

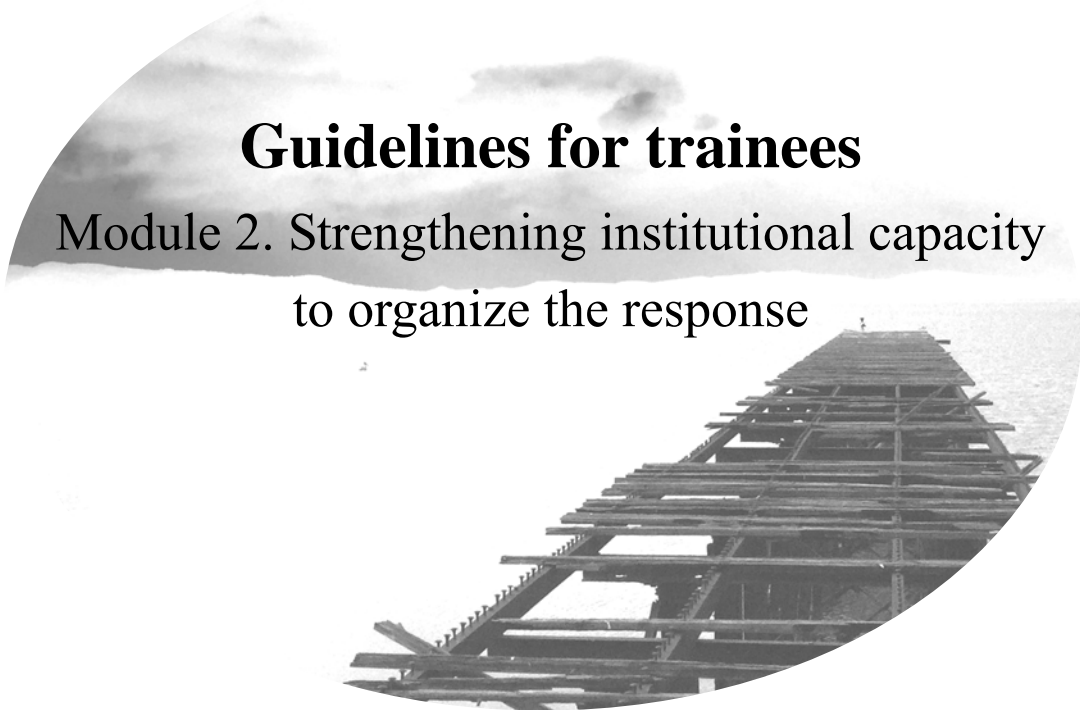


Co-funded by
the Health Programme
of the European Union

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

Guidelines for trainees

Module 2. Strengthening institutional capacity
to organize the response





© – 2016 – Escuela Andaluza de Salud Pública. All rights reserved. Licensed to the Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA) under conditions.

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

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

Module 2. Strengthening institutional capacity to organize the response

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

Unit 1: Framework for coordination and intersectoral collaboration

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

1. Learning Objectives

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

2. Learning activities

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

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

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

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

COMPULSORY ACTIVITY 3 (CA3): Case study: *Intersectoral collaboration between health and housing in minority populations in New Zealand.*

http://www.who.int/social_determinants/resources/isa_inequalities_nzl.pdf (page 9 to 11)

Description: The case study will be used as a base for a forum discussion around intersectoral collaboration. Participants will be asked to illustrate with, concrete examples from their country.

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

Description: Strengthening or creation of a coordination team

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

3. Work planning suggested

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

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

4. Complementary activities

Recommended reading:

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

Further reading (Not accessible from SH-CAPAC platform)

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

Optional activities

OPTIONAL ACTIVITY 1 (OA1): “*For the birds*” A light-hearted illustration of the importance of a team approach, collaboration and communication.
<https://www.youtube.com/watch?v=Q6X80IWdS6s>.

Unit2: Assessment of health needs and health protection resources.

The unit has been prepared by Jeanine Suurmond (University of Amsterdam), Iain Aitken (Andalusian School of Public Health) and Mette Tørslev (University of Copenhagen). It is based on an SH-CAPAC document, produced by Jeanine Suurmond (University of Amsterdam), Iain Aitken (Andalusian School of Public Health), Mette Tørslev (University of Copenhagen) and Anna Szetela (Jagiellonian University). This Unit includes three Presentations, 4 activities and 2 recommended readings. We would like to recommend that you have the Guide for assessment of health needs and health protection resources, SH-CAPAC Project. The estimated time required for this Unit is 60 minutes.

1. Learning Objectives

Objectives of the Presentation:

- To describe the basics of assessment of health challenges, using various methods to collect and analyse information

Objectives of the Activity:

- To practice the use of various tools to collect and analyse information

2. Learning activities

COMPULSORY ACTIVITY 1 (CA1): Contextualizing needs assessment

Description:

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

COMPULSORY ACTIVITY 2 (CA2): Sociodemographic overview

Description:

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

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

Description:

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

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

Description:

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

3. Work planning suggested

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

4. Complementary activities

Recommended reading:

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

Further reading (Not accessible from SH-CAPAC platform)

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

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

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

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

1. Learning objectives

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

2. Learning activities

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

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

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

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

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

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

3. Work planning suggested

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

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

4. Complementary activities

Recommended reading:

- **SH-CAPAC Project.** Guideline on Resource package on ensuring access to health care, 2016.
 - Background
 - Legislative, administrative, financial and bureaucratic barriers
 - Linguistic and cultural barriers
 - Organisational barriers and obstacles to accessing health care services of equitable quality
 - Lack of information for health providers and obstacles to ensuring continuity of care
 - Lack of information and education for refugees and asylum seekers

- Lack of coordination between services
- Barriers to accessing appropriate mental health care services
- Barriers to accessing appropriate sexual and reproductive health care services
- Barriers to accessing appropriate health care services for children and adolescents
- Barriers to accessing appropriate health care services for victims of violence

Further reading (Not accessible from SH-CAPAC platform)

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

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

Unit 4: Planning and implementing the public health response.

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

1. Learning Objectives

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

2. Learning Activities

COMPULSORY ACTIVITY 1 (CA1): Following the lecture on the Guideline, and the ppt.

- **Description:** Just listen the lecture carefully and watch the ppt.
- **Time:** 35 minutes
- **Method:** The activity consists following a lecture supported by a ppt. on the Guideline.

COMPULSORY ACTIVITY 2 (CA2): Multichoice test

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

COMPULSORY ACTIVITY 3 (CA3): Open questions

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

3. Work planning suggested

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

4. Complementary activities

Recommended readings:

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

Further reading (Not accessible from SH-CAPAC platform)

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