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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**

**FINAL TECHNICAL AND FINANCIAL REPORT,
INCLUDING A LAYMEN REPORT**

Deliverable 6.3



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Final Technical Report

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**SUPPORTING HEALTH COORDINATION,
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CARE AND CAPACITY BUILDING IN MEMBER
STATES UNDER PARTICULAR MIGRATORY
PRESSURE**

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ANNEX 1 SH-CAPAC Layman's Report

1. DESCRIPTION OF THE ACTIVITIES CARRIED OUT BY THE BENEFICIARIES AND OVERVIEW OF THE PROGRESS

1.1. Description of the activities carried out during the reporting period in line with Annex 1 to the Grant Agreement

- Main activities carried out including methods and means

Considering the increased migratory influx into the European Union, the European Commission decided to provide support from the Health programme to organisations able to quickly support Member States under special migratory pressure to rapidly respond to possible health threats. It was also deemed as necessary to support public health capacity-building and develop appropriate tools, as well as increase access to medical expertise and information to support Member States to deliver the necessary health care.

CHAFEA and seven European institutions signed a grant agreement for a one-year action on December 2015. The action was called '*Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure*' (SH-CAPAC). The grant was awarded under an EC emergency call for proposals in response to the refugee situation in Europe. The initiative began on 1 January 2016 and was scheduled to last 12 months. It was completed on 31 December 2016.

The project was conducted by a consortium made up of the Andalusian School of Public Health (leader) and six European institutions. The other consortium members were Azienda Unita Sanitaria Locale di Reggio Emilia in Italy, Trnava University in Slovakia, University of Ghent in Belgium, Jagiellonian University in Poland, Copenhagen University in Denmark and Academic Medical Centre of the University of Amsterdam.

The general objective of the project was to support Member States under special migratory pressure in their response to health-related challenges. This support was particularly geared to build and strengthen capacities among relevant stakeholders in the 19 target Member States covered by the project so they could attain an effective coordination of the health response, undertake population based needs assessments, develop action plans and contingency plans for improving the health response, identify and reduce access barriers for the vulnerable populations and train health workers, health managers and other professionals on the necessary skills and competences for improving the health response to refugees, asylum seekers and other migrants as well as for providing migrants' and refugee's sensitive health care.

Methods and means

The EASP has been responsible for planning, monitoring and evaluation of the project activities in close consultation with each partner, as well as for reporting to the European Commission on progress attained and the results obtained. The partners that constitute the consortium for the implementation of the project SH-CAPAC have functioned as a collective entity for:

- a. Developing the necessary instruments and tools through a division of labour among the members of the consortium.
- b. Carrying out regional advocacy and capacity building activities (seminars and workshops), organized by the members of the consortium with the participation of relevant stakeholders in each of the target countries.
- c. Conducting site visits to those target countries, which are interested in receiving technical assistance from the consortium to develop country specific activities within the scope of the project.
- d. Coordinate with the national health authorities in the target countries, as well as with other relevant national stakeholders (i.e. Red Cross and NGOs) involved in responding to the health needs of the refugee population.
- e. Coordinate with the international organizations working to respond to health needs of refugees, asylum seekers and other migrants in the target countries, especially WHO, IOM, UNHCR, OCHA and the EU.
- f. Coordinate with other grantees under this call for optimisation and coordination of resources and impact.

Work performed during the reporting period

The activities, distributed into six Work Packages, have been to develop framework and tools, carry out regional training and dissemination of workshops, offer technical assistance through country missions, carry out regional advocacy and capacity building activities, conducting visits to target countries and coordinate with national health authorities and international organizations.

Three specific workshops were held in Ghent, Copenhagen and Bologna in the framework of the activities and products foreseen in WP 1 to 5. These workshops have been important for developing in a consultative way the SH-CAPAC project and its products, as well as to discuss and gather feed-back and inputs related to the different Guides, Frameworks and other relevant documents.

Throughout the implementation of the project activities the need for intensifying coordination of all health actors was highlighted.

In relation to the training activities, a regional workshop on 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 was

held in Granada, Spain, on 15-16 September 2016. An online training course on improving the health response to refugees, asylum seekers and other migrants, containing 19 modules to be covered in 30 hours over a period of six weeks was developed as part of the project. The online training course took place from 20th October 30th November. A thorough evaluation of the piloting of this on-line training course has been completed as well (Deliverable 5.3)

Initially, seven country support missions covering aspects related to WP1,2 and 3 were foreseen. Unfortunately, a last-minute cancellation of the mission scheduled for December 2016 to Portugal only permitted the completion, of a total of six missions.

They took place in Bulgaria (Sofia and Haskovo) from June 29 to July 3, 2016; in the South Aegean, Greece (Rhodes and Kos) 31st August- 2nd September; in the Catalonia Region (Barcelona), Spain, 21-23rd September; in Slovakia (Bratislava) 24-26th October; in the Andalucia Region (Granada) Spain, on 13th and 14th December and in Greece (Athens) on 15th and 16th December

The Portuguese authorities cancelled at the last-minute the mission which had been programmed for the second week of December 2016. This was due to internal changes in the Portuguese Ministry of Health, as documented in email exchanges. The project expired two weeks after so there was no possible way to reprogram it within the limits of the project. This incidence has been reflected under sections 1.9 and 1.10 of this report.

The six missions to Member States were carried out for introducing, disseminating and discussing the frameworks, methodologies and tools developed. They allowed for discussions with multiple national and local stakeholders involved in the health response to refugees, and an exploration of possibilities for improving coordination and coherence in the response.

- Coordination with other projects or activities at European, National and International level

Close dialogue and interaction took place with Ministries of Health and other Regional and National Health Authorities of Member States, other related Ministries (Ministry of Asylum and Migration, for example), UNFPA, IOM, UNHCR, WHO, UNICEF, OCHA, European Union Agency for Fundamental Rights Red Cross, other NGO's and other relevant stakeholders. Coordination activities have also been developed with other similar projects (COST-ADAPT, Equi-Health, MIPEX, C2ME, EUR-Health project etc.) The project has also taken stock of the work produced by ECDC and others.

In relation with the training activities, the SH-CAPAC project has coordinated with the training activities of other CHAFAE funded projects, especially EUR-HUMAN, to ensure complementarity of efforts.

- Sponsorship

N.A.

- Project Coordination (WP 6)

An organisational framework was established to carry out the project, which included a Steering Committee, a Project Director and a Technical Secretariat. The first task was to draw up the Manual of Rules and Procedures (including the Communication Plan), which, within the framework of the general rules applicable to the action, clarified and established the processes and procedures to follow to carry out the range of activities envisaged in the proposal.

In the framework of WP 6, an inception and coordination meeting of the SH-CAPAC project was held on January 14, 2016 in Granada, Spain. A meeting with international stakeholders, who are part of the health response to refugees, asylum seekers and other migrants, was held back to back with the inception and coordination meeting on January 15, 2016. It included representation from CHAFAE, IOM, WHO and ECHO. Furthermore, an internal consortium meeting of all Consortium members was held in Trnava, Slovakia, on April 8, 2016. This internal workshop permitted cross-fertilisation between the different work packages. It also facilitated the review of the different deliverables to ensure a cohesive approach to the SH_CAPAC activities and products

Additionally, a permanent working group was established, designed to be functional rather than organic and consisting of working groups, consultants and individual experts recruited to lend support to the different elements of the initiative and to assist in achieving targeted goals.

- Financial management

A decentralized financial management was implemented with each partner managing their respective funds for the activities they were responsible for. A consolidated centralized financial management supervision and integration was done by the Andalusian School of Public Health.

1.2. Overview of the project results compared with the objectives of the action in line with the structure of Annex 1 to the Grant Agreement including summary of deliverables and milestones and a summary of project result.

The action, divided into 6 work packages, comprised 14 deliverables as well as 25 milestones. During the execution of the project and following recommendations from CHAFAE, the language of the original deliverables and milestones were slightly

adjusted to better reflect the exact nature of the work that was being conducted. Some adjustments in the due dates of the deliverables and milestones, resulting from the need for incorporating the rich feed-back received from target Member States in the multiple consultations, were introduced as well.

No new deliverables nor milestones were added, and the scope and nature of the deliverables and the milestones remained unchanged. These modifications were incorporated in the amendment (AMD-717275-1) to the Grant Agreement.

Table 1: Revised list of deliverables

Deliverable number	Deliverable title	WP number	Lead beneficiary
D1.1	Report on the workshop for the framework for national and regional coordination and coherence (including the final version of the framework)	WP1	1 - EASP
D1.2	Reports on seven technical advice missions to support coordination and coherence	WP1	1 - EASP
D2.1	Report on the combined regional WP2 and WP3 workshop (needs assessment component) including the final version of the Guide for Assessing Health Needs and Health Protection Resources	WP2	6 - UCPH
D2.2	Report on seven technical advice missions to support needs assessments at country level	WP2	6 - UCPH
D3.1	Report on the combined regional WP2 and WP3 workshop (action planning component) including the final version of the Guide for formulating Action Plans	WP3	3 - TU
D3.2	Reports on seven technical advice missions to support action planning at country level	WP3	3 - TU
D4.1	Resource package on ensuring access to health care	WP4	2 - AUSL RE
D4.2	Report on combined WP4 and WP5 workshop (improving access component).	WP4	2 - AUSL RE
D5.1	Design of a training programme on the health response to refugees, asylum seekers and other migrants for health managers health professionals and administrative staff	WP5	1 - EASP
D5.2	Report on Training of Trainers workshop for discussing the adaptation of the training materials and strategy to national and subnational situations	WP5	1 - EASP
D5.3	Report on design, development and evaluation of the online training course	WP5	1 - EASP
D6.1	Work plan of the project (including design of a web site and communication platform)	WP6	1 - EASP
D6.2	Interim technical report	WP6	1 - EASP
D6.3	Final technical and financial report, including a laymen report	WP6	1 - EASP

Table 2: Revised list of milestones

Milestone number	Milestone title	WP number	Lead beneficiary
MS1	Framework for national and regional coordination and coherence of health sector activities addressing the needs of refugees, asylum seekers and other migrants	WP1	1 - EASP
MS2	Regional workshop on the framework	WP1	1 - EASP
MS3	Support to MS on health sector coordination mechanisms and platforms through seven country missions	WP1	1 - EASP
MS4	Needs assessment framework to diagnose unmet health needs and gaps in access	WP2	6 - UCPH
MS5	Combined regional WP2 and WP3 workshop on needs assessment and action planning) (See MS8)	WP2	6 - UCPH
MS6	Support to MS on rapid assessment of health challenges, responses and needed public health interventions through seven country missions	WP2	6 - UCPH
MS7	Framework for the development of action plans to strengthen a country's health system	WP3	3 - TU
MS8	Combined regional WP2 and WP3 workshop on rapid assessment and action planning) (See MS5)	WP3	3 - TU
MS9	Support to MS on action planning through seven country missions	WP3	3 - TU
MS10	Resource package to improve access, containing recommendations and action guides	WP4	2 - AUSL RE
MS11	Combined WP4 and WP5 workshop to disseminate the resource package on improving access (see MS13)	WP4	2 - AUSL RE
MS12	Support the adoption of tools and measures contained in the resource package (7 countries)	WP4	2 - AUSL RE
MS13	Combined WP4 and WP5 workshop to raise awareness of training strategy and training programme (See MS11)	WP5	1 - EASP
MS14	Design of training programme for health managers, health professionals and administrative staff	WP5	1 - EASP
MS15	Training of Trainers workshop	WP5	1 - EASP
MS16	Online training course	WP5	1 - EASP
MS17	Evaluation of the training course	WP5	1 - EASP
MS18	Consortium one day meeting to elaborate the operational work plan and task distribution between partners	WP6	1 - EASP
MS19	Consortium and other institutions' one day coordination meeting to ensure that other institutions' strategies are adequately included in the work plan.	WP6	1 - EASP
MS20	Consortium meeting to revise instruments and products, and follow up the operational plan	WP6	1 - EASP
MS21	Work plan	WP6	1 - EASP
MS22	Web design	WP6	1 - EASP
MS23	Communication plan	WP6	1 - EASP
MS24	Interim technical report	WP6	1 - EASP
MS25	Final technical and financial report, including a laymen report	WP6	1 - EASP

Achieved outcomes compared to the expected outcomes

1.- Coordination platforms for implementing a coherent national and international response to meet the health needs of the refugees, asylum seekers and other migrant's population established.

In addition to the Coordination Framework, the following supporting documents have been elaborated: 19 Country Profiles and an Umbrella Document, which provides background information.

Six missions were conducted to introduce, disseminate and discuss the elaborated *Coordination Framework*. Last minute cancellation of the mission in December to Portugal only permitted the completion of a total of six missions, instead of the 7 foreseen.

2.- Assessments of health challenges posed by the massive refugee flow and of the health care response and public health interventions needed for the refugee refugees, asylum seekers and other migrants' population conducted in at least 8 affected countries

A Guide for Assessment of Health Needs and Health Protection Resources was produced as planned.

Six missions were conducted to introduce, disseminate and discuss the elaborated Guide for Assessment of Health Needs and Health Protection Resources and discuss the possibilities for applying the Guidelines for conducting population-based assessments on the health situation of and health response to refugees, asylum seekers and other migrants. Last minute cancellation of the mission in December to Portugal only permitted the completion of a total of six missions, instead of the 7 foreseen.

3.- Action plans to implement a public health response and strengthen a country's health system to address the needs posed by the refugees, asylum seekers and other migrants' influx formulated in at least 8 affected countries

The *Guidelines for the Development of Action Plans for Implementing a Public Health Response and to strengthen Country's Health Systems to address the needs posed by the influx of refugees, asylum seekers and other migrants* were produced.

Six missions were conducted to introduce, disseminate and discuss the elaborated *Guidelines for the Development of Action Plans for Implementing a Public Health Response and to strengthen Country's Health Systems to address the needs posed by the influx of refugees, asylum seekers and other migrants* and discuss the possibilities for applying the Guidelines for developing contingency plans to respond to the health needs of refugees, asylum seekers and other migrants. Time restrictions as well as last minute cancellation of the mission in December to Portugal only permitted the completion of a total of six missions, instead of the 7 foreseen.

4.- Resource package containing tools and measures

The *Resource Package for ensuring access to health care of refugees, asylum seekers and other migrants in the European Union countries* has been developed.

Even though this was not a deliverable as such, the six missions conducted to Countries and Regions were used to introduce, disseminate and discuss this *Resource package*.

5.- Framework developed by the consortium for a migrant-sensitive health care delivery model to be implemented in entry, transit and destination countries and 240 health workers of health districts with a high case load of refugees in at least 8 target countries trained

A training strategy was developed, circulated and discussed in several workshops. A Training of Trainers workshop was conducted in Granada, Spain, from September 15 to 16, 2016 to discuss the adaptation of the training materials and the training strategy to the national and regional situations in targeted Member States, as well as the proposed outline and contents of the online training course.

The online training course was developed and delivered over a period of six weeks between 20th October and 30rd November 2016.

The final number of participants on the pilot course was 95 people (31 health managers, 43 health professionals and 21 administrative staff and other participants) from Australia, Belgium, Germany, Greece, Denmark, Hungary, Italy, Malta, Netherlands, Poland, Portugal, Slovakia, Spain, Sweden, Switzerland, Turkey and the United States. A very thorough evaluation of the pilot was produced with recommendations for further utilization of the training materials. The participants in the pilot training have subsequently used the training materials for conducting local trainings of health workers reaching a number larger than the originally foreseen 240 potential beneficiaries.

1.3. Project Results and Visibility

- Major results and key findings, their uptake and future potential use

The following paragraphs offer a summary by Work Package of the salient aspects of each stream of work, of the planned meetings organised and of the deliverables produced between January and December 2016.

Work package 1: Health sector coherence and coordination

1. [D.1.1 Report on the workshop for the framework for national and regional coordination and coherence \(including the final version of the **Coordination Framework for addressing the health needs of the recent influx of refugees, asylum seekers and other migrants into the European Union countries**\)](#). It was used in the country support missions and has been disseminated in all the SH-CAPAC workshops as well as in the on-line training course.

2. Mapping of the response to the health needs of refugees, asylum seekers and other migrants: [19 Country Profiles](#) were completed (Belgium, Bulgaria, Croatia, Denmark, Greece, Malta, Netherlands, Poland, Portugal, Romania, Slovakia and Sweden as well as draft versions for Austria, France, Germany, Hungary, Italy and Slovenia).
3. [Background \(Umbrella\) document](#) that provides background information on the health response to the recent migratory influx into the EU. It draws preliminary conclusions from the mapping has been produced.
4. [D.1.2 Reports on seven technical advice missions to support coordination and coherence.](#)

Work package 2: Health situation and health care assessments

1. [D.2.1 Report on the combined regional WP2 and WP3 workshop \(needs assessment component\) including the final version of the Guide for Assessing Health Needs and Health Protection Resources.](#)
2. [D.2.2 Report on seven technical advice missions to support needs assessments at country level.](#)

Work package 3: Planning the implementation of a public health response

1. [D.3.1 Report on the combined regional WP2 and WP3 workshop \(action planning component\) including the final version of the Guide for formulating Action Plans for implementing a public health response and strengthening health systems in order to address the needs posed by the influx of refugees, asylum seekers and other migrants.](#)
2. [D.3.2 Reports on seven technical advice missions to support action planning at country level.](#)

Work package 4: Improving access to health care

1. [D.4.1 Resource package on ensuring access to health care.](#) It identifies a series of barriers for accessing health care and formulates recommendations to overcome those barriers. The Resource Package is based on many interviews and focus groups, conducted in several project target countries.
2. [D.4.2 Report on combined WP4 and WP5 workshop \(improving access component\).](#)

Work package 5: Training activities

1. [D.5.1 Design of a training programme](#) on the health response to refugees, asylum seekers and other migrants for health managers health professionals and administrative staff.
2. [D.5.2 Report on Training of Trainers workshop](#) for discussing the adaptation of the training materials and strategy to national and subnational situations.

3. D.5.3 Report on design, development and evaluation of the online training course.

Work package 6: Coordination of SH-CAPAC

1. D.6.1 Work plan of the project (including design of a web site and communication platform).
2. D.6.2 Interim Technical Report.
3. D.6.3 **Final technical and financial report**, including a **laymen report**.

The above mentioned products are all available on the SH-CAPAC webpage (www.easp.es/sh-capac).

In terms of the potential impact and use by the target group it is important to highlight the following aspects.

All the activities of the project were directed to support Member States, in close collaboration with WHO, IOM, UNHCR, and the Commission in the establishment of national and international health sector **coordination mechanisms** for implementing a coherent and consolidated national and international response to the health needs of the refugee asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast subject to an increased migratory pressure.

Support was also provided to Member States in the **analysis of health challenges and unmet health needs** that the massive refugee, asylum seekers and other migrants flow poses, as well as in conducting periodic **assessments of the health care response and public health interventions needed** by the refugee and asylum seeker population, to be implemented by governments, Red Cross and NGOs.

An important aspect of the support to Member States was the development of **action plans for implementing a public health response and for reinforcing their health systems** to respond to the challenges of the refugee, asylum seekers and other migrants' influx.

Of importance was the support Member States in **promoting and ensuring access** of the refugee, asylum seekers and other migrant's populations to health care and public health interventions through the development and dissemination of a resource package to reorient local strategies and plans.

Finally, the activities of the SH-CAPAC action were directed to **building national capacity through training of trainers** in Member States 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.

The potential impact of the SH-CAPAC project tools, methodologies frameworks and training materials and its use by the target group have revolved around capacity building efforts. The development of the following capacities for implementing a health response in response to the increased migratory influx in Member States has been the fundamental quest of the project:

- Capacity to coordinate a multi-stakeholder health sector response to the refugee influx.
- Capacity to undertake comprehensive public health and health systems assessments for determining the impact of the migratory pressures and the response needed by the national health systems.
- Capacity to develop action plans for addressing the health needs of refugees, asylum seekers and other migrants.
- Capacity to take the necessary measures to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants.
- Capacity to develop the workforce competence to understand the main health challenges associated to the recent migratory influx and provide migrant sensitive health services.

All workshops that were organized counted on the participation of many target Member States and other international stakeholders involved in the health response to the large migratory influx, so that visibility and dissemination of the project were assured. Furthermore, they offered an important platform for further developing tools and instruments as well as for intensifying coordination among all relevant actors.

The missions that were undertaken allowed also for discussions with multiple national and local stakeholders involved in the health response to refugees ensuring visibility and dissemination of tools and instruments.

- Target groups and added value

The project has been directed at supporting countries' health systems and public health infrastructures for addressing the health needs of the refugee, asylum seekers and other migrant's populations in the following nineteen EU Member States:

- A) Countries of first arrival and Transit Countries: Bulgaria, Croatia, Greece, Hungary, Italy, Romania, Slovakia, Slovenia.
- B) Traditional Destination Countries: Austria, Belgium, Denmark, France, Germany, Malta, Sweden, The Netherlands.
- C) New Destination Countries: Portugal, Poland, Spain.

The ultimate beneficiaries have been registered and unregistered refugee's asylum seekers and other migrants entering the European Union as a consequence of conflict, violence, or persecution in origin countries (mainly but not exclusively from Syria, Afghanistan and Iraq) as well as other migrants who are fleeing other kinds of hardship (poverty, climate change, etc.) consequences of adverse life in "failed States".

The direct beneficiaries have been:

- 1) National and regional health authorities of health systems of each EU Member State is faced with the challenge of providing a coordinated response to the current influx of refugee, asylum seekers and other migrant's population, entering the EU space temporarily or permanently.
- 2) The health workers of health districts, local health systems, community health centres and local hospitals in government institutions, NGOs and Red Crescent facilities, who are responsible for the provision of health services, the organisation and management of public health interventions, and the conduct of health assessments in connection with the refugee, asylum seekers and other migrants' population.

- Further use of the project results

Collaboration with EC and others is essential to further disseminate results, methodologies and tools among relevant stakeholders. Also:

Mainstream results at EU level, to all relevant branches of EU. The multiplier effect of mainstreaming the training approach into the health care and health professionals' education sectors is particularly important.

It is necessary that national governments allocate funds to improve the support to people already working with asylum seekers and to develop plans to improve their integration in society.

The proposed resource package containing tools and measures to improve access to health care for refugees and asylum seeker should be adapted at national/local level.

Information on available measures and resources useful to support the access to health care should be integrated in the national and local means of communications and established network of cooperation.

Give continuity to the SH-CAPAC website to ensure more visibility and knowledge as well as to disseminate tools.

- Major problems and lessons learned

General considerations

In terms of the main challenges faced and the salient lessons learned by the SH-CAPAC project, the following are the most relevant conclusions and lessons learned linked to the activities developed in the framework of the SH-CAPAC project.

Forced migration is a recurrent phenomenon in the WHO European Region. Migration should be on a multi sectorial agenda, and cover health, education, social issues, laws and policies. A strong political leadership as well as a political dialogue process is essential to build a shared and consensual agenda to approach this phenomenon in a comprehensive manner.

Initiatives like this one help to promote and safeguard human rights, such as freedom of movement among individuals, regardless of origin or profession. The project's Health Systems approach raise the fundamental question of the need to strengthen national health systems as well as to cope with human resources for health shortage to better address the challenge that constitutes the big influx of refugees, asylum-seekers and other migrants.

Given the situation, a humanitarian public health approach is crucial for some of the actions. Furthermore, there is a need to emphasize the importance of Health systems' preparedness, including assessment, risk communication strategies, health system barriers, data availability, migrant health professional training and identification of migrant health focal point.

The crisis did not pose an additional health security threat to the host communities. The focus should be on risk assessment and information sharing on disease profile across the regions and countries, as well as on interagency collaboration. Exchange and sharing of information as well as effective communication to general public is essential.

Although adapted and or context/country-specific solutions are recommended, there are countries where the solution needs a coordination approach, and not a single country intervention.

There are a lot of gaps between policies and their implementation, and the gaps between needs and practice has been the core of this project. To accomplishing this task is the responsibility of governments.

The refugee's crisis has required cooperation and multisectoral coordination among all countries and stakeholders involved so that refugees' asylum seekers' and other migrant's rights and equal treatment is guaranteed. A strong partnership and collaboration between MS and other actors (international organizations, NGO's, civil society, EC sponsored initiatives, etc.) is crucial.

Intercultural adaptation both, for the establishment of tools and measures as well as for training activities have proved to be essential.

European policies on the refugee influx are constantly evolving, and major changes will probably occur in a next future, so we have to be prepared, reinforce institutional capacities and have contingency plans ready.

The action website, <http://www.sh-capac.org/> created as a communication venue for all involved in the action is highly useful for Ministries, other institutions or individuals who are interested in the issue, as the website contains all relevant information, documents and tools generated by the project.

1. Health coordination mechanism

Health coordination mechanism should bring together all stakeholders involved in the health response to the recent influx of refugees, asylum seekers and other migrants to coordinate their actions in a more efficient way. This involves national partners (public services and non-public sector, including NGO's and civil society) as well as international partners.

It is highly recommended to encourage a participatory approach and to include representatives of migrant groups in the health coordination mechanism.

Due to variations in the context, scale and complexity of the problem across the European countries, flexibility in the application of the health coordination framework is highly recommended (adaptation to country-specific context/situation).

There is a need for ensuring that the national and local efforts directed at responding to the health needs of migrant populations fit well into the national health system. Also, for other forms of (sub) national coordination.

Adequate communication to internal and external stakeholders is of paramount importance. Communication should be aimed at a wider audience, internally (such as line ministries) but also externally at the media and the public. It should be reported in an appropriate language and highlight positive aspects of the interventions that may benefit the general population. The information should also be aimed at the political level advocating for an integrated health response. This is particularly important in destination countries, as strong evidence needs to be presented to decision makers.

2. Assessing Health Needs and Health Care Delivery Resources

Need for strong partnership among different actors to better develop health needs assessments and implement an adequate response. Furthermore, it is necessary to reflect the multiplicity of the challenges across Europe and to account for the different scenarios of migration: 1) first arrival to Europe/ transit and 2) settlement.

Special attention must be given to vulnerable groups such as unaccompanied minors, pregnant women, elderly and undocumented migrants.

It has been regarded as essential to incorporate 3 tools: 1) Socio-demographic overview 2) Contextual needs and resource identification 3) Resource mapping and monitoring

3. Guide for development of action plans

It is very difficult to predict all possible scenarios in all countries. For that reason, there is a need for a very flexible and simple tool/guide for rapid action considering time, type of country and characteristics of the migrants.

Contingency planning is essential to be prepared for a possible increased influx.

It is important to have in mind the different types of migrants (economic migrants, documented/undocumented, refugees) as well as of the resources available.

Inter-sectoral approach and international coordination is crucial. There is also a need to cover different levels (local and national levels).

There is a need to place greater attention to the living conditions in camps as important determinants of health.

4. Resource Package

Health needs experienced by people during the migratory trajectory call for an intersectional approach in each phase. Each phase of the migratory route (arrival, transit, and destination) has its peculiar challenges.

There is a need to carry out changes in the administrative procedures, the information for migrants and staff on the rights to health care, and the advocacy actions to drive national governments. Interpretation of legislation in situations of big influx of migrants should be relaxed.

It is necessary to consider the impact of policies of relocation, in particular, it is important to provide support to healthcare providers for asylum seekers who are in transit; this might require, for instance, that patient information is appropriately recorded and made available to the new provider.

It is essential to undertake large number of interviews and focus groups to correctly identify the main barriers for accessing health care in order to formulate recommendations to overcome those barriers.

Six major categories of barriers to access health care services for migrants have been identified: 1) Legislative, administrative, financial and bureaucratic barriers; 2) Linguistic and socio-cultural barriers; 3) Organisational barriers and obstacles to accessing health care services of equitable Quality; 4) Lack of information for health providers and obstacles to ensuring continuity of care. 5) Lack of information and

continuity of care for refugees and asylum seekers and 6) Lack of coordination between services. Furthermore, four additional categories of barriers concerning specific areas of health care have been identified: mental health care, sexual and reproductive care, children and adolescents care, and victim of violence care.

The list of best practices and solutions contained in the Resource Package suggest the following key elements:

- Adapted administrative procedures.
- Funding and training for intercultural mediation, coordinated language support services as well as “culturally competent” care.
- Continuous training both, of health professionals as well as other parties involved.
- Specialised training to deal with significant, emotionally draining situations, especially when taking care of underserved and marginalized populations without social support for the victims of violence is needed.
- Involvement and participation of users and community (partnerships and networking).
- Relocation systems.
- Intra and intersectoral coordination.
- Structures to exchange information and good practices.
- Standardised inter-institutional operational procedures.

5. Training activities

There is a need to expand knowledge about refugees as well as about health issues and access to health to better address training activities.

Any training activity organized in this field should seek complementarity with other relevant EU and non-EU training project to avoid overlapping and to cover all possible spaces. Furthermore, it is essential to integrate different approaches and foster intersectionality.

Need to address different audiences and train them together, including health managers. Organisational competences should not only be addressed to individual professionals, but also involve actors in the community.

The web forum that was part of the online course has proven to be turned into a community of practice. This kind of spaces should be strengthened as areas for information and best practice exchange.

Limited knowledge of English has been a constraint for both, participants and trainers/tutors.

Country engagement is essential for implementing training activities. Furthermore, 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. Nongovernmental organisations should be encouraged to use the training materials.

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.”

6. Coordination of the project

The project is the result of the coordinated efforts of 7 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. It posed a major challenge which was only overcome by bringing all the common and/or complementary goals of the institutions together in the initiative, converting it into an opportunity for collaborative, synergistic work, avoiding duplicate efforts and generating significant economies of scale.

The willingness to work together of the institutions and individuals directly involved in the project is essential. This willingness was underpinned by the collective development and acceptance of a transparent framework for interaction and a systematic decision-making process based on negotiation and consensus, reflected in the organisational model and procedure manual. The latter process was also facilitated by the existence of an explicit reference framework agreement supplied by the funding institution.

The multicounty nature of the project could have posed certain difficulties for the decision-making process. However, the availability of modern communication technologies and the organization of several consortium meetings to assess the process, as well as plan and carry out the detailed activities facilitated efficient management of the process.

In this regard, we believed it was particularly important to generate a sense among all involved parties that the management duty was a collective responsibility, independent of the responsibility held by the entity leading the action in reporting to the funding institution. The need for reporting to a funding entity about the launch of processes and their outcomes served as an additional factor for invigorating the efforts of the organisations charged with carrying out the initiative, above and beyond their own institutional commitments.

Given that all institutions regarded the issue as a priority on each of their agendas, together with the fact that 6 of them had previously worked together in the frame of other similar EU-funded initiatives, was not only an element facilitating its success, it

was also a guarantee lending continuity and importance to the work conducted by each entity.

Generating synergies between the project's goals and each institution's goals, bolstering pre-existing lines of work while avoiding duplicating work and wasting efforts, benefiting from collaborative work and sharing tasks made it possible to carry out a project of this magnitude in such a short time, which would have been impossible for one institution alone to complete. This cooperation and bundling of activities into shared strategies enriches the process, contributing complementary experiences and viewpoints and varied research perspectives and encouraging an improved understanding of the needs that must be addressed.

- Future recommendations

The following is a summary of recommendations related to the challenges and lessons learned that have been discussed:

- Although the project had an incidence on critical issues of relevance, a longer process for designing and planning the actions, involving different actors from countries, not only MS representatives, would have been ideal. Previous inputs from countries would have been an asset.
- Projects that address this kind of complexity need to be carried out with more time in order to assure continuity and sustainability.
- Implement awareness raising strategies in countries to seek for a more favourable and common position regarding the agenda for action.
- Spaces to improve health care must be built despite of the adverse political environment. They must be built sometimes against the grain, facing an adverse political climate. There are windows of opportunity at local level for applying the tools and for conducting trainings.
- It would be good to identify regions in EU, which have similar challenges, to make tailored-made tools or elements relevant by clusters of countries.
- It would be important in collaboration with EC and others, to disseminate results, methodologies and tools among relevant stakeholders.
- The multiplier effect of mainstreaming the training approach into the health care and health professionals' education sectors is particularly important.
- It is necessary that national governments allocate funds to improve the support to people already working with asylum seekers and to develop plans to improve their integration in society.
- The proposed resource package containing tools and measures to improve access to health care for refugees and asylum seeker should be adapted at national/local level.
- Information on available measures and resources useful to support the access to health care should be integrated in the national and local means of communications and established network of cooperation.
- Give continuity to the SH-CAPAC website to ensure more visibility and knowledge as well as to disseminate tools.

Specific recommendations related to the training course:

- The language is one of the barriers identified in the piloting. To be more effective, training activities should take place in local language and local context. Translation of materials developed is recommended.
- Contents are designed to be easily fragmented to meet the needs of different target trainees at every level. The course does not necessarily have to be implemented with the structure of the piloted course programme.
- 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.
- 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 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.
- 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.

- Dissemination activities during and after the project

One of the most important issues that have emerged throughout the implementation of the project has been the dissemination strategy. The different workshops that have been organized as well as the technical advice mission to countries have been essential to disseminate the methodologies and tools that have been elaborated as well as the best practices to users fostering coordination as well as the engagement of multiple stakeholders at different levels. It has been important to have a variety of participants in the workshops. Having representatives from several EU Member States, International Organizations, NGOs etc. together with the project consortium members has been instrumental. EC's engagement and collaboration for further disseminating results, tools, training materials, etc. will be essential to give continuity to the effort, to capitalize the investments made and to have sustainability.

The variety of approaches towards the crisis by the different Member States impede having better outcomes. There is a need for a more common, unified criterion, along the European Union about the refugee and asylum-seeking issue. Receptivity of the

project has been very different between countries. In many Member States there has been no favourable political climate related to the project. While health professionals demonstrated high interest, some Health Ministries were not keen to engage.

The SH-CAPAC website, <http://www.sh-capac.org/> created as a communication venue is highly useful for Ministries, other institutions or individuals who are interested in the issue, as the website contains all relevant information, documents and tools generated by the project.

The fact that all institutions of the Consortium regarded the issue as a priority on each of their agendas, together with the fact that six of them had previously worked together in the frame of other similar EU-funded initiatives, was not only an element facilitating its success, it was also a guarantee lending continuity and importance to the work conducted by each entity.

Generating synergies between the project's goals and each institution's goals, bolstering pre-existing lines of work while avoiding duplicating work and wasting efforts, benefiting from collaborative work and sharing tasks made it possible to carry out a project of this magnitude in such a short time, which would have been impossible for one institution alone to complete. This cooperation and bundling of activities into shared strategies enriches the process, contributing complementary experiences and viewpoints and varied research perspectives and encouraging an improved understanding of the needs (both distinct and shared) that must be addressed.

Relation with the EU's project officer has been excellent, providing a reliable, open, communicative and collaborative working atmosphere. The speed and clarity of the process for responding to organisers' series of questions were key to managing contingencies. Participation in key meetings organized in the framework of the project lent greater credibility and support (from the standpoint of invited institutions and individuals) to the activities promoted by the project.

It has been important to have a variety of participants in the workshops. Having representatives from several EU Member States, International Organizations, NGOs etc. together with the project consortium members has been instrumental.

All deliverables have been posted on the SyGMA platform as well as on the project website <http://www.sh-capac.org/>, which the EASP has hosted during the course of the project. EASP intends to maintain this webpage beyond the duration of the project to facilitate the dissemination of the methodologies, tools and training packages developed as part of the implementation of the project. The on-line training course produced in October and November was accessible through the SH-CAPAC webpage and EASP plans to keep it alive for ensuring access and for supporting dissemination of the products of the projects.

EC's engagement and collaboration for further disseminating results, tools, training materials, etc. will be essential to give continuity to the effort, to capitalize the investments made and to have sustainability.

SH-CAPAC activities and results have also been presented at both, the 3rd and 4th "Meeting of the Coordination Committee on Refugees Health" (Luxembourg, July 2016 and January 2017), the IOM Meeting "Regional consultation. Health throughout the reception process. Intersectoral dialogue" (Athens, March 2016) and at the "Final Joint Conference Equi-Health & Adapt projects" and "EU Conference on Migrants Projects funded since 2008" (Lisbon, May 2016).

The real challenge ahead is to give continuity to the efforts and keep the tools, instruments and training materials alive after December 2016. Member States need more time to get familiar with them. EC's action in support to the implementation of what has been produced by SH-CAPAC and by the other four funded projects will be necessary. In this regard DG Santé and CHAFAEA should consider the possibility of a joint action in 2017 aimed at giving continuity to the action just initiated during 2016 by the five funded initiatives. The dissemination conference that is foreseen in 2017 is of great importance.

- Project website

<http://www.easp.es/sh-capac/>

1.4. Overview of the evaluation activities and results

- Participant or partner feedback

Participants of the different workshops and training activities provided ample feedback to the draft frameworks, methodologies, tools and training materials.

This has been recorded both in the reports of the workshops as well as in the evaluation of the pilot training.

- Process evaluation – Please use indicators specified in Annex 1 to the Grant Agreement)

Specific Objective 1: Support Member States, in close collaboration with WHO, IOM, OCHA and UNHCR, in the establishment of national and international health sector **coordination mechanisms** (similar to the architecture of the humanitarian health cluster) for implementing a coherent and consolidated national and international response to the health needs of the refugee asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast under migratory pressure.

Indicator: Facilitate one regional workshop in Ghent, Belgium with representatives from at least 15 National Governments of affected countries, IOM, OCHA, UNHCR, WHO and EC to define a framework for effective health sector coordination for addressing the needs of the refugees, asylum seekers and other migrant's population in affected countries.

Evaluation: The regional workshop on effective health sector coordination for addressing health needs of refugees, asylum seekers and other migrants in EU countries took place in Ghent, Belgium, on 23-24 February 2016.

Specific objective 2: Support Member States in the analysis of health challenges and unmet health needs that the massive refugee, asylum seekers and other migrants flow poses, as well as in conducting periodic **assessments** of the health care response and public health interventions needed (to be implemented by governments, Red Cross and NGOs) by the refugee and asylum seeker population.

Indicator: A rapid assessment framework for diagnosing unmet health needs and gaps in refugees, asylum seekers and other migrants' access to health services developed and pilot tested by the consortium.

Evaluation: A regional workshop on needs assessment and on planning the public health response for the big influx of refugees, asylum seekers and other migrants in the EU Member States took place in Copenhagen, Denmark, on 17-18 May 2016.

Specific objective 3: Support Member States in the development of **action plans** for implementing a public health response and for reinforcing their health systems in order to respond to the challenges of the refugee, asylum seekers and other migrants influx.

Indicator: Framework 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 needs posed by the refugees, asylum seekers and other migrants' influx developed and pilot tested by the consortium.

Evaluation: A regional workshop on needs assessment and on planning the public health response for the big influx of refugees, asylum seekers and other migrants in the EU Member States took place in Copenhagen, Denmark, on 17-18 May 2016.

Specific objective 4: Support Member States in promoting and ensuring **access** of the refugee, asylum seekers and other migrants populations to health care and

public health interventions through the development and dissemination of a resource package to reorient local strategies and plans.

Indicator: Development by the consortium of a resource package based on available tools and measures containing guidelines and action guides on how to overcome organisational/administrative barriers; develop and implement language and communication services; as well as channels of information and dissemination. This will be measured through the indicators of at least 10 organisations involved; and at least 15 pieces best evidence collected.

Evaluation: The Resource Package for ensuring access to health care of refugees, asylum seekers and other migrants in the European Union countries has been developed.

Specific objective 5: 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.

Indicator: A framework developed by the consortium for a migrant-sensitive health care delivery model to be implemented in entry, transit and destination countries.

Evaluation: A training strategy was developed, circulated and discussed in several workshops.

- Output evaluation

Specific Objective 1: Support Member States, in close collaboration with WHO, IOM, OCHA and UNHCR, in the establishment of national and international health sector **coordination mechanisms** (similar to the architecture of the humanitarian health cluster) for implementing a coherent and consolidated national and international response to the health needs of the refugee asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast under migratory pressure.

Indicator: Policy advice missions by the Consortium to at least 6 target countries for establishing health sector coordination mechanisms.

Evaluation: 6 missions were conducted in Bulgaria, Greece (2), Spain (2) and Slovakia to introduce, disseminate and discuss the elaborated *Coordination Framework*. They allowed for discussions with multiple national and local stakeholders involved in the health response to refugees, and an exploration of possibilities for improving coordination and coherence in the response.

Time restrictions as well as last minute cancellation of the mission in December to Portugal only permitted the completion of a total of six missions, instead of the 7 foreseen.

Specific objective 2: Support Member States in the analysis of health challenges and unmet health needs that the massive refugee, asylum seekers and other migrants flow poses, as well as in conducting periodic assessments of the health care response and public health interventions needed (to be implemented by governments, Red Cross and NGOs) by the refugee and asylum seeker population.

Indicator: Disseminate the rapid assessment framework in a regional training workshop in Copenhagen, Denmark on both WP3 and WP 4, with the presence of at least 15 relevant stakeholders operational in at least 8 target countries (governments, Red Cross and NGOs).

Evaluation: The regional workshop on needs assessment and on planning the public health response for the big influx of refugees, asylum seekers and other migrants in the EU Member States took place in Copenhagen, Denmark, on 17-18 May 2016.

Specific objective 3: Support Member States in the development of action plans for **implementing a public health response and for reinforcing their health systems in order to respond** to the challenges of the refugee, asylum seekers and other migrants influx.

Indicator: A regional training workshop in Copenhagen, Denmark on both WP3 and WP 4, for disseminating the methodology for formulating action plans to strengthen country's health systems in order to address the needs posed by the refugees, asylum seekers and other migrants' influx, with the presence of at least 15 relevant government stakeholders and other relevant actors in at least 8 affected countries convened.

Evaluation: The regional workshop on needs assessment and on planning the public health response for the big influx of refugees, asylum seekers and other migrants in the EU Member States took place in Copenhagen, Denmark, on 17-18 May 2016.

Specific objective 4: Support Member States in promoting and ensuring **access** of the refugee, asylum seekers and other migrants populations to health care and public health interventions through the development and dissemination of a resource package to reorient local strategies and plans.

Indicator: A regional workshop in Bolonia, Italy on WP 4 and 5, with the presence of representatives from at least 12 target countries for disseminating the resource package aimed at building capacity of MS to address access barriers; to effectively implement interpreting and

intercultural mediation services and to improve the flow of information between different levels of reception centres and between transition countries/regions to countries /regions of destinations.

Evaluation: The Regional workshop on improving access to health care and capacity building in Member States under particular migratory pressure took place in Reggio Emilia, Italy, on 15-17 June 2016.

Specific objective 5: 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.

Indicator: Two regional training workshops convened with the presence of at least 15 relevant stakeholders from target countries. 1) One workshop for WP4 and WP5 in Bologna, Italy, for health managers with a high caseload of refugees on the refugee/migrant sensitive health care delivery model, and 2) one workshop in Granada for training of at least 16 trainers on the MEM-TP modules.

Evaluation:

- 1) The Regional workshop on improving access to health care and capacity building in Member States under particular migratory pressure took place in Reggio Emilia, Italy, on 15-17 June 2016.
- 2) The Regional workshop on 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 took place in Granada, Spain, on 15-16 September 2016 (Training of Trainers –ToT– workshop).

- Outcome evaluation

Specific Objective 1: Support Member States, in close collaboration with WHO, IOM, OCHA and UNHCR, in the establishment of national and international health sector **coordination mechanisms** (similar to the architecture of the humanitarian health cluster) for implementing a coherent and consolidated national and international response to the health needs of the refugee asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast under migratory pressure

Indicator: Coordination platforms for implementing a coherent national and international response to meet the health needs of the refugees, asylum seekers and other migrant's population in at least 6 target countries.

Evaluation: The outcomes of producing a Coordination Framework and organizing a regional Workshop in Ghent for gathering inputs and disseminating were fully achieved.

The 6 missions conducted in Bulgaria, Greece (2), Spain (2) and Slovakia to introduce, disseminate and discuss the elaborated *Coordination Framework* allowed for discussions with multiple national and local stakeholders involved in the health response to refugees, and an exploration of possibilities for improving coordination and coherence in the response. In addition to the Coordination Framework, the following supporting documents have been elaborated: **19 Country Profiles** and an **Umbrella Document**, which provides background information.

Time restrictions as well as last minute cancellation of the mission in December to Portugal only permitted the completion of a total of six missions, instead of the 7 foreseen.

Specific objective 2: Support Member States in the analysis of health challenges and unmet health needs that the massive refugee, asylum seekers and other migrants flow poses, as well as in conducting periodic assessments of the health care response and public health interventions needed (to be implemented by governments, Red Cross and NGOs) by the refugee and asylum seeker population.

Indicator: Assessments of health challenges posed by the massive refugee flow and of the health care response and public health interventions needed for the refugee refugees, asylum seekers and other migrants' population conducted in at least 8 affected countries.

Evaluation: The outcomes of producing a Guide for needs Assessment and organizing a regional Workshop in Copenhagen for gathering inputs and disseminating it were fully achieved.

The 6 missions conducted in Bulgaria, Greece (2), Spain (2) and Slovakia to introduce, disseminate and discuss the elaborated Guide for Assessment of Health Needs and Health Protection Resources allowed for discussions with multiple national and local stakeholders involved in the health response to refugees, and discussed the possibilities for applying the Guidelines for conducting population based assessments on the health situation of and health response to refugees, asylum seekers and other migrants.

Time restrictions as well as last minute cancellation of the mission in December to Portugal only permitted the completion of a total of six missions, instead of the 7 foreseen.

Specific objective 3: Support Member States in the development of action plans for **implementing a public health response and for reinforcing their health systems in order to respond** to the challenges of the refugee, asylum seekers and other migrant's influx.

Indicator: Action plans to implement a public health response and strengthen a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants' influx formulated in at least 8 affected countries.

Evaluation: The outcomes of producing Guidelines for developing action plans and contingency plans as well as a regional Workshop in Copenhagen for gathering inputs and disseminating them were fully achieved.

The 6 missions conducted in Bulgaria, Greece (2), Spain (2) and Slovakia to introduce, disseminate and discuss the elaborated *Guidelines for the Development of Action Plans for Implementing a Public Health Response and to strengthen Country's Health Systems to address the needs posed by the influx of refugees, asylum seekers and other migrants* allowed for discussions with multiple national and local stakeholders involved in the health response to refugees, and discussed the possibilities for applying the Guidelines for developing contingency plans to respond to the health needs of refugees, asylum seekers and other migrants.

Time restrictions as well as last minute cancellation of the mission in December to Portugal only permitted the completion of a total of six missions, instead of the 7 foreseen.

Specific objective 4: Support Member States in promoting and ensuring access of the refugee, asylum seekers and other migrants populations to health care and public health interventions through the development and dissemination of a resource package to reorient local strategies and plans.

Indicator: Adoption of tools and measures contained in the resource package in at least 8 countries targeted.

Evaluation: The *Resource Package for ensuring access to health care of refugees, asylum seekers and other migrants in the European Union countries* has been developed. The six missions conducted to Countries and Regions allowed for developing activities to introduce, disseminate and discuss this *Resource package*.

Specific objective 5: 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.

Indicator: 240 health workers of health districts with a high case load of refugees in at least 8 target countries trained using the MEM-TP modules.

Evaluation: The online training course was developed and delivered over a period of six weeks between 20th October and 30rd November 2016.

The final number of participants on the pilot course was 95 people (31 health managers, 43 health professionals and 21 administrative staff and other participants) from Australia, Belgium, Germany, Greece, Denmark, Hungary, Italy, Malta, Netherlands, Poland, Portugal, Slovakia, Spain, Sweden, Switzerland, Turkey and the United States.

In addition to the course, the workshops held during the country missions, where the tools developed by the SH-CAPAC project were introduced, provided training to approximately 180 participants.

The SH-CAPAC project coordinated with the training activities of other CHAFAE funded projects, especially EUR-HUMAN, to ensure complementarity of efforts.

1.5. Overview of the dissemination activities

- Please comment on the Strength of the dissemination activities

The different workshops that have been organized as well as the technical advice mission to countries have been essential to disseminate the methodologies and tools that have been elaborated as well as the best practices to users fostering coordination as well as the engagement of multiple stakeholders at different levels. It has been important to have a variety of participants in the workshops. Having representatives from several EU Member States, International Organizations, NGOs etc. together with the project consortium members has been instrumental. EC's engagement and collaboration for further disseminating results, tools, training materials, etc. will be essential to give continuity to the effort, to capitalize the investments made and to have sustainability.

The SH-CAPAC website, <http://www.sh-capac.org/> created as a communication venue is highly useful for Ministries, other institutions or individuals who are interested in the issue, as the website contains all relevant information, documents and tools generated by the project.

- Please comment on the Weaknesses of the dissemination activities

Initiatives like this seek to strengthen the capacity of Member States to cope with the problem and to promote and safeguard human rights. However, its reach is heavily influenced by the receptivity and engagement of individual Member States.

There is a need for a more common, unified criterion, along the European Union about the refugee and asylum-seeking issue. Receptivity of the project has been very different between countries. In many Member States there has been no favourable political climate related to the project. While health professionals demonstrated high interest, some Health Ministries were not keen to engage.

The mentioned issues impede better results regarding dissemination activities.

- Update of the plan for dissemination of results

Adequate communication to internal and external stakeholders is of paramount importance. Communication should be aimed at a wider audience, internally (such as line ministries) but also externally at the media and the public. It should be reported in an appropriate language and highlight positive aspects of the interventions that may benefit the general population. The information should also be aimed at the political level advocating for an integrated health response. This is particularly important in destination countries, as strong evidence needs to be presented to decision makers.

The following actions are considered essential:

- In collaboration with EC and others, disseminate results, methodologies and tools among relevant stakeholders.
- Mainstream results at EU level, to all relevant branches of EU. The multiplier effect of mainstreaming the training approach into the health care and health professionals' education sectors is particularly important.
- Implement awareness raising strategies in countries to seek for a more favourable and common position regarding the agenda for action.
- Information on available measures and resources useful to support the access to health care should be integrated in the national and local means of communications and established network of cooperation.
- Give continuity to the SH-CAPAC website to ensure more visibility and knowledge as well as to disseminate tools.

1.6. Objectives

- List the specific objectives for the project and describe the activities carried out during the reporting period towards the achievement of each listed objective. Provide clear and measurable details.

Work package 1: Health sector coherence and coordination

Objectives

Support of Member States, in close collaboration with WHO, IOM, OCHA, UNHCR and ECDC, to establish national and international health sector coordination mechanisms, (like the architecture of the humanitarian health cluster), for implementing a coherent and consolidated national and international response to the health needs of the refugee, asylum seeker and other migrant's population in Member States.

Description of activities

The *Coordination Framework* for addressing the health needs of the recent influx of refugees, asylum seekers and other migrants into the European Union countries was completed following the inputs received in the Ghent workshop, held in February 2016, as well as the discussions held during the internal consortium meeting in Trnava in April 2016 (D1.1/MS1). The framework has been uploaded on the Sygma Platform and the SH-CAPAC webpage. It is currently being used in the country support missions and has been disseminated in all the SH-CAPAC workshops as well as in the on-line training course.

A regional workshop on effective health sector coordination for addressing health needs of refugees, asylum seekers and other migrants in EU countries was held in Ghent, Belgium on 23-24 February 2016 with the participation of a large number (twelve) of target Member States and other international stakeholders, involved in the health response to the large migratory influx. The meeting served as a consultation for further developing the draft framework for coordination and coherence. It also provided an opportunity to disseminate the SH-CAPAC project and highlight the need to intensify coordination of all health actors. The final report is available on the SH-CAPAC webpage (www.easp.es/sh-capac) (MS2).

In preparation of the regional workshop, a mapping was done of the response to the health needs of refugees, asylum seekers and other migrants. The SH-CAPAC Consortium prepared draft Country Profiles for each of the 19 target countries of the project. Information was gathered through desk reviews and consultation of multiple sources. Drafts were

sent to national health authorities of the target Member States for review and validation. Country officials reviewed many Country Profiles, which are available in final form. A few more are still in draft pending Member States revision.

A preliminary analysis of some of the major trends has been completed. The Country profiles are available on the SH-CAPAC webpage (www.easp.es/sh-capac).

A background (umbrella) document that provides background information on the health response to the recent migratory influx into the EU and draws preliminary conclusions from the mapping has been produced. It is available on the SH-CAPAC webpage.

Six missions to introduce, disseminate and discuss this framework were conducted. (D1.2/ MS3).

Work package 2: Health situation and health care assessments

Objectives

Have reliable information for decision making on health needs and access to health services of the refugee, asylum seekers and other migrants population in target countries.

Description of activities

A Guide for Assessment of Health Needs and Health Protection Resources was produced. It incorporates inputs received during the workshop held in Copenhagen May 17 and 18, 2016. It is available and posted in the SH-CAPAC webpage (www.easp.es/sh-capac) and has incorporated inputs derived from a meeting held in Reggio Emilia in June and the mission to Bulgaria. (DS2.1/MS4).

A regional workshop of representatives from ten target Member States was held in Copenhagen May 16 to 17, 2016. The report of the workshop is available on the SH-CAPAC webpage (www.easp.es/sh-capac). The workshop provided an opportunity to discuss the basic tenets of the *Guide for Assessment of Health Needs and Health Protection Resources*. It was also an excellent forum to gather feed-back for the Guide. The extremely rich feedback derived from the consultation, as well as from the subsequent meeting in Reggio Emilia and the country missions were incorporated into the draft *Guide* (MS5).

Six missions to introduce, disseminate and discuss this Guide were conducted. (D2.2/ MS6).

Work package 3: Planning the implementation of a public health response

Objectives

Support Member States' public health response to the challenges posed by the refugees, asylum seekers and other migrants' influx, and reinforce and strengthen their health systems.

Description of activities

A set of *Guidelines for the Development of Action Plans for Implementing a Public Health Response and to strengthen Country's Health Systems to address the needs posed by the influx of refugees, asylum seekers and other migrants* were produced. They have been aimed at helping relevant stakeholders in target Member States to develop action plans and contingency plans to address the health needs posed by the influx of refugees, asylum seekers and other migrants.

The rich feedback from the Copenhagen regional workshop, together with the inputs derived from the meeting in Reggio Emilia and the missions to Member States, were used to revise the *Guidelines* (D3.1/MS7).

The Copenhagen regional workshop, with representatives of ten target Member States was held in Copenhagen May 16 and 17, 2016. The final report, which is part of part of the deliverable D3.1 is available on the SH-CAPAC webpage (www.easp.es/sh-capac) (MS8).

Six missions to introduce, disseminate and discuss this Guidelines were conducted. (D3.2/ MS9).

Work package 4: Improving access to health care

Objectives

- Identify available evidence on effective measures and tools.
- Develop a resource package to address access barriers to health care for refugees, asylum seekers and other migrants.
- Improve information and communication in critical settings.
- Improve competence of interdisciplinary teams from national/regional level.
- Support the exchange and validation of country experiences.

Description of activities

A *Resource Package for Ensuring Access to Health Care of Refugees, Asylum Seekers and Other Migrants in the European Union Countries* was

developed. It identifies a series of barriers for accessing health care and formulates recommendations to overcome those barriers. *The Resource Package* is based on many interviews and focus groups, conducted in several project target countries.

The *Resource Package* was used as the background document for discussions with representatives of nine target Member States in a workshop held in Reggio Emilia, Italy, from June 16 to 17, 2016.

The extremely valuable feedback received in the Reggio Emilia meeting, which had the participation of representatives of nine target Member States, was incorporated into the final version of the *Resource Package* (D4.1/MS10).

The objectives of this workshop were twofold: firstly, to support Member States in promoting and ensuring access of refugees, asylum seekers and other migrant populations to health care and public health interventions by developing and disseminating a resource package to reorient local strategies and plans, and secondly, to build national capacity through training activities for health workers in order for them to develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model that respects human rights and dignity. The report of the workshop is available on the SH-CAPAC webpage (www.easp.es/sh-capac) (D 4.2/MS 11).

Even though this was not a deliverable as such, the six missions conducted to Countries and Regions were used to introduce, disseminate and discuss this *Resource package*. (MS 12).

Work package 5: Training activities

Objectives

- ✓ Develop a framework to facilitate implementation of the training strategy.
- ✓ Adapt the materials developed through EU funded projects to the needs of health managers and professionals including hospital directors, as well as national and regional health authorities to be trained in a refugee/migrant-sensitive health care delivery model, respecting human rights and dignity.
- ✓ Promote coordination with other organisations already training health professionals to reach a wider target group of trainees.
- ✓ Disseminate and implement training for health professionals to improve access and quality of health services for migrants, with special focus on refugees.

Description of activities

A training strategy was developed, circulated and discussed first in in the Reggio Emilia workshop in June, and subsequently in the Granada workshop in September. The strategy contains proposed training activities to develop refugee/migrant-sensitive health services by training health managers, health professionals and other professionals. It also included a draft structure of the on-line training program that was finally developed and delivered by the SH-CAPAC project.

The report of the two workshops are available on the SH-CAPAC webpage (www.easp.es/sh-capac). The rich feedback derived from these consultations were used to revise the draft Training Strategy and develop the Online Training Course (MS13).

A Training of Trainers workshop was conducted in Granada, Spain, from September 15 to 16, 2016 to discuss the adaptation of the training materials and the training strategy to the national and regional situations in targeted Member States, as well as the proposed outline and contents of the online training course. A detailed report was produced at the end of September 2016. (D5.2/MS15).

An online training course was developed and delivered over a period of six weeks. The training materials were developed and were finalized by August 31, 2016 (D5.1/MS14). The course was in production in October and November for piloting the materials with participants from the target Member States. The targeted audience included health managers, health practitioners and administrative staff. Arrangements were made for identifying suitable candidates in the respective Member States (MS16).

The SH-CAPAC project coordinated with the training activities of other CHAFAE funded projects, especially EUR-HUMAN, to ensure complementarity of efforts.

The training course evaluation was conducted at the end of the online pilot training course and it was concluded by December 15, 2016 (D5.3/MS17).

Work package 6: Coordination of SH-CAPAC

Objectives

Ensure the correct implementation, monitoring, evaluation and reporting of the project.

Description of activities

The inception and coordination meeting of the SH-CAPAC project was held on January 14, 2016 in Granada, Spain. The programme and the report of the meeting are available on the SH-CAPAC webpage (www.easp.es/sh-capac). All members of the Consortium and the CHAFAEA Project Officer, Paola D'Acapito, participated in the meeting (MS18).

A meeting with international stakeholders, who are part of the health response to refugees, asylum seekers and other migrants, was held back to back with the inception and coordination meeting on January 15, 2016. It included representation from CHAFAEA, IOM, WHO and ECHO. The programme and final report are available on the SH-CAPAC webpage (www.easp.es/sh-capac) (MS19).

An internal consortium meeting of all Consortium members was held in Trnava, Slovakia, on April 8, 2016. The programme and the report of the meeting are available on the SH-CAPAC webpage (www.easp.es/sh-capac). This internal workshop permitted cross-fertilisation between the different work packages. It also facilitated the review of the different deliverables to ensure a cohesive approach to the SH-CAPAC activities and products (MS20).

The work plan was prepared because of the inception and kick-off meeting in January 2016 and was adjusted in April during the Trnava meeting. Final adjustments were made following the July 7 meeting with the Project Officer in Luxembourg (D6.1/MS21).

The SH-CAPAC website (www.easp.es/sh-capac) was created and is fully operational since February 2016. It is continuously updated. It has a component for the internal use of the Consortium members, as well as an external component open to the public for the dissemination of relevant information on the project. The on-line training course produced in October and November was accessible through the SH-CAPAC webpage (MS22). EASP plans to keep it alive for ensuring access and for supporting dissemination of the products of the projects.

A communication plan was elaborated. It is available on the SH-CAPAC website. A brochure on the SH-CAPAC project was produced and disseminated in all regional workshops or related events (MS23).

An interim technical report covering the period January-July 2016 was produced and submitted (D6.2/MS24).

The final technical and financial reports are hereby delivered, as planned, at the end of the project (D6.3/MS25).

1.7. Description of the activities carried per WP

- Work Package 1

The partners that constitute the consortium for the implementation of the project SH-CAPAC have functioned as a collective entity, as mentioned in point 1.1. Each institution has been responsible for a specific Work Package and/or training activity, although the organized workshops have enabled for getting inputs of every member in relation to each Work Package.

Regarding evaluation activities and results as well as dissemination activities, please refer to previous points 1.4 and 1.5.

Work package 1: Health sector coherence and coordination

Activities

- a) Regional workshop on effective health sector coordination for addressing health needs of refugees, asylum seekers and other migrants in EU countries. Ghent, Belgium, 23-24 February 2016 (see [agenda](#)).
- b) Mapping of the response to the health needs of refugees, asylum seekers and other migrants, including the elaboration and revision of 19 Country Profiles (12 of them have been revised by the countries, 7 of them are available in draft format).
- c) Six policy and technical advice missions to Member States' on health sector coordination mechanisms and coordination platforms: Bulgaria, Greece (South-Aegean Region and Athens), Spain (Andalusian and Catalan Regions) and Slovakia.

Outputs/Deliverables

- 1) [Report](#) on the workshop for the framework for national and regional coordination and coherence, including the final version of the framework ([D.1.1](#)).
- 2) [19 Country Profiles](#) (Belgium, Bulgaria, Croatia, Denmark, Greece, Malta, Netherlands, Poland, Portugal, Romania, Slovakia and Sweden as well as draft versions for Austria, France, Germany, Hungary, Italy, Slovenia and Spain).
- 3) [Background \(Umbrella\) Document](#): "Addressing the health needs of refugees, asylum seekers and other migrants into the European Union countries. Some background information".
- 4) Reports on seven technical advice missions to support coordination and coherence ([D.1.2](#)).

- Work Package 2

Work package 2: Health situation and health care assessments

Activities

- a) Regional workshop on needs assessment and on planning the public health response for the big influx of refugees, asylum seekers and other migrants in the EU Member States. Copenhagen, Denmark, 17-18 May 2016 (see [agenda](#)).
- b) Elaboration of the Guide for Assessing Health Needs and Health Protection Resources.
- c) Six technical advice missions to the conduct of assessments of health challenges posed by the massive refugees, asylum seekers and other migrants flow, and of the health care response and public health interventions needed by the refugees, asylum seekers and other migrants' population to Bulgaria, Greece (South-Aegean Region and Athens), Spain (Andalusian and Catalanian Region) and Slovakia.

Outputs/deliverables

- 1) [Report](#) on the combined regional WP2 and WP3 workshop (needs assessment component) including the final version of the Guide for Assessing Health Needs and Health Protection Resources ([D.2.1](#)).
- 2) Report on seven technical advice missions to support needs assessments at country level ([D.2.2](#)).

- Work Package 3

Work package 3: Planning the implementation of a public health response

Activities

- a) Regional workshop on needs assessment and planning the public health response for the big influx of refugees, asylum seekers and other migrants in the EU Member States. Copenhagen, Denmark, 17-18 May 2016 (see [agenda](#)).
- b) 6 technical advice missions in support to Member States on action planning to Bulgaria, Greece (South-Aegean Region and Athens), Spain (Andalusian and Catalanian Region) and Slovakia.

Outputs/deliverables

- 1) [Report](#) on the combined regional WP2 and WP3 workshop (action planning component) including the final version of the Guide for formulating Action Plans ([D.3.1](#)).

- 2) Reports on seven technical advice missions to support action planning at country level ([D.3.2](#)).

- Work Package 4

Work package 4: Improving access to health care

Activities

- a) Regional workshop on improving access to health care and capacity building in Member States under particular migratory pressure. Reggio Emilia, Italy, 15-17 June 2016 (see [agenda](#)).
- b) Elaboration of the Resource Package to improve access to health care for refugees, asylum seekers and other migrants (including recommendations and action guides based on available tools and measures).
- c) Activities to ensure the adoption of tools and measures contained in the resource package associated to the six Missions to Countries and Regions mentioned in 2.1, 2.2 and 2.3.

Outputs/Deliverables

1. Resource package on ensuring access to health care ([D.4.1](#)).
2. [Report](#) on combined WP4 and WP5 workshop (improving access component) ([D.4.2](#)).

- Work Package 5

Work package 5: Training activities

Activities

- a) Regional workshop on improving access to health care and capacity building in Member States under special migratory pressure. Reggio Emilia, Italy, 15-17 June 2016 (see [agenda](#) and [report](#)).
- b) Regional workshop on implementing a training strategy for the development and strengthening of refugee/migrant sensitive health services and adapting training materials to national, regional and local contexts. Granada, Spain, 15-16 September 2016 (Training of Trainers –ToT– workshop) (see [agenda](#)).
- c) Elaboration of the [report](#) on the ToT.
- d) Design and development of a 30 hours on line training course.
- e) Development of training materials.
- f) Online course evaluation.
- g) Coordination activities regarding training activities of other CHAFAA funded projects to ensure complementarity of efforts.

Outputs/Deliverables

5. **Design of a training programme** on the health response to refugees, asylum seekers and other migrants for health managers, health professionals and administrative staff ([D.5.1](#)).
6. **Report on Training of Trainers workshop** for discussing the adaptation of the training materials and strategy to national and subnational situations ([D.5.2](#)).
7. **Report on design, development and evaluation of the online training course** ([D.5.3](#)).

- Work Package 6

Work package 6: Coordination of SH-CAPAC

Activities

1. Inception and coordination meeting. Granada, Spain, 14th January 2016 (see [agenda](#)).
2. Meeting with international stakeholders who are part of the health response to refugees, asylum seekers and other migrants. Granada, Spain, 15th January 2016 (see [agenda](#)).
3. Internal consortium meeting. Trnava, Slovakia, 8th April 2016 (see [agenda](#)).
4. Elaboration of the Work Plan.
5. Elaboration of the Manual on Rules and Procedures, including a Communication Plan.
6. Creation and maintenance of the SH-CAPAC webpage.
7. Elaboration of a brochure.
8. Elaboration of the Interim Report.
9. Elaboration of the Final Technical and Financial Report.
10. Elaboration of Laymen Report.
11. Coordination and communication activities with consortium members and other relevant involved parties, including CHAFEA officer.
12. Participation in IOM meeting: Regional consultation. Health throughout the reception process. Intersectoral dialogue (Athens, March 2016).
13. Participation in Final Joint Conference Equi-Health & Adapt Projects projects as well as EU Conference on Migrants Projects funded since 2008 (Lisbon, May 2016).
14. Participation in the 1st 2nd and 3rd meeting of the Coordination Committee on Refugees' Health (Brussels, January 2016, Lisbon, May 2016 and Luxembourg July 2016).

Outputs/Deliverables

1. [Report](#) of the inception and coordination meeting.

2. [Report](#) of the meeting with international stakeholders.
3. Work plan of the project (including design of a web site and communication platform) ([D.6.1](#)).
4. [Manual on Rules and Procedures](#), including a [Communication Plan](#).
5. SH-CAPAC [webpage](#).
6. SH-CAPAC [brochure](#).
7. Interim Technical Report ([D.6.2](#)).
8. **Final technical and financial report**, including a **laymen report** ([D.6.3](#)).
9. Coordination and communication activities with consortium members and other relevant involved parties, including CHAFEA officer.
10. Participation in IOM meeting: Regional consultation. Health throughout the reception process. Intersectoral dialogue (Athens, March 2016).
11. Participation in Final Joint Conference Equi-Health & Adapt projects as well as EU Conference on Migrants Projects funded since 2008 (Lisbon, May 2016).
12. Participation in the 3rd and 4th meeting of the Coordination Committee on Refugees' Health (Luxembourg, July 2016 and January 2017).

1.8. Follow-up of recommendations and comments from previous review(s)

During the execution of the project and following recommendations from CHAFEA, the language of the original deliverables and milestones were slightly adjusted to better reflect the exact nature of the work that was being conducted. Some adjustments in the due dates of the deliverables and milestones, resulting from the need for incorporating the rich feed-back received from target Member States in the multiple consultations, were introduced as well.

1.9. Deviations from Annex 1

Reduction in the number of missions

As already mentioned the only deviation from Annex 1 was that, initially, seven country support missions were foreseen and only six were implemented.

No deliverables, except the 1.2, 2.2 and 3.2 were affected in quality/content by the cancellation since this mission was independent of the other 11 deliverables and was supposed to take place at the end of the project for supporting Portugal on improving the health response to the recent migratory influx.

Deliverables 1.2, 2.2 and 3.2 were affected only in terms of the number of missions undertaken in each of them which instead of being seven were six.

Each document reporting the deliverables 1.2, 2.2 and 3.2 corresponds to the same six country missions but concentrate on different aspects related to the respective work package.

Missions were rationalized so they became multi work package oriented. However, the respective reports contained in the deliverables 1.2, 2.2 and 3.2 emphasize each on the issues related to the respective work package content.

Therefore, there is a commonality in terms of the structure of the missions but a difference in terms of the issues and recommendations related to the respective areas of concentration in connection with WP 1, 2 and 3.

These deliverables are accessible in the project webpage as all deliverables of the SH-CAPAC action are.

The financial impact (underspending) linked to the cancellation of this mission amounted to approximately 8,400 Euros. This is reflected in the final financial report which had an original budget of 671,000 Euros and an executed budget of 662,579.96 Euros.

Justification by budget category of under- and overspending costs in the financial cost statement (considering the estimated budget in the grant agreement)

The estimated budget of the SH-CAPAC Action was 671,000.00 Euros. The actual expenditure was 662,579.96 Euros. The difference corresponds to the amount that would have been executed should the mission to Portugal, which was cancelled, had been conducted.

In terms of budget categories, the actual expenditure versus the budgeted amounts were as following:

- The personnel actual costs were 12% higher than the budgeted ones. This was due to the increased person days that were invested into the mapping of the health response to refugees, the preparation, production and delivery of the on-line training course and the increased workload in terms of coordination and management particularly associated to establishing links with the Member State's focal points.
- The subcontracting costs were 25% lower than the budgeted ones in great extent since personnel covered some of the tasks originally envisioned for the subcontracting.
- The other direct costs, including travelling, were 25% lower than the budgeted ones. A cost- effective management of the travelling expenses was achieved without jeopardizing neither the deliverables nor the activities carried out.
- The indirect costs were only 1% lower than the budgeted ones in great extent because of the unexecuted mission to Portugal.
- The overall difference for the entire project between the budgeted amounts and the actual execution was only 1 % essentially because of the unexecuted amount of approximately 8,400 Euros corresponding to the cancelled Mission to Portugal.

1.10. Reasons for deviations from Annex 1

1.10.1. Implementation related deviations

Reduction in the number of missions

As discussed before the last-minute cancellation of the mission in December 2016 to Portugal only permitted the completion, of a total of six missions instead to seven.

As explained above, due to Portuguese MOH internal changes in the persons responsible for the Migrant's and Refugee's Health dossier, the mission programmed for the second week of December 2016 was cancelled at the last minute and there was no time left within the life of the project as for reprogramming it, since it expired on December 31, 2016. Therefore, it was inevitable to cancel this activity.

Justification by budget category of under- and overspending costs in the financial cost statement (considering the estimated budget in the grant agreement)

The expenditure of EASP, University of Copenhagen and University of Ghent were slightly higher than the originally budgeted and the expenditure of the other three partners was slightly lower. In part this happened because EASP ended up managing the travelling associated to all workshops and centralized the budget for the missions. The overall project was kept under the budgeted limit, minus the cost of the cancelled mission to Portugal.

The centralized management of travelling by EASP generated substantial savings in the travelling costs. We were able to book flights at lower costs and generated savings in hotel costs and per diems by organizing direct arrangements with hotels and caterers without affecting results.

Due to fact that most part of the meals were arranged for the entire group through catering, attendees only received an adjusted per-diem to cover transport costs from and to the airport and supplemental expenditure which resulted in further savings.

In addition to EASP's centralized management, the number of missions were lower than initially planned, because the Portugal one was cancelled at the last minute.

1.10.2. Unforeseen subcontracting

No unforeseen subcontracting took place during the action.

2. FURTHER REMARKS

- Please state further remarks that you find noteworthy

A major challenge has been to engage Member States, particularly considering the constant changes in national and European policies in connection with the recent migratory influx.

The SH-CAPAC project did its best for approaching national authorities of the nineteen target Member States, briefing them about the initiative, engaging them in the different regional activities and trying to get them interested in accepting Country support missions. Some of these actions could have been further facilitated by the European Commission informing Member States of the special initiative and of the projects funded.

The diversity of approaches towards the crisis by the different Member States posed a challenge. There is a need for a more common, unified criterion, across the European Union about the health response needed for refugees and asylum seekers. Receptivity to the project has been very different between countries. In many Member States there has been no favourable political climate for being receptive to these and other projects. While health professionals demonstrated high interest, some health authorities were not keen to engage.

The real challenge ahead is to give continuity to the efforts and keep the tools, instruments and training materials alive after December 2016. Member States need more time to get familiar with them. EC's action in support to the implementation of what has been produced by SH-CAPAC and by the other four funded projects will be necessary. In this regard DG Santé and CHAFEA should consider the possibility of a joint action aimed at giving continuity to the action just initiated during 2016 by the five funded initiatives. The dissemination/cluster conference envisioned will be of great importance as well.

ANNEX 1 - SH-CAPAC Action Layman's Report

January 2017

INTRODUCTION

Considering the increased migratory influx into the European Union, the European Commission decided to provide support from the Health programme to organisations able to quickly support Member States under special migratory pressure to rapidly respond to possible health threats. It was also deemed as necessary to support public health capacity-building and develop appropriate tools, as well as increase access to medical expertise and information to support Member States to deliver the necessary health care.

CHAFEA and a consortium of seven European institutions, coordinated by the Escuela Andaluza de Salud Pública (EASP), signed a grant agreement for a one-year action on December 2015. The action is called '*Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure*' (SH-CAPAC).

The grant was awarded under an EC emergency call for proposals in response to the refugee situation in Europe. The action spans the period between January 1 and December 31, 2016. The other consortium members were Azienda Unita Sanitaria Locale di Reggio Emilia in Italy, Trnava University in Slovakia, University of Ghent in Belgium, Jagiellonian University in Poland, Copenhagen University in Denmark, and Academic Medical Centre of the University of Amsterdam.

The general objective of the project was to support Member States under particular migratory pressure in their response to health-related challenge.

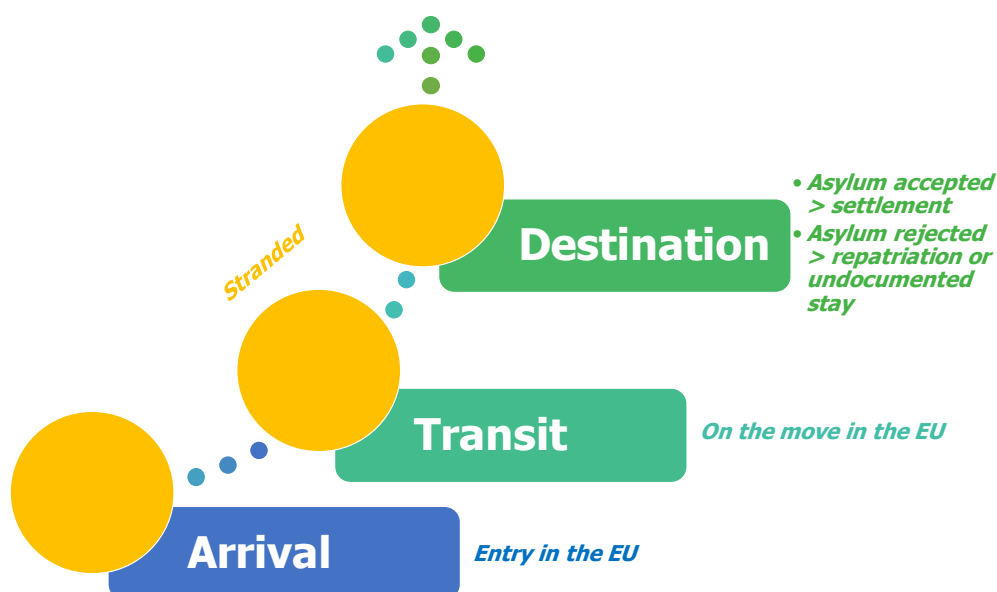
This support was particularly geared to build and strengthen capacities among relevant stakeholders in the 19 target Member States covered by the project so they can attain an effective coordination of the health response, undertake population based needs assessments, develop action plans and contingency plans for improving the health response, identify and reduce access barriers for the vulnerable populations and train health workers, health managers and other professionals on the necessary skills and competences for improving the health response to refugees, asylum seekers and other migrants and for providing migrants' and refugee's sensitive health care.

Variations in the migratory trajectory

Many migrants of the current influx arrive in one of the 'first entry' EU countries but continue their journey to their preferred country of destination which is chosen by refugees and asylum seekers themselves, or by those transporting them. Figure 1 shows the different stages of the migration trajectory. Concepts as **arrival, transit and destination** are not clear cut and they offer a lot of grey zones both from migrants and countries, i.e. depending on circumstances a group of migrants may change of being in transit to be stranded. The legal status linked to the migration

trajectory stage as well as to the outcome of the asylum-seeking procedure play an essential role in migrant's access to health care.

Figure 1: Migratory trajectory



Many arriving must survive an arduous journey involving smuggling, exploitation, crossing deserts, mountains, seas and unfriendly European nations. At a rough estimate there might be 50.000-100.000 people "on the move" at any one time. The legal status of these migrants is usually precarious. As unauthorised entrants they are in principle 'irregular migrants'. In some countries unauthorised entry is a criminal offence, in others only an administrative one. However, article 31 of the 1951 Geneva Convention prohibits imposing penalties on such migrants "provided they present themselves without delay to the authorities and show good cause for their illegal entry or presence". Countries vary greatly in the way this article is implemented. As soon as migrants apply for asylum, their presence in the country becomes legal; but if they then move on to other countries, it is likely to become irregular again.

It seems likely that the chance of obtaining international protection, the conditions of asylum, the presence of relatives and ethnic networks, the language, and likely prospects all play a role in deciding upon the destination country. This may change when a compulsory system of redistribution is put in place. Asylum seekers and other migrants at their destination eventually acquire protected status, become (or remain) undocumented migrants, or – less commonly – return home. This group will merge with migrants already in the country.

Although "migrants on the move" are a different target group from "migrants at their destination", the same country may harbour both. There are also liminal situations between these phases. Between "being on the move" and "becoming an asylum seeker" there may be a period of administrative limbo in which migrants have been

admitted to the country but not to the asylum procedure (e.g. Germany's asylum system has a backlog of hundreds of thousands.) An asylum seeker may be granted protected status but still be unable to integrate into the host society because of lack of housing outside the asylum seeker centre.

Health needs of the refugees, asylum seekers and other migrants

The large numbers of people arriving in and migrating through Europe have different backgrounds, are in different physical, mental and social conditions, and positioned differently in terms of (e.g.) gender, age, educational level and socioeconomic status. The health problems they experience and health risks they are exposed to differ in kind and degree, calling for an *intersectional rather than a generalising approach* to analyse the problems in each phase.

There is nothing new about the health needs of these groups: quite a lot is known already about their needs and the services available, the only thing new is the large recent increase in their numbers in certain countries and to some extent the composition of the groups which affects the patterns of their health needs.

Their health needs are notwithstanding considered an issue of public health importance. The deteriorated purchasing power of these population groups, among other things, leads to rising malnutrition rates. Their access to care other than emergency care is limited. Gaps exist in the national health information and disease surveillance systems. These, in turn, increase the risk of vaccine preventable diseases and epidemic outbreaks. Hundreds of thousands of children should keep on track with their vaccination schedule. The profile of the displaced population indicates an increased need for sexual, reproductive and child health services, as well as geriatric care. Sexual violence is also a specific reason for claiming asylum and a priority health concern, which requires specific interventions. Many of these migrants are survivors of violence and have serious medical conditions. Some are amputees needing prostheses, victims of trauma needing specialized treatment or cancer patients. Hence the health needs observed are *a compounded effect of acute critical health needs that warrant humanitarian interventions as well as health needs that require access to regular comprehensive health care and public health interventions provided by the countries' health systems*.

Health needs change and accumulate during the trajectory of flight/migration. This means, first, that it is important to address health needs according to their context 1) across the countries (countries of first arrival/transit and destination countries) and 2) within each country according to which step of the trajectory of flight the assessment concerns (arrival, asylum process, settlement). Secondly, it means that awareness of the cumulative effect of health needs during this trajectory calls for early and coordinated specialized action: vulnerable groups may become increasingly vulnerable during flight. Thirdly, it means that health protection during the final stages of a flight/migration trajectory must be targeted based on the complexity of

(physical, psychological and social) unmet health needs that have arisen (and potentially keep rising) during the trajectory.

THE NATURE OF THE PROJECT

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

The action, comprised 6 work packages, 14 deliverables and 25 milestones. All deliverables have been posted on the SyGMa platform as well as on the project website (<http://www.sh-capac.org/>) which the EASP has hosted during the project. EASP is maintaining this webpage beyond the duration of the project to facilitate the dissemination of the methodologies, tools and training packages developed as part of the implementation of the project



The initiative began on 1 January 2016 and was scheduled to last 12 months. It was completed on 31 December 2016. The project has been coordinated by the Andalusian School of Public Health (EASP). The EASP has been responsible for planning, monitoring and evaluation of the project activities in close consultation with each partner, as well as for reporting to the European Commission on progress attained and the final results obtained. The partners that constitute the consortium for the implementation of the project SH-CAPAC have functioned as a collective entity for:

- a) Developing the necessary instruments and tools through a division of labour among the members of the consortium.
- b) Carrying out regional advocacy and capacity building activities (seminars and workshops), organized by the members of the consortium with the participation of relevant stakeholders in each of the target countries.

- c) Conducting site visits to those target countries, which are interested in receiving technical assistance from the consortium to develop country specific activities within the scope of the project.
- d) Coordinate with the national health authorities in the target countries, as well as with other relevant national stakeholders (i.e. Red Cross and NGOs) involved in responding to the health needs of the refugee population.
- e) Coordinate with the international organizations working to respond to health needs of refugees, asylum seekers and other migrants in the target countries, especially WHO, IOM, UNHCR, OCHA and the EU.
- f) Coordinate with other grantees under this call for optimisation and coordination of resources and impact.

In terms of the potential impact and use by the target group it is important to highlight the following aspects.

All the activities of the project were directed to support Member States, in close collaboration with WHO, IOM, UNHCR, and the Commission in the establishment of national and international health sector **coordination mechanisms** for implementing a coherent and consolidated national and international response to the health needs of the refugee asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast subject to an increased migratory pressure.

Support was also provided to Member States in the **analysis of health challenges and unmet health needs** that the massive refugee, asylum seekers and other migrants flow poses, as well as in conducting periodic **assessments of the health care response and public health interventions needed** by the refugee and asylum seeker population, to be implemented by governments, Red Cross and NGOs.

An important aspect of the support to Member States was the development of **action plans for implementing a public health response and for reinforcing their health systems** in order to respond to the challenges of the refugee, asylum seekers and other migrants' influx.

Of importance was the support Member States in **promoting and ensuring access** of the refugee, asylum seekers and other migrant's populations to health care and public health interventions through the development and dissemination of a resource package to reorient local strategies and plans.

Finally the activities of the SH-CAPAC action were directed to **building national capacity through training of trainers** in Member States 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.

RESULTS OBTAINED BY EACH WORK PACKAGE

The activities, distributed into six Work Packages, have been to develop framework and tools, carry out regional training and dissemination of workshops, offer technical assistance through country missions, carry out regional advocacy and capacity building activities, conducting visits to target countries and coordinate with national health authorities and international organizations.

As part of Work Package 1, the *Coordination Framework* for addressing the health needs of the recent influx of refugees, asylum seekers and other migrants into the European Union countries was completed. It was used in the country support missions and has been disseminated in all the SH-CAPAC workshops as well as in the on-line training course.

A regional workshop on effective health sector coordination for addressing health needs of refugees, asylum seekers and other migrants in EU countries was held in Ghent, Belgium on 23-24 February 2016 with the participation of a large number of target Member States and other international stakeholders, involved in the health response to the large migratory influx. The meeting served as a consultation for further developing the draft framework for coordination and coherence. It also provided an opportunity to disseminate the SH-CAPAC project and highlight the need to intensify coordination of all health actors.

In preparation of the regional workshop, a mapping was done of the response to the health needs of refugees, asylum seekers and other migrants. The SH-CAPAC Consortium prepared draft Country Profiles for each of the 19 target countries of the project. Information was gathered through desk reviews and consultation of multiple sources. Drafts were sent to national health authorities of the target Member States for review and validation. Country officials reviewed a large number of Country Profiles, which are available in final form. A preliminary analysis of some of the major trends has been completed.

An umbrella document that provides background information on the health response to the recent migratory influx into the EU and draws preliminary conclusions from the mapping has been produced. It is available on the SH-CAPAC webpage.

As part of Work Package 2, the *Guide for Assessment of Health Needs and Health Protection Resources* was produced. It incorporates inputs received during the workshop held in Copenhagen May 17 and 18, 2016.

A regional workshop of representatives from ten target Member States was held in Copenhagen May 16 to 17, 2016. The workshop provided an opportunity to discuss the basic tenets of the *Guide for Assessment of Health Needs and Health Protection Resources*. It was also an excellent forum to gather feed-back for the Guide.

As part of Work Package 3 set of *Guidelines for the Development of Action Plans for Implementing a Public Health Response and to strengthen Country's Health Systems to address the needs posed by the influx of refugees, asylum seekers and other migrants* were produced. They have been aimed at helping relevant stakeholders in target Member States to develop action plans and contingency plans to address the health needs posed by the influx of refugees, asylum seekers and other migrants.

The rich feedback from the Copenhagen regional workshop, together with the inputs derived from the meeting in Reggio Emilia and the missions to Member States, were used to revise the *Guidelines*.

As part of Work Package 4 a *Resource Package for Ensuring Access to Health Care of Refugees, Asylum Seekers and Other Migrants in the European Union Countries* was developed. It identifies a series of barriers for accessing health care, and formulates recommendations to overcome those barriers. *The Resource Package* is based on a large number of interviews and focus groups, conducted in several project target countries.

The *Resource Package* was used as the background document for discussions with representatives of nine target Member States in a workshop held in Reggio Emilia, Italy, from June 16 to 17, 2016.

The feedback received in the Reggio Emilia meeting, which had the participation of representatives of nine target Member States, was incorporated into the final version of the *Resource Package*.

As part of Work Package 5 a training strategy was developed, circulated and discussed first in the Reggio Emilia workshop in June, and subsequently in the Granada workshop in September. The strategy contains proposed training activities to develop refugee/migrant-sensitive health services by training health managers, health professionals and other professionals. It also included a draft structure of the on-line training program that was finally developed and delivered by the SH-CAPAC project. The rich feedback derived from these consultations were used to revise the draft Training Strategy and develop the Online Training Course.

A Training of Trainers workshop was conducted in Granada, Spain, from September 15 to 16, 2016 to discuss the adaptation of the training materials and the training strategy to the national and regional situations in targeted Member States, as well as the proposed outline and contents of the online training course.

An online training course was developed and delivered over a period of six weeks. The training materials were developed and were finalized by August 2016. The course was in production in October and November for piloting the materials with participants from the target Member States. The targeted audience included health managers, health practitioners and administrative staff. Arrangements were made for identifying suitable candidates in the respective Member States.

The SH-CAPAC project coordinated with the training activities of other CHAFAEA funded projects, especially EUR-HUMAN, to ensure complementarity of efforts.

The training course evaluation was conducted at the end of the online pilot training course and it was concluded by December 15, 2016.

Finally, as part of Work Package 6, the inception and coordination meeting of the SH-CAPAC project was held on January 14, 2016 in Granada, Spain. All members of the Consortium and the CHAFAEA Project Officer, Paola D'Acapito, participated in the meeting.

A meeting with international stakeholders, who are part of the health response to refugees, asylum seekers and other migrants, was held back to back with the inception and coordination meeting on January 15, 2016. It included representation from CHAFAEA, IOM, WHO and ECHO.

An internal consortium meeting of all Consortium members was held in Trnava, Slovakia, on April 8, 2016. This internal workshop permitted cross-fertilisation between the different work packages. It also facilitated the review of the different deliverables to ensure a cohesive approach to the SH_CAPAC activities and products. The work plan was prepared as a result of the inception and kick-off meeting in January 2016 and was adjusted in April during the Trnava meeting. Final adjustments were made following the July 7 meeting with the Project Officer in Luxembourg.

The SH-CAPAC website (www.easp.es/sh-capac) was created and is fully operational since February 2016. It is continuously updated. It has a component for the internal use of the Consortium members, as well as an external component open to the public for the dissemination of relevant information on the project. The on-line training course produced in October and November was accessible through the SH-CAPAC webpage. EASP plans to keep it alive for ensuring access and for supporting dissemination of the products of the projects.

A communication plan was elaborated. It is available on the SH-CAPAC website. A brochure on the SH-CAPAC project was produced and disseminated in all regional workshops or related events.

An interim technical report covering the period January-July 2016 was produced and submitted and the final technical and financial reports are hereby delivered, as planned, at the end of the project.

Six missions to Member States were carried out for introducing, disseminating and discussing the frameworks, methodologies and tools developed. They took place in Bulgaria (Sofia and Haskovo) from June 29 to July 3, 2016; to the South Aegean, Greece (Rhodes and Kos) 31st August- 2nd September; to the Catalonia Region (Barcelona), Spain, 21-23rd September; to Slovakia (Bratislava) 24-26th October; to

the Andalusia Region (Granada) Spain, on 13th and 14th December and to Greece (Athens) on 15th and 16th December.

The missions allowed for discussions with multiple national and local stakeholders involved in the health response to refugees, and an exploration of possibilities for improving coordination and coherence in the response.

SOME LESSONS LEARNED

In terms of the main challenges faced and the salient lessons learned by the SH-CAPAC project, the following are the most relevant conclusions and lessons learned linked to the activities developed in the framework of the SH-CAPAC project.

Forced migration is a recurrent phenomenon in the WHO European Region. Migration should be on a multi sectorial agenda, and cover health, education, social issues, laws and policies. A strong political leadership as well as a political dialogue process is essential to build a shared and consensual agenda to approach this phenomenon in a comprehensive manner.

Initiatives like this one help to promote and safeguard human rights, such as freedom of movement among individuals, regardless of origin or profession. The project's Health Systems approach raise the fundamental question of the need to strengthen national health systems as well as to cope with human resources for health shortage to better address the challenge that constitutes the big influx of refugees, asylum-seekers and other migrants.

Given the situation, a humanitarian public health approach is crucial for some of the actions. Furthermore, there is a need to emphasize the importance of Health systems' preparedness, including assessment, risk communication strategies, health system barriers, data availability, migrant health professional training and identification of migrant health focal point.

The crisis did not pose an additional health security threat to the host communities. The focus should be on risk assessment and information sharing on disease profile across the regions and countries, as well as on interagency collaboration. Exchange and sharing of information as well as effective communication to general public is essential.

There are a lot of gaps between policies and their implementation, and the gaps between needs and practice has been the core of this project. To accomplishing this task is the responsibility of governments.

The refugee's crisis has required cooperation and multisectoral coordination among all countries and stakeholders involved so that refugees' asylum seekers' and other migrant's rights and equal treatment is guaranteed. A strong partnership and

collaboration between MS and other actors (international organizations, NGO's, civil society, EC sponsored initiatives, etc.) is crucial.

Intercultural adaptation both, for the establishment of tools and measures as well as for training activities have proved to be essential.

Throughout the implementation of the projects it has become crucial to emphasize the importance of Health systems' preparedness, including assessment, risk communication strategies, health system barriers, data availability and migrant health professional training.

The focus should be on risk assessment and information, on ensuring access and continuity of care and on interagency collaboration. Exchange and sharing of information as well as effective communication to general public is essential.

European policies on the refugee influx are constantly evolving, and major changes will probably occur in a next future, so we have to be prepared, reinforce institutional capacities and have contingency plans ready.

One of the most important issues that have emerged throughout the implementation of the project has been the dissemination strategy. The different workshops that have been organized as well as the technical advice mission to countries have been essential to disseminate the methodologies and tools that have been elaborated as well as the best practices to users fostering coordination as well as the engagement of multiple stakeholders at different levels. It has been important to have a variety of participants in the workshops. Having representatives from several EU Member States, International Organizations, NGOs etc. together with the project consortium members has been instrumental. EC's engagement and collaboration for further disseminating results, tools, training materials, etc. will be essential to give continuity to the effort, to capitalize the investments made and to have sustainability.

The action website, <http://www.sh-capac.org/> created as a communication venue for all involved in the action is highly useful for Ministries, other institutions or individuals who are interested in the issue, as the website contains all relevant information, documents and tools generated by the project.

RECOMMENDATIONS

The following is a summary of recommendations related to the challenges and lessons learned throughout the implementation of the SH-CAPAC project:

- Although the project had an incidence on critical issues of relevance, a longer process for designing and planning the actions, involving different actors from countries, not only MS representatives, would have been ideal. Previous inputs from countries would have been an asset.

- Projects that address this kind of complexity need to be carried out with more time to assure continuity and sustainability.
- Implement awareness raising strategies in countries to seek for a more favourable and common position regarding the agenda for action.
- Spaces to improve health care must be built despite of the adverse political environment. They must be built sometimes against the grain, facing an adverse political climate. There are windows of opportunity at local level for applying the tools and for conducting trainings.
- It would be good to identify regions in EU, which have similar challenges, to make tailored-made tools or elements relevant by clusters of countries.
- It would be important in collaboration with EC and others, to disseminate results, methodologies and tools among relevant stakeholders.
- The multiplier effect of mainstreaming the training approach into the health care and health professionals' education sectors is particularly important.
- It is necessary that national governments allocate funds to improve the support to people already working with asylum seekers and to develop plans to improve their integration in society.
- The proposed resource package containing tools and measures to improve access to health care for refugees and asylum seeker should be adapted at national/local level.
- Information on available measures and resources useful to support the access to health care should be integrated in the national and local means of communications and established network of cooperation.
- Give continuity to the SH-CAPAC website to ensure more visibility and knowledge as well as to disseminate tools.

Specific recommendations related to the training course were the following ones:

- The language is one of the barriers identified in the piloting. To be more effective, training activities should take place in local language and local context. Translation of materials developed is recommended.
- Contents are designed to be easily fragmented to meet the needs of different target trainees at every level. The course does not necessarily have to be implemented with the structure of the piloted course programme.
- 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.
- 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.
- 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.

CONCLUSIONS

A major challenge has been to engage Member States, particularly in light of the constant changes in national and European policies in connection with the recent migratory influx.

The SH-CAPAC project did its best for approaching national authorities of the nineteen target Member States, briefing them about the initiative, engaging them in the different regional activities and trying to get them interested in accepting Country support missions. Some of these actions could have been further facilitated by the European Commission informing Member States of the special initiative and of the projects funded.

The diversity of approaches towards the crisis by the different Member States posed a challenge. There is a need for a more common, unified criterion, across the European Union about the health response needed for refugees and asylum seekers. Receptivity to the project has been very different between countries. In many Member States there has been no favourable political climate for being receptive to these and other projects. While health professionals demonstrated high interest, some health authorities were not keen to engage.

The real challenge ahead is to give continuity to the efforts and keep the tools, instruments and training materials alive after December 2016. Member States need more time to get familiar with them. EC's action in support to the implementation of what has been produced by SH-CAPAC and by the other four funded projects will be necessary. In this regard DG Santé and CHAFEA should consider the possibility of a joint action in 2017 aimed at giving continuity to the action just initiated during 2016 by the five funded initiatives.