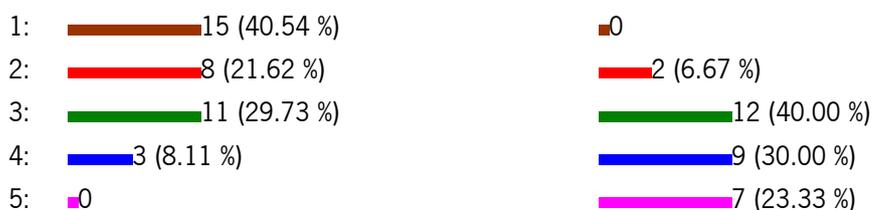
5.To describe the consequences of sexual and gender-based violence (SGBV)



6.To describe the prevalence of SGBV in Europe



7.To recognize European policies and regulations on SGBV in the asylum sector



8.To identify concepts and terminologies related to sexual orientation, gender identity and sex characteristics



9.To describe the situation of LGBTI refugees and migrants in the countries of origin, during the migration journey and in the host countries.



10.To identify concerns and needs of LGBTI refugees and migrants.



11.To describe basic characteristics of the elderly refugee population.



12.To identify specific health needs of elderly refugees and formulate a health care response to address these needs.



13.To identify barriers in access to health care for elderly refugees.



14.To identify needs of refugees with disabilities and formulate a health care response to address these needs.





We can observe a relevant increase of self-assessed knowledge for all objectives of the Module 4.

2. Engagement and participation

2.1. Description of training materials and activities

		HM	HP	Others
Unit 1: Childhood and unaccompanied minors		X	X	X
M4U1CA1	Compulsory activity 1: Reading PPT			
M4U1CA2	Compulsory activity 2: SWOT analysis			
M4U1CA3	Compulsory activity 3: Watching 5 videos			
M4U1OA1	Optional activity 1: Watching video and forum discussion			
	Recommended reading: 1 document			
Unit 2: Sexual and gender-based violence and persecution on grounds of sexual orientation and gender identity		X	X	X
Part I Sexual and gender-based violence				
M4U2PICA1	Compulsory activity 1: Reading PPT			
M4U2PICA2	Compulsory activity 2: Flag situations			
M4U2PICA3	Compulsory activity 3: Violence cases: identification of types			
M4U2PICA4	Compulsory activity 4: Country specific exercise measures SGBV prevention and response			
	Recommended readings : 2 documents			
Part II: Persecution and discrimination on grounds of sexual orientation and gender identity		X	X	X
M4U2PIICA1	Compulsory activity 1: Exchange of experiences related to the clinical work with LGBTI refugees / migrants			
M4U2PIICA2	Compulsory activity 2: : Reading PPT			
M4U2PIICA3	Compulsory activity 3: Reading document			
M4U2PIICA4	Compulsory activity 4: Sharing of audiovisual materials			

	Recommended readings : 4 document			
Unit 3: Elderly and disabled		X	X	X
M4U3 CA1	Compulsory activity 1: Reading PPT			
M4U3 CA2	Compulsory activity 2: Watching 2 videos and forum discussion			
M4U3 CA3	Compulsory activity 3: Case study			
M4U3 CA4	Compulsory activity 4: Watching video and forum discussion			
	Recommended readings : 2 documents			

2.2. Participation analysis from Log data Moodle

Reading, videos and other activities. Number of participants.

Activity	HM Participants	HP	AS	Total
M4U1 CA1	9	19	9	37
M4U1 CA2	9	18	9	36
M4U1 CA3	8	18	9	35
M4U2 CA1 (Part I)	8	18	9	35
M4U2 CA2 (Part I)	8	18	9	35
M4U2 CA3 (Part I)	8	17	8	33
M4U2 CA1 (Part II)	7	16	9	32
M4U2 CA2 (Part II)	9	18	9	36
M4U2 CA3 (Part II)	7	12	8	27
M4U3 CA1	8	18	9	35
M4U3 CA3	8	16	8	32

Forum. Number of participants.

Activity	HM Participants	HP	AS	Total
M4U2 CA2 (Part I)	7	18	9	34
M4U2 CA4 (Part I)	8	16	8	32
M4U2 CA4 (Part II)	7	18	9	34
M4U3 CA2	8	18	9	35
M4U3 CA4	9	17	8	34

3. Quality and usability of training materials and activities

3.1. Survey on quality, relevance and usability of training materials (Q1 and Q2)

. At the end of the course a questionnaire was available to evaluate quality, relevance and usability of training materials, regarding each unit. The scale used was 1 to 5, 1 indicating “not at all”, and 5 indicating “very much”.

Presentation and content of information is appropriated to the target audience				
	Health Managers (8 participants)	Health Professionals (n=16)	Other Professionals (8 participants)	Total (32 participants)
M4U1	3,9	4,4	4,4	4,3
M4U2	4,0	4,6	4,5	4,4
M4U3	3,6	4,2	4,1	4,0
Clear statement of sources for all information provided, supported by up-to-dated scientific evidence				
M4U1	3,9	4,6	4,5	4,4
M4U2	4,3	4,6	4,1	4,4
M4U3	3,6	4,4	4,3	4,2

3.2. Survey on quality, relevance and usability of training materials (open question)

At the end of the course a questionnaire was available to evaluate quality, relevance and usability of training materials, regarding each unit. *Is there any other aspect that you want to comment/contribute?*

TRACK	U1	U2	U3
Health Manager	OK	Relevance is clear but already well known, too elaborate in comparison to other issues	Illustrative material but I miss scientific basic papers
Health Manager			I did not like the fact that the presentation included all the unit information in one presentation, including explanation of activities and even answers. I prefer to have the relevant information, then the activity. Then continued information,

			followed by the next activity. Like this, I think it is easier to follow.
Health Manager	evaluation at the end of unit	Evaluation at the end of unit	No, it was very useful and sufficient.
Health Manager	More case studies would have been great. These always made the group discuss that bit more plus they are easy accessible for everybody	Very interesting unit with very interesting results especially when we had to rate the different cases	
Health Professional	This is the module I appreciated more: material and video are really full and deep. However, respect to previous one, it has a really higher charge of work, and it was difficult to complete it. I wish to have more time to follow it.	This is the module a appreciated more: material and video are really full and deep. However, respect to previous one, it has a really higher charge of work, and it was difficult to complete it. I wish to have more time to follow it.	Good relation with outcome.

TRACK	U1	U2	U3
Health Professional		I found very interesting this Unit. Very good having talked about this topic	I really appreciated this unit
Health Professional		interesting activities, useful, relevant educational materials... however, more time is required than estimated	
Health Professional I	Very interesting topic. Well exposed in relation to chosen videos. Thinking in a potential target audience, maybe slides are too theoretical, in special about Health Issues and Vaccination. Adaptation to local context is needed. We got confused with SWOT task, but I think it was just an issue of methodology: the idea was very good.	In my opinion, this is a very interesting topic, but there was too much work to do in this two parts Unit. If I think in a potential target audience, maybe that information is not balanced with the rest of the course content. Please, consider making a Module only for this two topics or give information to	I really enjoyed this Unit. Addressing to a potential audience of health workers, may be you could give more clinical and practical information as well as that about social

		make health workers aware SGBV and Discrimination and to give them basic skills. Thanks a lot.	problems and barriers.
Health Professional I	I have made an evaluation for the full course. I will post this in the forum and send to administrators	I have made an evaluation for the full course. I will post this in the forum and send to administrators	I have made an evaluation for the full course. I will post this in the forum and send to administrators
Health Professional			More best practice examples
Health Professional I	this module addresses the line that we often ignore when unaccompanied minors are treated as adults without giving a thought about their vulnerability	I noticed that this module was very informative for professionals who did not know much about human trafficking	
Health Professional		The flag activity raised a good debate	
Health Professional I	No, it was very useful and sufficient.	No, it was very useful and sufficient.	I felt that the content generated in the forum was superior to that in the presentations. But, the unit created this great discussion so that was great. Again, very thought provoking.
Health Professional I	Great unit	Wonderful unit A very well planned unit and a high level ppt and documentation	Case study was very good. It makes it more graphic
Health Professional		Very strange material totally irrelevant with my work I could not believe what I was reading I felt inconvenient for my ignorance.	

TRAC K	U1	U2	U3
Other Professionals	I think we had a good selection of videos to illustrate this subject	The compulsory activity 2 was very relevant and allowed us to see that even between health professionals there are big differences related to a controversial subject such as prostitution	I really liked one of the videos. In this video you can really see the way an elderly refugee can feel about her/his situation

Other Professionals	Material was adequate	Some activities require review	An important component
Other Professionals	I encountered technical difficulties. The online submitting part was not as intuitive as in other exercises.	In general in the course and also in this module, when asked to watch videos it was not always easy, technically speaking.	
Other Professionals			Evaluation at the end of each unit
Other Professionals	Enjoyed the videos and the tasks. As stated with some other units, could have benefited from examples of programs and initiatives that exist and work with childhood and unaccompanied minors		

3.3. Questionnaire on usefulness.

At the end of each module the list of the training contents was rated by participants in terms of usefulness for carrying out tasks related with their position. The scale used was 1 to 5, 1 indicating “not at all useful”, and 5 indicating “very useful”.

	Health Manager (n=8)	Health Professional (n=13)	Other Professionals (n=7)
Unit 1: Migrant children's health	3,9	4,2	4,1
Unit 1: Refugee children: risks and health consequences	4,1	4,3	4,1
Unit 1: Unaccompanied migrant/refugee children	3,9	4,2	4,3
Unit 1: Mental health of refugee children	3,8	4,1	4,3
Unit 1: Migrant children & bullying	3,6	4,2	4,0
Unit 1: Health of Refugee Children	4,0	4,3	4,4
Unit 1: Migrant Children Vaccination	3,9	4,2	4,3
Unit 1: Migrant Children Vaccination	3,9	4,2	4,3
Unit 1: Substance misuse	3,5	3,8	4,0
Unit 2: What is Gender-based violence (SGBV)	3,9	4,2	4,4

Unit 2: Consequences of SGBV	4,3	4,2	4,0
Unit 2: SGBV in the European asylum sector	4,1	4,3	4,3
Unit 2: SGBV prevention and response policies and measures	4,4	4,2	3,9
Unit 2: Situation of LGBTI refugees and migrants in the country of origin, during the migration journey and in the host countries	3,5	4,0	4,0
Unit 2: Health consequences for LGBTI refugees and migrants	3,8	4,2	4,0
Unit 2: Recommendations of International and European civil society organizations and human rights institutions for LGBTI refugees and migrants	3,6	4,2	3,7
Unit 2: Diversity sensitive health care for LGBTI refugees and migrants	3,8	4,3	3,9
Unit 3: Recognizing health needs of elderly and disabled refugees	3,9	4,5	4,3
Unit 3: Barriers of elderly and disabled refugees in access to care	3,9	4,5	4,3
Unit 3:Formulating health care responses to address needs	4,0	4,5	4,0

4. Adaptation for usage in other contexts

4.1. Survey on quality, relevance and usability of training materials (Q3 and Q4).

At the end of the course a questionnaire was available to evaluate quality, relevance and usability of training materials, regarding each unit. The scale used was 1 to 5, 1 indicating “not at all”, and 5 indicating “very much”.

HOW DO YOU RATE THE NEED FOR ADAPTATION OF MATERIALS IN THIS UNIT TO LOCAL CONTEXT?				
	Health Managers (8 participants)	Health Professionals (16 participants)	Other Professionals (8 participants)	Total (32 participants)
M4U1	4,1	4,5	3,8	4,2
M4U2	3,9	4,2	3,3	3,9
M4U3	3,9	4,2	3,3	3,9
ADEQUACY AND RELEVANCE TO YOUR OWN CONTEXT				
	Health Managers (8 participants)	Health Professionals (16 participants)	Other Professionals (8 participants)	Total (32 participants)
M4U1	3,9	4,2	3,9	4,0
M4U2	3,4	4,1	3,6	3,8
M4U3	3,0	4,1	3,4	3,6

4.2. Key messages from discussions for training adaptation.

Some activities were commented by participants in forums both during the course and in the feedback forum at the end of the course. After reading all post in forums, Module coordinator has selected and summarized the contributions to adaptation of training contents.

Module/Unit	Activity	Comment
M4 U1	CA2 SWOT analysis	Some participants pointed out that the question could be clearer. It is not clear whether it is an analysis about unaccompanied children only, and whether it is concerning healthcare, health etc. Recommendation: Phrase clearer
	CA3 videos	One person pointed out that these are promotion/PR videos for aid agencies, so they focus a lot on emotional mobilization. Maybe a bit too much I liked the last one though, as it did not only show suffering, but focused on a "return to normality" from a personal viewpoint. Another comment: Good videos, but too many. Recommendation: Delete some videos. Keep number 1, 4 and 5.

	CA2 flag situations	<p>One person thinks that just more time for discussion would have been even better.</p> <p>Some other comments pointed out that some of the presented scenarios were somewhat open to interpretation, with a lot of assumptions needing to be considered and very little context.</p>
	CA3 violence cases	<p>One person thinks that forum contributions were unfortunately very focused on "classifying" the type of violence, it would be more interesting to discuss about the cases themselves. It does not really help us to know that all the persons suffered from all different types of violence. Also a "trigger warning" might be appropriate to allow sensitive persons to prepare themselves for these stories.</p>
	CA4	<p>It was found, by one person, that the questions were a bit broad and extensive to answer.</p>
M4 U2 part II	CA1 forum activity	<p>One person pointed out that it was confusing to introduce part II. Recommendation: Just make it another unit</p>
	CA2 presentation	<p>Some comments: Graphs were difficult to read (very small figures etc.). Important to include LGBTI in the course.</p>
	CA4 sharing of materials	<p>One comment: It would take some previous knowledge about this area, which not that many have, to contribute to this assignment. And lots of the material won't be available for free streaming anyway. Recommendation: Remove. Or Maybe post a few examples to watch</p>

ANNEX 11: DETAILED RESULTS MODULE 5

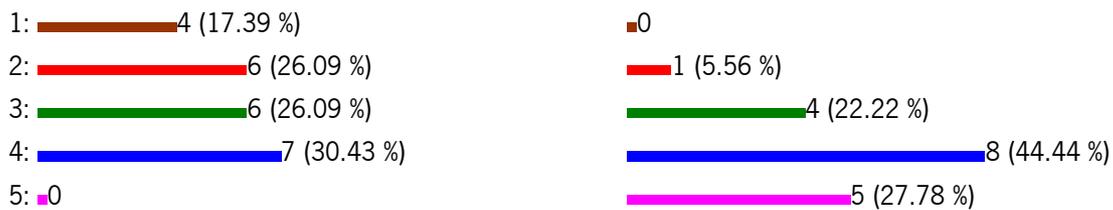
1. Knowledge learning

This dimension has been evaluated with a pre-post test regarding the course's objectives. A prior self-assessment about the degree of knowledge of those objectives was applied at the beginning of each module (Knowledge pretest). Later, at the end of each module, a similar self-assessment was conducted (Knowledge posttest). The scale used was 1 to 5, 1 indicating no knowledge and 5 indicating deep knowledge.

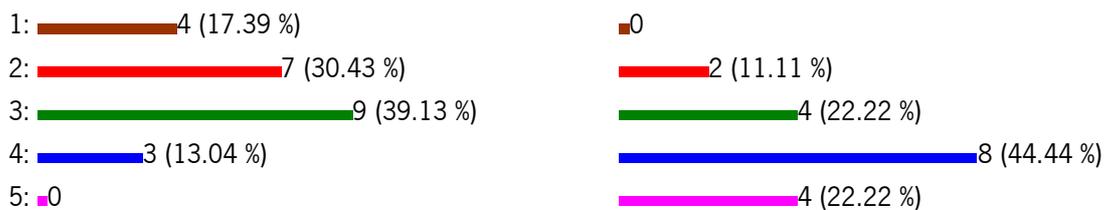
Knowledge pre-test: 23 respondents

Knowledge post-test: 18 respondents

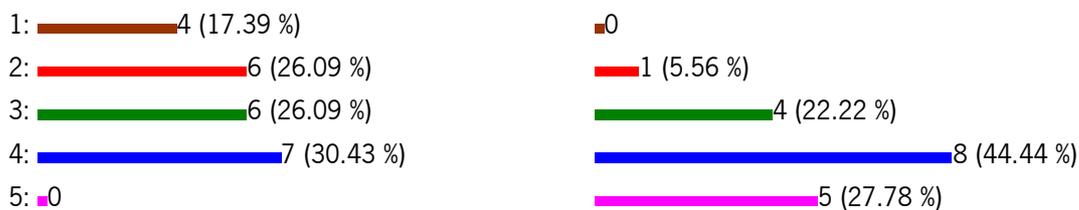
1. To describe the impact of chronic diseases in refugee health and the basics of the epidemiological situation in the European context.



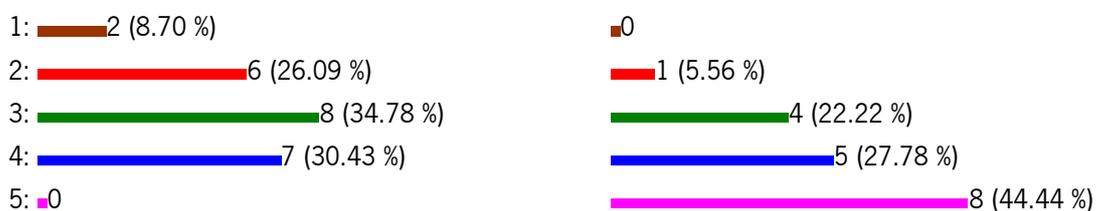
2. To describe different patterns of multimorbidity and chronic disease according to refugee's origin, and socioeconomical status.



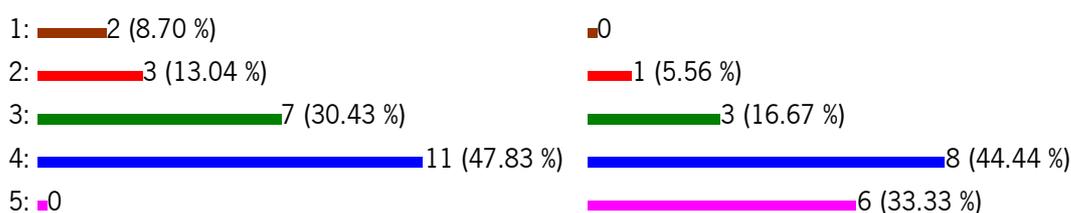
3. To describe the impact of communicable diseases in migrants and refugee health as a heterogeneous phenomenon that it is.

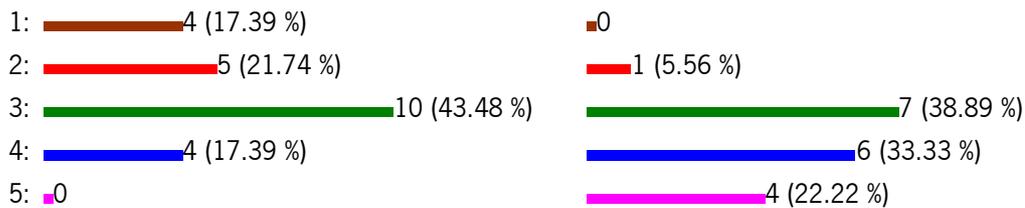
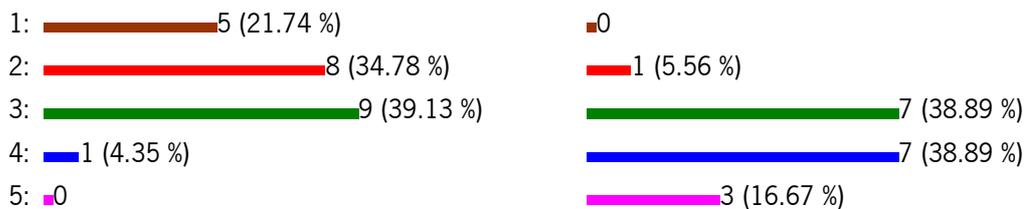
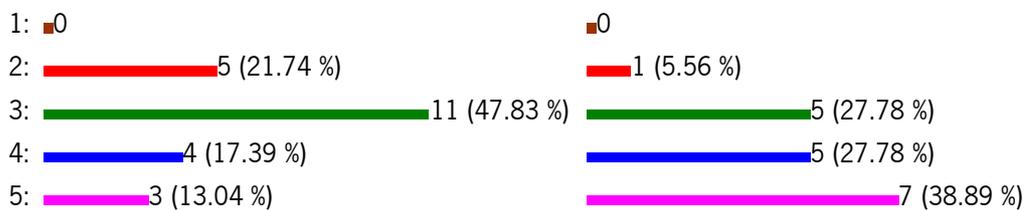
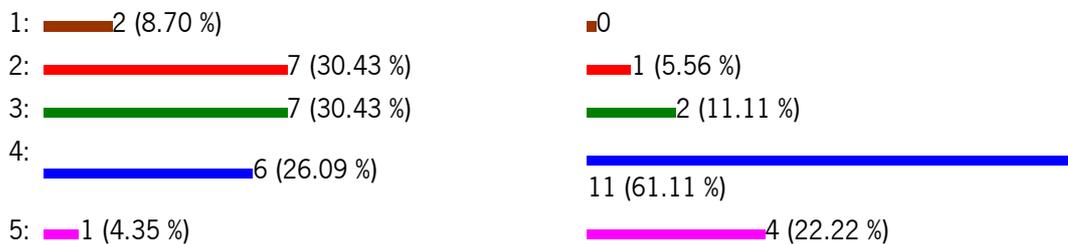
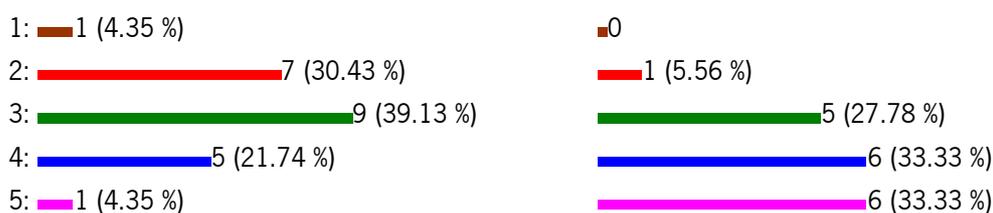
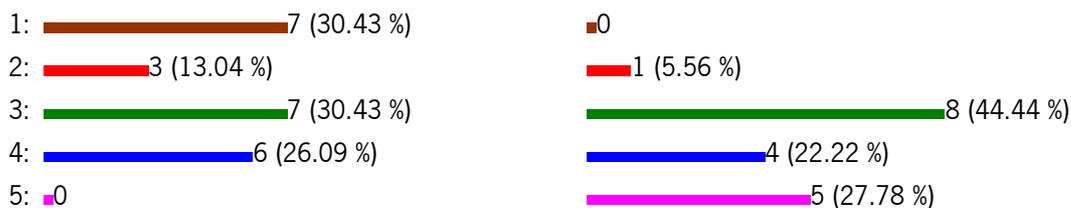


4. To identify core elements for an adequate approach: modes of transmission, risk-related practices, and barriers as socio-economical status and access to healthcare.

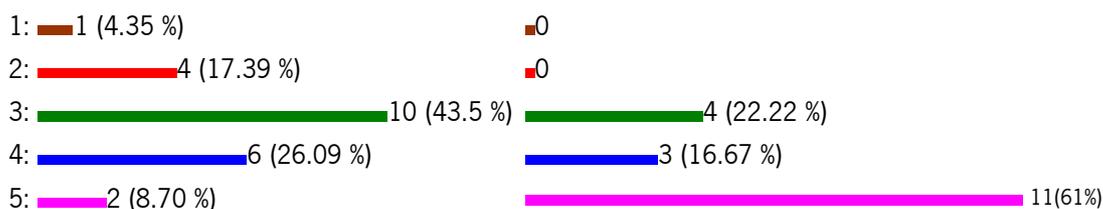


5. To identify different public health implications of most common communicable diseases in migrants and refugees.

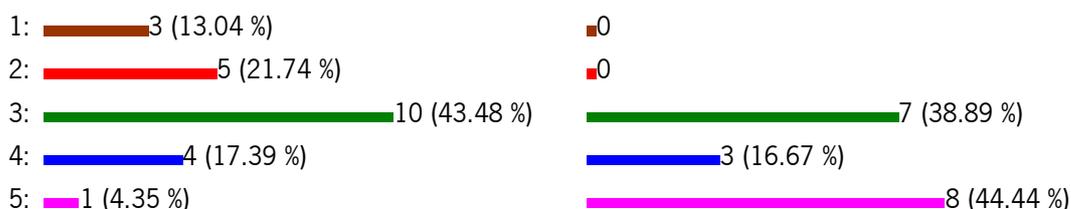


6. To identify different needs according to sexual development stage.**7. To identify supportive/hindering factors of sexual development.****8. To define sexual and reproductive health.****9. To describe the concept of sexual and reproductive rights (history, purpose, meaning).****10. To detect risk factors for poor sexual and reproductive health in the context of migration.****11. To apply guidelines to provide a sexual and reproductive health care service.**

12. To describe mental health problems in migrants and refugees, within human rights and social determinants of health approach.



13. To identify strategies for a diversity sensitive mental health practice.



We can observe a relevant increase of self-assessed knowledge for all objectives of the Module 5.

2. Engagement and participation

2.1. Description of training materials and activities

Unit 1: Non-communicable diseases	
M5U1 CA1	Compulsory activity 1: Reading PPT
M5U1 CA2	Compulsory activity 2: Reading article
M5U1 CA3	Compulsory activity 3: Reading article
M5U1 CA4	Compulsory activity 4: Video Screening and discussion in forum
	Optional readings : 2 documents
Unit 2: Communicable diseases	
M5U2 CA1	Compulsory activity 1: Reading PPT
M5U2 CA2	Compulsory activity 2: Reading article
M5U2 CA3	Compulsory activity 3: Reading article
M5U2 CA4	Compulsory activity 4: Search on the web
	Optional readings: 1 document
Unit 3: Sexual and reproductive health	
M5U3 CA1	Compulsory activity 1: Group exercise and reading PPT

M5U3 CA2	Compulsory activity 2: Group exercise and reading PPT
M5U3 CA3	Compulsory activity 3: Individual exercise and reading PPT
M5U3 CA4	Compulsory activity 4: Reading
	Recommended readings: 9 documents
	Optional activity 1: Individual & Group exercise
	Optional activity 2: Group exercise
	Optional activity 3: Group exercise
Unit 4: Mental Health	
M5U4 CA1	Compulsory activity 1: Reading PPT
M5U4 CA2	Compulsory activity 2: Reading article
M5U4 CA3	Compulsory activity 3: Individual work and Forum discussion
	Recommended readings: 5 documents
	Optional activity 1: Video screening and Forum discussion

2.2. Participation analysis from Log data Moodle

Reading, videos and other activities. Number of participants:

Activity	Health Professional	Health Managers	Other Professional	Total
M5U1 CA1	18	5	2	25
M5U1 CA2	17	5	2	24
M5U1 CA3	17	5	2	24
M5U2 CA1	17	5	2	24
M5U2 CA2	11	4	1	16
M5U2 CA3	11	4	1	16

M5U2 CA4	8	3	1	12
M5U3 CA3	16	4	1	21
M5U3 CA4	10	2	0	12
M5U4 CA1	16	7	3	26

Forum. Number of participants::

Activity	Health Professional	Health Managers	Other Professional	Total
M5U1 CA4	16	2	0	18
M5U3 CA1	15	3	0	18
M5U3 CA2	16	3	0	19
M5U4 CA3	13	4	1	18

3. Quality and usability of training materials and activities

3.1. Survey on quality, relevance and usability of training materials (Q1 and Q2)

At the end of the course, a questionnaire was available to evaluate quality, relevance and usability regarding each Unit's contents. The scale is 1 to 5, with 1 indicating not at all and 5 very much.

	Mean of responses			
	Health Managers (7 participants)	Health Professionals (16 participants)	Other Professionals (3 participants)	Total (26 participants)
Presentation and content of information is appropriated to the target audience	3,1	4,3	4,3	4,0

Clear statement of sources for all information provided, supported by up-to-dated scientific evidence	3,7	4,5	4,3	4,3
M5U2				
Presentation and content of information is appropriated to the target audience	3,4	4,4	4,3	4,2
Clear statement of sources for all information provided, supported by up-to-dated scientific evidence	3,9	4,5	4,3	4,3
M5U3				
Presentation and content of information is appropriated to the target audience	3,7	4,1	4,3	4,0
Clear statement of sources for all information provided, supported by up-to-dated scientific evidence	3,9	4,2	4,0	4,1
M5U4				
Presentation and content of information is appropriated to the target audience	3,7	4,4	4,3	4,2
Clear statement of sources for all information provided, supported by up-to-dated scientific evidence	4,0	4,6	4,3	4,4

3.2. Survey on quality, relevance and usability of training materials (open question)

Is there any other aspect that you want to comment/contribute?

Some participants commented on the Module, and some contributed to the Units:

Regarding the Module, it was said that the content was coherent with main goal and specific objectives.

TRACK	U1	U2	U3	U4
Health Professional	I really appreciated this Unit which topics are so relevant in this public health context.			
Health Professional	Good materials and interesting forum discussions		The text of the pictures cannot be read on the ppt	SDH model is repetition,...but no problem...:-)

Health Professional	I liked a lot the way the information was exposed on the infographic. But I would have thanked a more broad or deep discussion about this so important topic in a clinical base. In my opinion, a potential target audience of health workers would as well thank some examples of real clinical situations. Very enriching debate about diabetes and Ramadan!	Good materials. I'd liked having more time to do the exercise and maybe, to have some discussion in the forum about what people thought in relation to refugees and communicable diseases.	I thank all this information, what was quite new for me. But I have to say it found in this Unit an excessive burden of work. In my case, time provision was unrealistic.	I appreciated all this information, but I think the slides exposed it in a quite theoretical way. In my opinion, the proposed compulsory activity (best practices) was too individual (without debate). Maybe, thinking in a potential target audience, the proposed optional activity (videos) could be more didactic as a compulsory activity. Thanks.
Health Professional				Maybe to short
Health Professional	It was very useful and sufficient.	It was very useful and sufficient.	It was very useful and sufficient.	It was very useful and sufficient.
Health Professional	Good!		Great, Great!!	Great!!
Health Professional	very good material	very interesting material		I needed more active examples real stories.thank you

This Module was compulsory for health professionals although some Health Managers evaluated the contents and made some additional comments:

TRACK	U1	U2	U3	U4
Health Manager	Texts/articles are too long if compared to tasks. I was not able to read all this in the	Ok, to the point	OK but too elaborated	Good balance between relevance and time spent; adapted to broad audience

	scheduled time Nevertheless, material is interesting			
Health Manager	.	.	More case studies, please	This unit could have been longer. It is an important subject and could be explored more.

3.3. Questionnaire about usefulness of the training contents to the participants work.

At the end of each Module the list of the training contents was rated by participants in terms of usefulness for carrying out tasks related to their position. The scale was 1 to 5, with 1 indicating not at all useful and 5 very useful.

	Health Professionals (14 participant)	Health Managers and other (n=4)
Unit 1: The impact of non-communicable diseases in refugee health and the basics of the epidemiological situation in the European context	4,3	3,3
Unit 1: Patterns of multimorbidity and non-communicable diseases according to refugee origin, and socioeconomic status	4,2	2,5
Unit 1: Interventions depending on refugee's country of origin and other circumstances	4,3	3,3
Unit 2: The impact of communicable diseases in migrants and refugee health Core elements for an adequate approach: modes of transmission, risk-related practices, and barriers as socio-economical status and access to healthcare.	4,1	3,0
Unit 2: Public health implications of most common communicable diseases in migrants and refugees	4,3	3,5
Unit 2: Interventions according on refugee's country of origin and other circumstances	4,1	3,0
Unit 3: Epidemiology of sexual and reproductive health among migrant's and refugees	4,1	2,5
Unit 3: Guidelines that apply to provide a minimal sexual and reproductive health care service	4,1	3,3
Unit 3: Risk factors in the context of migration.	4,6	3,3

	Health Professionals (14 participant)	Health Managers and other (n=4)
Unit 3: FGM prevention	4,2	3,3
Unit 4: General patterns of mental health problems in migrants and refugees	4,5	3,3
Unit 4: Strategies for a diversity sensitive mental health practice	4,2	3,3
Unit 4: Mental health and psychological wellbeing of refugees during the journey and in the refugee's camps.	4,6	3,5
Unit 4: Victims of torture	4,5	3,3

4. Adaptation for usage in other contexts

4.1. Survey on quality, relevance and usability of training materials (Q3 and Q4)

At the end of the course, a questionnaire was available to evaluate quality, relevance and usability regarding each Unit's contents. The scale is 1 to 5, with 1 indicating not at all and 5 very much.

How do you rate the need for adaptation of materials in this unit to local context?				
	Health Managers (7 participants)	Health Professionals (16 participants)	Other Professionals (3 participants)	Total (26 participants)
M5U1	3,9	4,3	4,3	4,2
M5U2	3,9	4,3	4,0	4,2
M5U3	3,7	4,0	4,3	4,0
M5U4	3,7	4,4	3,7	4,1
Adequacy and relevance to your own context				
M5U1	3,4	4,3	2,7	3,8
M5U2		4,3	2,7	3,9
	3,6			
M5U3	3,6	3,9	2,7	3,7
M5U4	3,3	4,2	3,0	3,8

4.2. Key messages from discussions for training adaptation.

Some activities were commented by participants in forums both during the course and in the feedback forum at the end of the course. After reading all post in forums, Module coordinator has selected and summarized the contributions to adaptation of training contents.

Unit/Activity	Remarks/Comments	Unit/Activity
M5 U1	CA 1 PDF document	The Healthy Migrant effect can be explained more clearly
	CA 2 Multimorbidity study	The reading needs a specific forum for discussion. One person finds this reading too long.
	CA 3 Diabetes/Ramadan	This reading needs a specific forum for discussion
	CA 4 video	This kind of resources are useful to the clinical activity
M5 U2	CA 4 web search	This activity requires more time and may be a forum discussion for the controversial issues.
M5 U3	CA 1 Group exercise	The activity 1 has been considered not appropriate by one participant as involves personal self-reflection over sexuality. It could be a sensitive issue for some participants.
	CA 2 SR rights forum discussion	One participant suggested to have one only forum for all activities in this Unit.
	CA 4 reading MISP-RH	Some participants considered too short the time for readings.

Annex 12: User's guides for Modules 1, 2, 3, 4 and 5



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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

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

Specific concerns for different profiles of course participants:

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

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

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

2. Learning activities

COMPULSORY ACTIVITY 1: *Reading activity.* Study the Basic Reading for the three topics, as well as the following reading:

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
		<i>Optional activity 1: Writing case examples from own work experience</i>
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
		<i>Optional activity 2: Reflect on your country's MIPEX scores</i>
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
		<i>Optional activity 3: Reflect on role of international organisations in your country</i>
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	<ul style="list-style-type: none"> • To introduce the concept “migrants in an irregular situation”. • To present recent comparative studies on the access to health and health of migrants in an irregular situation, including case studies and recommendations. 	Compulsory activity 1: Presentation
10 minutes	<ul style="list-style-type: none"> • To learn about the situation of access to health care for undocumented migrants in European Union Member States. 	Compulsory activity 2: European Union Agency for Fundamental Rights (2011) reading (p. 71-84).
30 minutes	<ul style="list-style-type: none"> • To identify strategies for improving access to health care for migrants in an irregular situation in the own region / country, and prioritize these strategies according to their perceived relevance. 	Compulsory activity 3: Uploading a post in the online forum identifying strategies for improving access to health care for migrants in an irregular 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).
- Médecins 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: Médecins du Monde, 2012.
http://www.doktersvandewereld.be/sites/www.doktersvandewereld.be/files/publicatie/attachments/eu_vulnerable_groups_2012_mdm.pdf (retrieved: August 9, 2016).
- Médecins 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: Médecins du Monde, 2013.
http://b.3cdn.net/drofttheworld/d137240498b91ca33e_jhm62yig1.pdf (retrieved: August 9, 2016).

Optional activities

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

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

Evaluation activities

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

- 1) At the beginning of module:
 - A prior self-assessment about the degree of knowledge regarding the course's objectives (**Knowledge pre test**).
- 2) At the end of module:
 - A self-assessment about the knowledge outcomes after the course (**Knowledge post test**).
 - A survey on quality, usability and usefulness of training materials (**Materials assessment**).

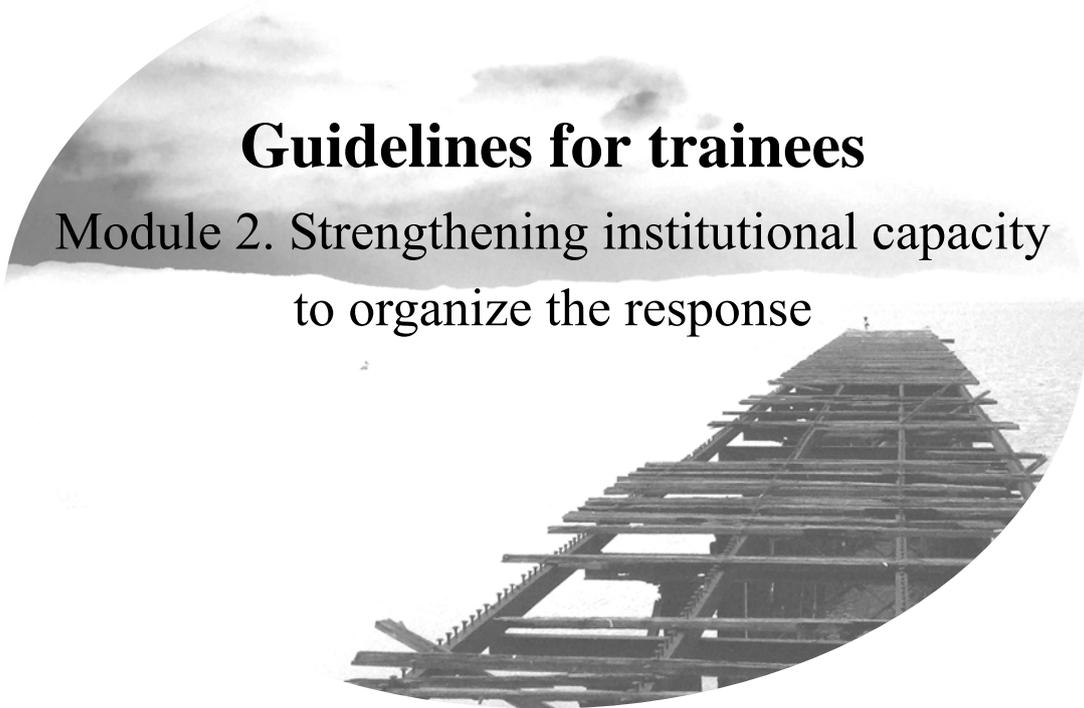


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Guidelines for trainees

Module 2. Strengthening institutional capacity
to organize the response





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Module 2. Strengthening institutional capacity to organize the response

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

Unit 1: Framework for coordination and intersectoral collaboration

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

1. Learning Objectives

- To understand the need for coordination and intersectoral collaboration to address the health needs of the refugees asylum seekers and other migrants who are part of the recent influx into the European Union.
- To understand the use of the coordination framework as an essential tool that can facilitate the establishment or strengthening of the health response coordination.
- To describe and analyse the type of coordination and intersectoral collaboration that exists in their country at their level of work with regard to addressing the health needs of the refugees asylum seekers and other migrants and to make recommendations.

2. Learning activities

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

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

COMPULSORY ACTIVITY 2 (CA2): video: *Inter professional partnerships: University of Leicester.* <https://youtu.be/Fh7tIr4Tl1o>

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	<i>Power Point (PP)</i> 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.	<i>PP.</i> 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.	<i>PP.</i> Content of course B: The health coordination framework and mechanism <i>PP.</i> Content of course C: the health coordination team <i>Learning activities</i> 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)	<i>Learning activities</i> 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	<i>“For the birds”</i> 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
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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 eyes?
- ✓ Write down the words on a post in the forum of this unit.
- ✓ Discuss in forum the other participants' contributions.

COMPULSORY ACTIVITY 2 (CA2): Sociodemographic overview

Description:

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

COMPULSORY ACTIVITY 3 (CA3): Assess access and quality of health care

Description:

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

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

Description:

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

3. Work planning suggested

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. Medecins 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 Laeven, 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 objectives to participants To describe the scenario of new	Slides presentation (1-9)

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/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 ACTIVITY 2 (CA2): Multichoice test

- **Description:** Respond the multi-choice test. Only one answer is correct for each question.
- **Time:** 10 minutes

COMPULSORY ACTIVITY 3 (CA3): Open questions

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

3. Work planning suggested

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

4. Complementary activities

Recommended readings:

- **SH-CAPAC Project.** Guideline for the development of action plans for implementing a public health response and to strengthen a country's health system in order to address the need posed by the influx of refugees, asylum seekers and other migrants, 2016.

Further reading (Not accessible from SH-CAPAC platform)

- **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.



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**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***





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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 Sues 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’ health.
- **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 from 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	<ul style="list-style-type: none"> • Introduction • To understand cultural adjustment and culture shock in health context. • To analyze the areas and ways the 	COMPULSORY ACTIVITY 1: Presentation about “Cultural adjustment and culture shock” and “Culture and health/disease perception and reaction”.

	<p>culture influences health and disease perception in different societies.</p> <ul style="list-style-type: none"> To analyze the influence of culture on health problems prevalence and the concept of “health fields”. 	
10 minutes	<ul style="list-style-type: none"> To analyze the importance of culturally differentiated meaning of health and disease. 	Compulsory activity 2 : Case study: Oral rehydration in Pakistan, followed by forum discussion.
10 minutes	<ul style="list-style-type: none"> To analyze culture as a factor influencing the decision about contacts with health care and cultural differences influencing the doctor-patient relationship. 	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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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).
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- 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/2aIEkIX> (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 screening and discussion on forum on other examples of cultural misunderstanding influencing the access to healthcare, diagnosis and/or effective therapy, taking into consideration the patient-oriented care. Video “Culture and Health”:

OPTIONAL ACTIVITY 2: READING

Description: Reading

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

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

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

1. Learning objectives

Objectives of the Presentation

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

Objectives of the Activities

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

2. Learning activities

Social Health determinants

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

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

Method: Individual Identification of Determinants and discussion in forum.

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

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

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

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

Human Trafficking

Compulsory Activity 2. Test your knowledge (group discussion)

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

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

Optional Activity 3. Individual exercise

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

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

3. Work plan suggested

Time (minutes)	Objectives	Content
60	<i>Social Determinants of Health</i>	
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	<i>Trafficking</i>	
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>

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

3. Work plan suggested

Time	Objectives	Content
30 minutes	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	Objectives	Content
5 min.	Identify the unit's context	Reading 1
10 min.	To recognise key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity	Contents Unit 4 (1)

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](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_216paginas.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 exercise; power point
- **Time:** 5 minutes.
- **Method:** The activity “Identify your stress signals” consists of two parts:
 - Identifying the own stress signals from a list of possibilities
 - Identifying the three most important signals, starting with the most important and indicating how often and how intense this signal is experienced

COMPULSORY ACTIVITY 2 (CA2): “How balanced is your work-life balance?”

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

COMPULSORY ACTIVITY 3 (CA3): “Identify healthy coping mechanisms”

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

2. Work plan suggested

Time	Objetives	Content
15 minutes	<ul style="list-style-type: none"> • To introduce the concepts “burnout” and “compassion fatigue”. • To identify signs of burnout and compassion fatigue. 	<ul style="list-style-type: none"> • Presentation and readings • CA1: “Identify your stress signals”

28 minutes	<ul style="list-style-type: none"> • To identify risk factors • To install preventive measures 	<ul style="list-style-type: none"> • Presentation and readings • CA2: “How balanced is your work-life balance?” • CA3: “Identify healthy coping mechanisms”
2 minutes	<ul style="list-style-type: none"> • To install additional measures 	<ul style="list-style-type: none"> • 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

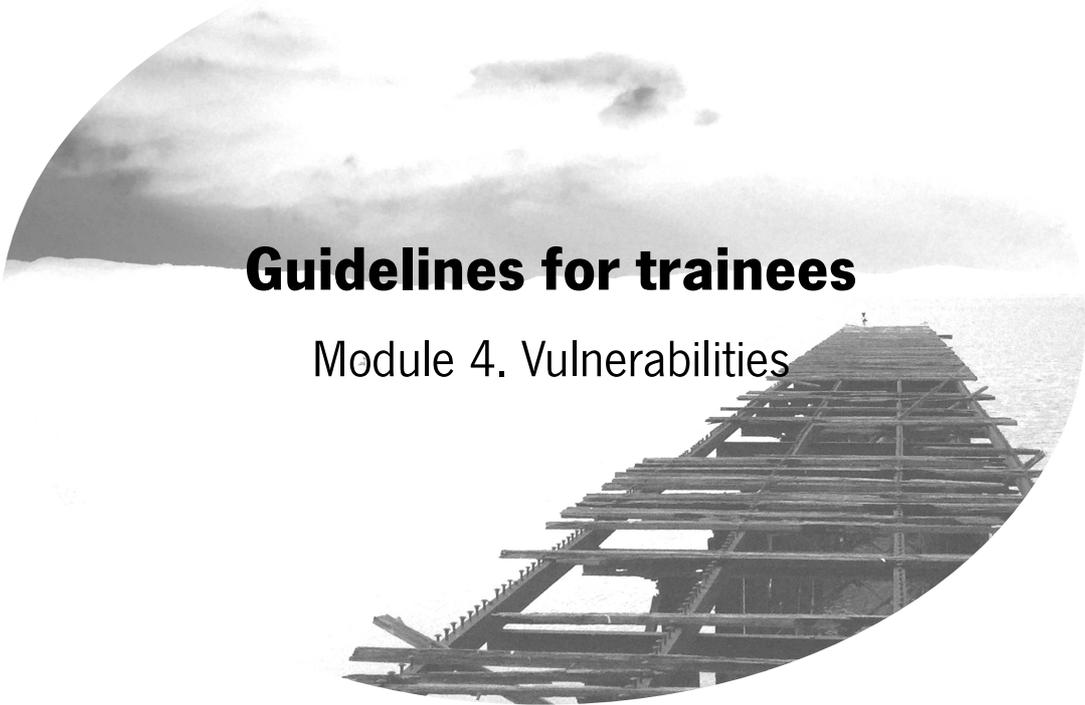
2) At the end of module:

- 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).



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Guidelines for trainees

Module 4. Vulnerabilities



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Module 4. Vulnerabilities

Module 4 contains three units: U1. Childhood and unaccompanied minors, U2. Gender-based violence and persecution on grounds of sexual orientation and gender identity, and U3. 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.

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Presentation on refugee children and unaccompanied migrant minors.

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

COMPULSORY ACTIVITY 2 (CA2): SWOT analysis

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

COMPULSORY ACTIVITY 3 (CA3): Recommended videos

- **Time:** 15 minutes
- **Method:** Watch the videos linked in slide 18.

3. Work plan suggested

Time	Objectives	Content
20 minutes	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • SWOT analysis on health care for unaccompanied refugee/migrant children 	CA 2: (slide 16)
60 minutes	<ul style="list-style-type: none"> • Optional activity: video "Children on the move – Children first". 	Presentation (slide 17)
15 minutes	<ul style="list-style-type: none"> • Recommended videos 	CA 3: (slide 18)
10 minutes	<ul style="list-style-type: none"> • 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/2AMZIFQP5K8> (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 Foundation. 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 Pediatría. Vacunación 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.

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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).

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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:
 - Which elements described in the cases do you consider to be violence?
 - How would you categorize them? Give each category a name.
 - Try to come to a consensus
 3. Step 3: Continue with the presentation about different perspectives to look and categorise violence.
 4. Step 4: Look back at the categorizations you made of the violence types occurring in the cases:
 - Which perspective did you take?
 - Have you overlooked some of the violence acts in the cases?

COMPULSORY ACTIVITY 4 (CA4): “Country specific exercise measures SGBV prevention and response”

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

1. Step 1: After having read the guidelines and checked the tools:

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

3. Work plan suggested

Time	Objectives	Content
20 minutes	<ul style="list-style-type: none"> • To discuss whether situations are acceptable and why • To identify criteria underlying the notion of violence and transgressive behavior 	<ul style="list-style-type: none"> • CA1: Presentation and readings • CA2: Flag situations
20 minutes	<ul style="list-style-type: none"> • To identify different forms of violence and terminology used • To become accustomed to communicating about violence 	<ul style="list-style-type: none"> • Presentation and readings slides 15-27 • CA3: violence cases: identification of violence types
10 minutes	<ul style="list-style-type: none"> • To understand the consequences of sexual and gender-based violence (SGBV) • To have an idea of prevalence of SGBV in Europe 	<ul style="list-style-type: none"> • Presentation and readings
10 minutes	<ul style="list-style-type: none"> • To become familiar with European policies and regulations on SGBV in the asylum sector 	<ul style="list-style-type: none"> • 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:
 - 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:**
 - **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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> To learn about the current situation of LGBTI refugees in Europe. 	CA 3: Reading
20 minutes	<ul style="list-style-type: none"> To identify audiovisual material aimed at raising awareness on the situation of LGBTI refugees / migrants 	CA 4: Sharing of audiovisual materials Individually: <ul style="list-style-type: none"> Looking for a video In the forum: <ul style="list-style-type: none"> Uploading the video, indicating the reasons for choosing this material

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://ilga-europe.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, 2015. http://fra.europa.eu/sites/default/files/fra_uploads/protection_against_discrimination_legal_update_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:**
 - **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>
 - **In the forum:**
 - Upload a commentary to the forum, responding to the following questions:
 - Which are the most important concerns and needs expressed by LGBTI refugees / migrants?
 - Which strategies can be developed in the health care context to approach these concerns and needs?

Unit 3: Elderly and disabled

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

1. Learning Objectives

Objectives of the Presentation:

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

Objectives of the Activities:

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

2. Learning Activities

COMPULSORY ACTIVITY 1: Presentation

- **Time:** 15 minutes
- **Method:** Watch a slide presentation.

COMPULSORY ACTIVITY 2: Video

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

COMPULSORY ACTIVITY 3: Case study

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

COMPULSORY ACTIVITY 4: Video

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

3. Work plan suggested

Time	Objetives	Content
5 minutes	<ul style="list-style-type: none"> • To describe basic demographic characteristics of the elderly refugee population 	Presentation (slide 3)
15 minutes	<ul style="list-style-type: none"> • To identify specific health needs of elderly refugees 	CA2 in three parts: <ul style="list-style-type: none"> - Videos (4-5) - Presentation (slides 6-7) - Discussion in forum
15 minutes	<ul style="list-style-type: none"> • To identify barriers in access to health care 	CA3 in three parts: <ul style="list-style-type: none"> - Case study (slides 8-9) - Presentation (slide 10) - Discussion in forum
15 minutes	<ul style="list-style-type: none"> • To formulate a health care response to address needs 	CA4 in three parts: <ul style="list-style-type: none"> - Video (slide 11) - Presentation (slides 12-13) - Discussion in forum
10 minutes	<ul style="list-style-type: none"> • 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](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 Commision. I See That It Is Possible. 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).

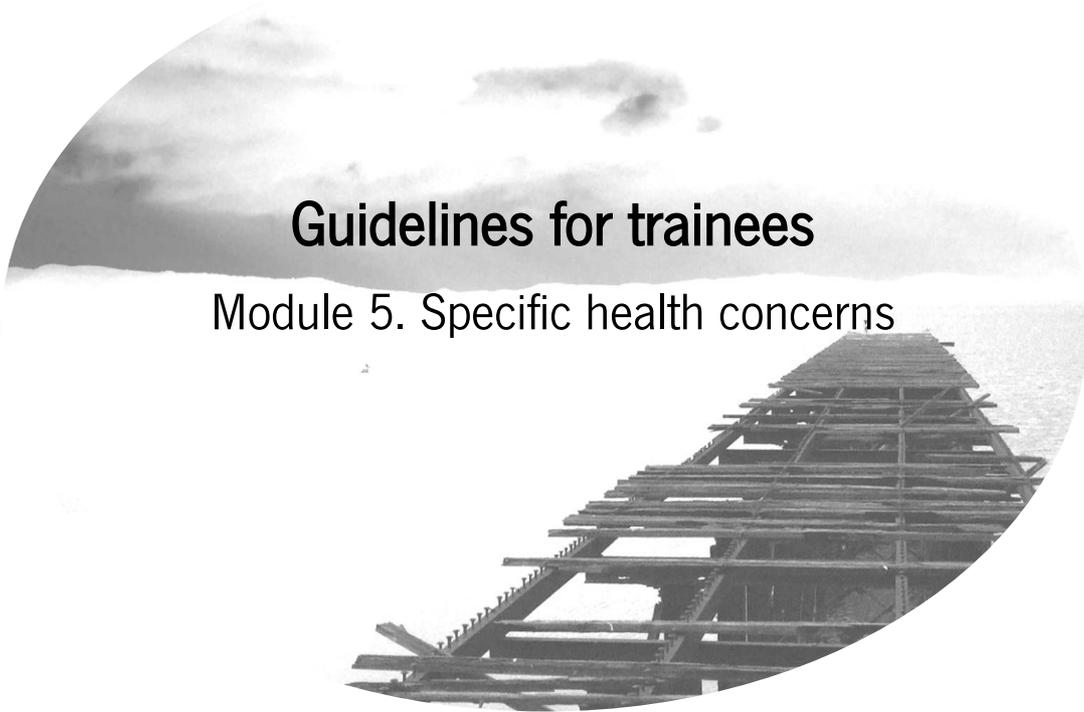


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Guidelines for trainees

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 plan is suggested as well.

Unit 1: Non-communicable diseases.

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

1. Learning objectives

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

2. Learning activities

COMPULSORY ACTIVITY 1: Infographic on non communicable diseases

Method: Watch the pdf.

COMPULSORY ACTIVITY 2: Prevalence of chronic disease

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_RkI

3. Work plansuggested

Time	Objectives	Content
55 minutes	<ul style="list-style-type: none"> • To describe the impact of chronic diseases in refugee health and the basics of the epidemiological situation in the European context. • To describe different patterns of multimorbidity and chronic disease according to refugee origin, and socioeconomic status. 	Graphic and reading journal articles.

Time	Objectives	Content
	<ul style="list-style-type: none"> To individualize interventions depending on refugee's country of origin and other circumstances. 	
20 minutes	<ul style="list-style-type: none"> To analyse importance of educational resources on line by patients with chronic diseases. 	Discussion about video: Diabetes in Ramadan https://www.youtube.com/watch?v=OWbDId5_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)
- European Centre for Disease Prevention and Control

3. Work plan suggested

Time	Objectives	Content
55 minutes	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Prevalence of main communicable diseases in the world 	This activity consists in searching on the web the prevalence of communicable diseases studied in this unit in different countries in the world. Afterwards, compare this prevalence with that of host country.

4. Complementary activities**Optional activities****OPTIONAL ACTIVITY 1: Assessing the burden of key infectious diseases**

Method: Reading European Centre for Disease Prevention and Control. Assessing the burden of key infectious diseases affecting migrant populations in the EU/EEA. Stockholm: ECDC; 2014. (106 pages)

Unit 3: Sexual and reproductive health.

Lotte De Schrijver and Ines Keygnaert, Ghent University-ICRH, have prepared this content. This Unit includes one presentation, five compulsory activities and eight recommended readings. The estimated time required for this Unit is 90 minutes, including the presentation and activities.

1. Learning objectives

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

2. Learning activities

COMPULSORY ACTIVITY 1: “Defining sexual and reproductive health”

Description: Group exercise; power point Unit 3 & forum;

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

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

COMPULSORY ACTIVITY 2: “Sexual and reproductive rights”

Description: Group exercise; power point Unit 3 & forum;

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

- Step 1: Discuss on the forum:
 - Do you believe that sexual and reproductive health rights are universal?
 - Which rights are easily/not easily fulfilled as an asylum seeker in Europe? Do they have suggestions for improvement?
 - What barriers do they see regarding the sexual rights of asylum seekers?

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

Description: individual exercise; power point Unit 3.

Method: The activity “Risk factor identification & Reflection on SRH assessment” consists of three parts:

- Step 1: Read the HEN report n.45 on reduction of inequalities in accessibility and quality of maternal health care delivery for migrants
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:
 - Do you recognize these risk factors in your country?
 - What could be done to prevent this?
 - 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	<ul style="list-style-type: none"> • To understand the elements of the definitions of sexual and reproductive health 	<ul style="list-style-type: none"> • Presentation and readings • CA1: Defining sexual and reproductive health
15 minutes	<ul style="list-style-type: none"> • To understand the concept of sexual and reproductive rights (history, purpose, meaning). 	<ul style="list-style-type: none"> • Presentation and readings • CA2: Presentation and readings
15 minutes	<ul style="list-style-type: none"> • To be aware of risk factors of poor sexual and reproductive health in the context of migration 	<ul style="list-style-type: none"> • Presentation and readings • CA3: Reflection on SRH assessment
25 minutes	<ul style="list-style-type: none"> • To know which guidelines to apply to provide a minimal sexual and reproductive health care service 	<ul style="list-style-type: none"> • Presentation and readings • CA4: 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 exercise; power point & forum; 1 A4 paper

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

- Step 1: Draw a timeline on a piece of paper and write “sexual timeline” as a title. Draw a line from the top of the page until the bottom. The top will represent the moment you were born, whereas the bottom of the line will represent the present. Construct a sexual timeline from your personal experiences (first kiss, fondling, physical changes, first time in love, first orgasm, divorce...) For an example: *Frans, E. and Keygnaert, I. (2009). Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent: p.27.*
- Step 2: Look at your sexual timeline: What was the need you felt at certain stages of your sexual development? For example: Maybe you felt the need to talk about contraceptives with an adult when you first became sexually active? Maybe your first sexual experience came too early and you felt the need to slow things down?
- Step 3: Discuss on the forum what the needs are at different stages of one’s sexual life to make these experiences positive ones or to reduce the negative impact of painful experiences.
- Step 4: Reflect and discuss the following questions on the forum:
 - 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 exercise; 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 exercise; 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 Sues 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • To learn about the mental health situation and psychosocial wellbeing of Syrian refugees. 	Compulsory activity 2: Reading
30 minutes	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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_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. Istanbul 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, Chater 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>
 - Unfair Tales (UNICEF, 2016): <http://www.unicef.org/emergencies/childrenonthemove/unfairytale/en>
 - **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?