

## Table Of Content

<b>European Refugees - HUMAN Movement and Advisory Network</b> .....	<b>3</b>
<b>Summary</b> .....	<b>4</b>
<b>Work Package</b> .....	<b>13</b>
Coordination, Dissemination and Management of Project's Execution .....	13
Communicating and liaison with stakeholders and refugees .....	13
Review of literature and expert knowledge .....	13
Developing tools and evidence-based practice guidelines for health care practitioners ..	13
Mental health psychosocial support (MHPSS) and first aid for refugees .....	13
Enhanced capacity building strategy for primary care staff, as well as, preparation and implementation of recommended interventions in selected implementation sites (Greece, Italy, Croatia, Slovenia, Hungary, Austria) .....	13
Monitoring and Evaluation .....	13
<b>Coordinator, Leader contact and partners</b> .....	<b>20</b>
STICHTING KATHOLIEKE UNIVERSITEIT .....	20
STICHTING KATHOLIEKE UNIVERSITEIT .....	20
STICHTING KATHOLIEKE UNIVERSITEIT .....	20
STICHTING KATHOLIEKE UNIVERSITEIT .....	20
STICHTING KATHOLIEKE UNIVERSITEIT .....	20
STICHTING KATHOLIEKE UNIVERSITEIT .....	20
STICHTING KATHOLIEKE UNIVERSITEIT .....	20
STICHTING KATHOLIEKE UNIVERSITEIT .....	20
STICHTING KATHOLIEKE UNIVERSITEIT .....	20
THE UNIVERSITY OF LIVERPOOL .....	20
THE UNIVERSITY OF LIVERPOOL .....	20
THE UNIVERSITY OF LIVERPOOL .....	20
THE UNIVERSITY OF LIVERPOOL .....	20
THE UNIVERSITY OF LIVERPOOL .....	20
THE UNIVERSITY OF LIVERPOOL .....	20
THE UNIVERSITY OF LIVERPOOL .....	20
STICHTING NEDERLANDS INSTITUUT VOOR ONDERZOEK VAN DE GEZONDHEIDSZORG ..	20
STICHTING NEDERLANDS INSTITUUT VOOR ONDERZOEK VAN DE GEZONDHEIDSZORG ..	20
STICHTING NEDERLANDS INSTITUUT VOOR ONDERZOEK VAN DE GEZONDHEIDSZORG ..	20
STICHTING NEDERLANDS INSTITUUT VOOR ONDERZOEK VAN DE GEZONDHEIDSZORG ..	20
STICHTING NEDERLANDS INSTITUUT VOOR ONDERZOEK VAN DE GEZONDHEIDSZORG ..	20
STICHTING NEDERLANDS INSTITUUT VOOR ONDERZOEK VAN DE GEZONDHEIDSZORG ..	20
SVEUCILISTE U ZAGREBU FILOZOFSKI FAKULTET .....	20
SVEUCILISTE U ZAGREBU FILOZOFSKI FAKULTET .....	20
SVEUCILISTE U ZAGREBU FILOZOFSKI FAKULTET .....	20
MEDIZINISCHE UNIVERSITAET WIEN .....	20
MEDIZINISCHE UNIVERSITAET WIEN .....	20
UNIVERZA V LJUBLJANI .....	20
UNIVERZA V LJUBLJANI .....	20
UNIVERZA V LJUBLJANI .....	20
EUROPEAN FORUM FOR PRIMARY CARE .....	20
EUROPEAN FORUM FOR PRIMARY CARE .....	20
EUROPEAN FORUM FOR PRIMARY CARE .....	20

EUROPEAN FORUM FOR PRIMARY CARE	20
EUROPEAN FORUM FOR PRIMARY CARE	20
EUROPEAN FORUM FOR PRIMARY CARE	20
STICHTING ARQ	20
STICHTING ARQ	20
STICHTING ARQ	20
STICHTING ARQ	20
STICHTING ARQ	20
STICHTING ARQ	20
STICHTING ARQ	20
AZIENDA UNITA' SANITARIA LOCALE TOSCANA CENTRO	20
AZIENDA UNITA SANITARIA LOCALE 11 EMPOLI	20
AZIENDA UNITA' SANITARIA LOCALE TOSCANA CENTRO	20
AZIENDA UNITA' SANITARIA LOCALE TOSCANA CENTRO	20
AZIENDA UNITA' SANITARIA LOCALE TOSCANA CENTRO	20
AZIENDA UNITA' SANITARIA LOCALE TOSCANA CENTRO	20
AZIENDA UNITA' SANITARIA LOCALE TOSCANA CENTRO	20
DEBRECENI EGYETEM	20
DEBRECENI EGYETEM	20
DEBRECENI EGYETEM	20
<b>Outputs</b>	<b>30</b>
Final report to CHAFEA	30
Chapter in the final report	30
Project website	30
Project leaflet	30
Report on views, experiences and expectations of refugees regarding their health and social needs and access and use of services	30
Summary of preliminary findings and practical recommendations	30
Final synthesis	30
Report of expert meeting	30
Set of guidelines, guidance, training and health promotion materials for optimal primary care for newly arrived migrants including refugees	30
Protocol with procedures, tools and interventions	30
Model of integrated care	30
Report about the results of the assessment of local resources available	30
Summary report about the run by the different implementation site countries	30
Monitoring and evaluation framework	30
Interim evaluation report	30

# EUropean Refugees - HUman Movement and Advisory Network

JA2015 - GPSD [705038]

START DATE: 01/01/2016

END DATE: 31/12/2016

DURATION: 12 month(s)

CURRENT STATUS: Finalised

PROGRAMME TITLE: 3rd Health Programme (2014-2020)

PROGRAMME PRIORITY: -

CALL: Support Member States under particular migratory pressure in their response to health related challenges

TOPIC: Support Member States under particular migratory pressure in their response to health related challenges

EC CONTRIBUTION: 1251841.13 EUR

KEYWORDS: Advisory, Best-Practice Intervention, Health Care, Health Care Workers, Health Policy, Human, Immigrants, Improvement, Movement, Network, Person-Centered Integrated Care, Primary Health Care, Refugees

## Project abstract

Title: EUropean Refugees-HUman Movement and Advisory Network

The international refugee crisis has reached a critical point and many European countries are developing policy and plan to better define their role in supporting refugees entering Europe. The aim of this proposal is to enhance the capacity of European member states who accept migrants and refugees in addressing their health needs, safeguard them from risks, and minimize cross-border health risks. This initiative will focus on addressing both the early arrival period and longer-term settlement of refugees in European host countries. The existing European and international experience will be systematically reviewed to identify effective interventions to vulnerable groups and tools for the initial health care needs assessment of the arriving refugees including mental, psychosocial and physical health. Established approaches including Participatory and Learning Action and Normalization Process Theory will be used to gain new understanding regarding the needs and opinions of both refugees and stakeholders in regards to the measures needed for health care assessment, and preventive activities including vaccinations, general health hygiene measures, chronic disease management, and psychosocial support. The content of the services that an early or late hosting multi-disciplinary center could offer in the countries that they will accept refugees will be discussed and defined by an international expert panel. Clinical protocols, guidelines together with health education and promotion material and as well as a training programme will be developed for staff serving the refugees and migrants health care centre and tailored protocols and pilot testing in six implementation settings in Greece, Italy, Croatia, Hungary, Austria and Slovenia with contribution from experts and stakeholders from Turkey, Cyprus, Ireland and Belgium. Finally, all these efforts will be evaluated and a final report for implementation in Europe.

## Summary of context, overall objectives, strategic, relevance and contribution of the action

Over the past few years, the international refugee crisis reached a critical point. Many European countries are developing policy to better define their role in supporting refugees entering Europe, and to help address the multiple capacity issues to better address the needs of these vulnerable populations. The EUR-HUMAN Project Proposal was submitted in response to a Call launched under the 3rd Health Programme (Specific Call HP-HA-2015; Project Proposal number 717319). The receiving countries have to prioritise support regarding the health needs of these populations. The level of care to define and address the needs of these populations naturally falls under the primary care level. Additionally, there is ample evidence that strong primary health care (PHC) and the timely provision thereof results in better health outcomes

and lower overall costs and burden for the healthcare system. Therefore, the decision was made to select PHC services as the core element to improve capacity in terms of healthcare service delivery to refugees reaching Europe. There are multiple reasons why programs are needed to assess feasibility and acceptability of proposed actions prior to large-scale implementation of such actions. Namely, the unprecedented influx of refugees has created conditions that necessitate optimal resource allocation, high degree of feasibility and acceptability, as well as flexible design, for the successful implementation and high transferability of proposed actions. This is particularly true for first-port-of-entry countries, where austerity had already depleted resources, but, also for transit or longer-term-of-stay countries facing similar challenges and/or additional issues emerging during integration stages. The EUR-HUMAN project "EUropean Refugees - HUman Movement and Advisory Network" (Specific Call HP-HA-2015; Project Proposal number 717319), is an integrated project under the "3rd Health Programme" for the action of the European Union in the field of health for the period 2014-2020. The duration of the project was 12 months. The overall objective of the EUR-HUMAN project was to enhance the capacity, knowledge and expertise of European Member-States (MSs) which accept refugees and migrants in addressing their health needs and safeguarding them from risks, while at the same time attempting to minimize cross-border health risks. A primary objective of this project was to identify, design and assess interventions to improve PHC delivery for refugees and migrants, the focus of such interventions being vulnerable groups. The target audience of the current project encompasses all healthcare professionals who provide PHC services to refugees and migrants across different settings. The EUR-HUMAN project has focused particularly on strengthening PHC as first-point-of-entry countries for refugees and migrants. In the context of its primary objective, EUR-HUMAN aimed to provide the tools for the provision of good and affordable comprehensive person-centred and integrated care for all ages and all ailments, taking into account the trans-cultural settings and the needs, wishes and expectations of the newly arrived individuals.

## Methods and means

The EUR-HUMAN project comprised of seven Work Packages (WPs) (Figure 1). WP1 focused on the overall management and coordination of the project. The WP1 leader, for all activities under WP1, was the team at the University of Crete (UoC).

Figure 1: Graphical representation of the WPs of the EUR-HUMAN project

Overview of the project at a glance

1. Establish relevant theoretical inputs from the current research evidence base to underpin the selection of interventions to be combined. Given the relevance of the topic, elements were also extracted from the Chronic Care

- Model (Ackerman, 1997; DeRiemer, 1998; Walker and Jaranson, 1999)
2. Select and implement actions focusing on person-centred methodological approaches for needs assessment, as for example Participatory and Learning Action (PLA) (O'Reilly et al, 2010) □ WP2
  3. Systematically review the existing literature. Supplement output of systematic review of the body of evidence with online survey of and interviews with experts and professionals. □ WP3
  4. Establish an Expert Consensus Panel and convene sessions to reach consensus agreement regarding best practices, guidelines, tools and services. □ WP4
  5. Development of a model and protocol for rapid assessment of mental health and psychosocial needs of refugees and psychosocial. □ WP5
  6. Assess the status of local resources and capacities available regarding PHC for refugees and other migrants. □ WP 6
  7. Draft evidence-based training material in a modular form appropriate for use by PHC practitioners in seven European languages (English, Greek, German, Italian, Slovenian, Hungarian and Croatian) as well as in Arabic □ WP6
  8. Deploy educational interventions across settings in six European countries (Greece, Austria, Italy, Hungary, Slovenia and Croatia) □ WP6
  9. Evaluate interventions utilising an evidence-based, validated approach; tools encompassing a range, including the normalization process theory NoMad (Finch et al, 2013). □ WP7
  10. Implement a pilot, encompassing interventions deemed most appropriate and lessons learned from interventions across settings, in Greece

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

The EUR-HUMAN project collaborated closely with the other EU funded projects and especially with SH-CAPAC (participation on two separate project meetings and providing information on PHC service provision and current state in Greece; participation of SH-CAPAC members in Expert Consensus and Evaluation Meetings) and CARE projects. The EUR-HUMAN coordinator conducted several teleconferences (TCs) and videoconferences (TCs) (see below) and established a regular communication via email and through meetings to discuss collaboration, present main findings, develop synergies and avoid duplication. Furthermore, the coordinator of EUR-HUMAN participated in two meetings (meeting of the Coordination Committee on Refugees' Health) that took place in Luxemburg (8 July 2016 and 20 January, 2017) as well as in the Preconference Event at the 9th Public Health Conference Vienna 2016 (9th November, 2016). Additionally, the EUR-HUMAN coordinator and the members of the UoC team developed a close collaboration with the IOM. Several TCs were held and communication in tactical base was established (via emails). Furthermore, UoC team participated in the online demonstration of the IOM e-PHR, provided in the discussion with suggestions and comments to improve the IOM e-PHR and based on this, the UoC team developed an electronic health record (offline mode). At national level, the

project coordinator and the UoC team was in close collaboration with Greek Ministry of Health, the Greek Ministry of Migration as well as the NGO Médecins du Monde (MdM). One meeting was held in Athens with Greek Minister of Health (Mr. Andreas Xanthos) and also two meetings with the General Secretary of Public Health (Mr. Ioannis Baskozos) in Athens. Additionally, collaboration was establi

## Work performed during the reporting period

### WP1 (WP Leader: UoC)

Under WP1 the UoC team coordinated the entire project. Setting up and maintaining communication and dissemination mechanisms project web site, creating a YouTube channel – also functioning as means of training – and Twitter handle accounts, drafting leaflet, newsletters and press releases was performed under this WP. The Kick-off Meeting (KoM), as well as the Steering Committee Meetings (SCMs), and meetings between partners, were all organised and conducted under WP1. In addition, the UoC team organized two Advisory Board Meetings (AdBoards) and disseminated material regarding project output and activities at local, national and international levels. The UoC team organized also meetings and established communication the other projects funded under this particular call, as well as the International Organization of Migration (IOM), to ensure a maximum level of synergy and information exchange, but, also, to ensure duplication was avoided. In addition, the UoC team, in close collaboration with WP4 and WP7 leaders, organised the two-day Expert Consensus Meeting (June 2016; Athens, Greece) and the Project Evaluation Meeting (December 2016; Heraklion, Greece).

### WP2 (WP Leader: Radboud UMC)

During WP2 we conducted a qualitative, comparative case study across hotspots, transit centres, intermediate- and longer-stay first-reception centres in seven EU countries (Austria, Croatia, Greece, Hungary, Italy, Slovenia, and the Netherlands) using the PLA research methodology (February-March 2016). The local sites were chosen as they represented points that can be used to map the journey refugees make as they enter and make their way into and across Europe; they do differ in terms of how long and where newly arriving individuals stay (Table 1). Due to the importance of the “PLA - mode of engagement” and the need for mastery of PLA techniques prior to deploying the interventions, steps were taken to ensure the necessary expertise had been acquired. Out of the local teams involved in fieldwork, 16 staff members were trained during a two-day course (6th and 7th February, 2016; Ljubljana). The training was specifically designed for this project and delivered by staff members of RUMC.

In accordance with the legal requirements, all countries acquired approval by the appropriate Ethics Committees (ECs) prior to the qualitative study (Table 2). The participants were recruited at the local implementation settings.

Participant recruitment was performed on the basis of purposive sampling, using a combination of network and snowball sampling strategies. The number of sessions and the number of participants included in the fieldwork depended on the type of centre at the local sites. Such number was highly dependent of the time available for a certain group of migrants to be able stay and to participate. All participants received a letter (in English, Arabic and Farsi) explaining the purpose and content of the research. Data were generated using PLA-style flexible brainstorm discussions and PLA-style interviews. PLA charts were used throughout to ensure that verbal and visual forms of data were recorded in a consistent manner across all stakeholder groups. All PLA charts were digitalised after each data generation session in order to facilitate data recording, processing and maintenance. Verbal data were recorded on Post-It notes in point form or short phrases rather than in full verbatim quotes.

WP3 (WP Leader: NIVEL)

WP3: In this WP, the current dynamic and unprecedented situation regarding refugees and other migrants in EU was captured through collecting and analysing all means of information available to researchers. The information and results presented came from a literature search as well as an online survey and interviews with several experts and PHC providers in different EU settings (triangulation). The search strings were entered in 6 databases (PsychINFO; Sociological Abstracts; Cochrane; Pilots; PubMed; Embase)

## The main output achieved so far and their potential impact and use by target group (including benefits)

During the fieldwork in WP2, we managed to involve numerous refugees during their journey in so many countries over the same period of time. Our approach enabled us to get a snap shot of the health needs and experiences of refugees with healthcare system in their chain of travel through Europe during the first 3 months of 2016. In contrast with most of the studies conducted among refugees about their health problems in long-stay refugee centres, we also included hotspots, intermediate and transit centres. A new and very important finding of our study is that time pressure is the most difficult barrier in accessing healthcare at hotspots or transit centres something that is relevant for the development of suitable rapid assessment tools (developed in WP3, WP4, and WP5). The results of WP2 had a significant association in providing services to this vulnerable population based on their needs, wishes and preferences. All the results of WP2 assisted us in the development of tools and questionnaires for rapid health assessment, as well as in the development of training material in WP6.



These results are significant because we gained better knowledge on their health needs, wishes, problems and expectations. This was quite important as it supported both health policy makers and the healthcare providers in decision making process. Knowing all the aforementioned, is a key point in health system because it increases service utilisation rates and assist in decision making. Additionally, based on their needs, health policy makers could add or withdraw necessary/unnecessary services and at the same time have the capacity to inform priority setting and primary care planning. All these have a significant impact on decrease of hospitalization, morbidity and mortality. At the same time, available resources are better managed, while healthcare expenditure are decreased. To sum up, knowing health needs, wishes and preferences promote effective and equitable care and in general improve health of this vulnerable population.

The results achieved by WP3 have a significant impact on improving health status of refugees and other migrants. Initially we found the factors that could help or hinder the implementation of interventions and measures by defining barriers or enablers. Knowing these factors (i.e. values, wishes, beliefs, physical and mental ability, socioeconomic, etc.), enables providers, policy makers and institutions to understand and integrate/abolish these factors into the delivery and structure of the health care systems. The goal is to provide the highest quality of care to every refugee or migrant, regardless of race, ethnicity, cultural background and health literacy. Due to the fact that the present report contributes to our understanding and awareness of factors that influence refugee health care optimization efforts in the EU, the contents of this report is relevant for a broad audience in different countries for adaptation and utilization. ATOMiC toolkit focuses on the route between appraisal of a promising idea or plan and the decision to proceed with its implementation. The checklist encourages users (health care professionals, managers, policy-makers and implementation advisors) to carefully contemplate recurring implementation factors and identify issues that require special attention when proceeding.

In WP4, we found the most rigorous tools, checklists, and guidelines that can help PHC personnel in the provision of care for refugees and migrants (e.g. guidance for the vaccination of children, assessment of malnutrition, and guidelines on sexual violence). All these tools are available in a comprehensive guidance for PHC workers in order to provide optimal primary care. All the tools found, could be used in the European countries after an adaptation to the local context. In D4.2, we provide a simple guidance for adaptation of the tools according local circumstances, the nature and amount of refugees, the composition of th

## Achieved outcomes compared to the expected outcomes

WP1: Coordination and management of the project was intensive, due to the inter-dependence of WPs in terms of content and timing. Next to the formal Steering Committee Meetings, many emails and bilateral exchanges and TC meetings were conducted. A Dissemination Plan was developed from the start of the project, encompassing various actions. The dissemination plan was developed as a rolling plan, since additional opportunities for dissemination were added as they arose. A separate Publication Plan was developed as part of the dissemination actions and the overall Dissemination Plan. For the Publication Plan, an authorship policy with common Terms of Reference (ToR) was developed by the UoC agreed upon by the consortium partners. All partners contributed to the dissemination of the project and of its results in multiple occasions (see below). The Consortium is also in the process of publishing papers in a number of journals. Additionally, the UoC team, in close collaboration with the consortium, developed the "Workflow" which includes three main domains, illustrating how health needs of population groups can be addressed by, health care professionals (see below). All milestones and deliverables were reached as planned and on time.

WP2: This WP aim was to gain insight in the health needs and social problems, as well as the experiences, expectations, wishes and barriers regarding accessing PHC and social services, of refugees and other newly arriving migrants throughout their journey through Europe - from the hotspots via the transit centres to the first longer stay reception centres. The information and insights have been collected through group sessions with refugees in seven (7) countries: Greece, Slovenia, Croatia, Italy, Hungary, Austria and the Netherlands. These sites were chosen so as to represent a variation in contexts and to reflect a part of the journey of refugees. The group sessions were conducted through the PLA research methodology. Local staff members from all intervention sites had to be trained in the application and ground rules of the PLA method. A total of forty-three (43) group sessions were held, with a total of ninety-eight (98) refugee-participants from nine (9) countries and with twenty-five (25) health care workers in Croatia. One site for the PLA sessions has been added to the original plan (Netherlands). In Croatia, sessions with refugees could not be held due to their very fast transit. Therefore, six PLA sessions were held with experienced care providers from various agencies that had been working with refugees in the transit centres. All milestones and deliverables have been achieved as planned and in time.

WP3: This WP aim was to learn from the literature and the experts on measures and interventions and the factors that help or hinder their implementation in European healthcare settings. After the development of a heuristic framework, a systematic search of literature databases and an online survey among experts were done. 81 experts and health professionals responded to the survey. This was followed by interviews with 10 international experts. The original plan was to deliver a report with an overview of effective interventions that address health needs of refugees. This was delivered. However, in order to facilitate

implementation, the WP has delivered also a follow up, a checklist, called "ATOMiC: Appraisal Tool for Optimizing Migrant Health Care". It provides practical guidance for improving health care services for often vulnerable groups. The checklist helps users – health care professionals, managers, policymakers, implementation advisors – to consider the various contextual and resource factors and to identify priority interventions and issues that require special attention when proceeding with improving the services. All milestones and deliverables have been achieved.

WP4: The overall aim of this WP was to provide a series of support tools for primary care practitioners who

## Dissemination and evaluation activities carried out so far and their major results

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# Work package

## Work Package 1: Coordination, Dissemination and Management of Project's Execution

Start month: 1

End month: 12

Work Package Leader: UOC

The coordinator will be responsible for organising the meetings of the steering committee, the kick-off meeting (to be held in Crete, Greece) and an interim meeting in month 6 and the final meeting with representatives of all EUR-HUMAN project participants. All beneficiaries will be involved in all tasks, of WP1 that will be coordinated by Prof. Christos Lionis. During the kick-off meeting the aims and outline of the project will be discussed with attention for the planned roles and activities of all partners. All participants will reach to an agreement regarding the limitations of the project, internal reports, and evaluation plan of the project, means of communication, dissemination strategies, publications rights, financial matters and administrative tasks.

### Task 1.1: Kick-off meeting (M1)

A meeting between the WP Leaders, together with personnel significantly involved in the project will take place within the first month of the official project start date. The overall project strategy and timetable will be framed and arrangements for effective communication will be agreed.

### Task 1.2: Steering committee and Advisory board (M1)

A steering committee will be established consisting of the EUR-HUMAN project coordinator, a representative of each beneficiary (preferably the WP leader), and a member of the management team. The steering committee will meet to monitor the progress of the project, and to discuss budgetary issues, milestones and deliverables. Minutes of the meetings will be made. A first task of the steering committee will be to reach consensus about a consortium agreement to be signed by all partners involved in the EUR-HUMAN project. The consortium agreement includes articles about e.g. responsibilities of the partners and the steering committee, (co-) authorship, and rules how to cope with potential conflicts or disagreements. Possible conflicts that cannot be solved otherwise will be decided upon by the steering committee. The Advisory Board will be established and consist of the coordinator and the leader or a scientific representative of each partner organization. This board meeting would be held twice via a teleconference or in person, over the twelve months of the project. The Advisory board will establish an international consulting body for the project and will offer feedback on the direction and progress of work on the project as well as guidance on quality assurance for the main deliverables of the project. The Advisory board will communicate with the Steering Committee after each meeting.

### Task 1.3: Meetings of the project (M12)

The coordinator will be responsible for organizing the meetings of the steering committee, the kick-off meeting and the final meeting with representatives of all project participants. During the meetings, agreements will be reached on boundaries of the project, uniformity of definitions, internal communication, potential dissemination strategies, authorship of publications and financial and administrative affairs as already mentioned in Tasks 1.1 & 1.2.

### Task 1.4: Dissemination plan (M1)

The dissemination plan has to ensure both a specific and more general use of the results, conclusions and recommendations of the project. The utilization of a project website and project leaflets will be central to the plan. There will also be at least two project newsletters produced during the EUR-HUMAN to demonstrate advances made in the project. The newsletters will be translated into the languages of partners and the emergent key languages in each project site. The key aim is to publish project results to stakeholders, national and international authorities health policy makers in countries mainly affected by the refugees' crisis and to the public.

### Task 1.5: Project website (M1)

A project website will be established and maintained with a public and password protected areas. The EUR-HUMAN website will incorporate both public and private access areas. The public area will include information

## Work Package 2: Communicating and liaison with stakeholders and refugees

Start month: 1

End month: 3

Work Package Leader: RUMC

Task 2.1: PLA is a research methodology which uses specific techniques that enable all people to be meaningful engaged, despite language or educational differences. Local researchers from all intervention sites will be trained in the application and ground rules of PLA methods (O'Reilly-de Brun 2010). (M1)

Work RUMC: planning and conducting the one-day training

Local teams: attend the training (include budget for travel expenses and for the an expert group of Acibadem University from Turkey).

Task 2.2: At the intervention sites, by purposive sampling, refugees of different age, gender, educational and geographical background will be recruited to participate in the local stakeholder group. Such a group will consist of approximately 10 persons. For this step, local research teams will have to be sensitive of regulations and governance of the refugee camps, and arrange the necessary permissions to enter the camps and recruit refugees. Local health professionals working in the camps can facilitate the recruitment. (M3)

RUMC: developing instruction for recruitment, and guidance for the fieldwork

Local teams: recruiting participants, organising the meetings

Task 2.3: PLA moderated sessions will take place to generate data on views, experiences and expectations of the refugees regarding their health and social needs, access and use of healthcare and social services. The amount of sessions will depend on when theoretical saturation is reached, presumably after 5-6 sessions. All sessions will be audiotaped and transcribed ad verbatim; these transcriptions together with materials produced during the sessions (e.g, stickies, option assessment tables etc.) form the data that will be coded and analysed by the research teams in each setting following the principles of a deductive framework analysis, using the same coding framework in all sites. This coding framework will be constructed and circulated by the WP leader, with input of all local teams. (M3)  
RUMC: provide support during the fieldwork + coding framework  
Local teams: attending the meetings (include in budget fee for participants) ; coding and analysis of local data resulting in local report

Task 2.4: Based on the local reports, the WP leader will write a comprehensive report on the views, experiences and expectations of the refugees. This report will be translated to a scientific paper and published to inform the community of researchers and policy makers in the field of refugees, and for primary care / public health professionals. On top of this, according to the moral duty when studying vulnerable populations, the results will be made public and accessible for refugees, migrant communities and NGOs supporting refugees. (M3)  
RUMC: drafting overall report on views, experiences and expectations of refugees regarding their health and social needs and access and use of services

## Work Package 3: Review of literature and expert knowledge

Start month: 1

End month: 4

Work Package Leader: NIVEL

Task 3.1: Completion of data collection strategy (M1).

In the first month a detailed plan is worked out to collect data from three sources, because by focusing solely on the literature it is very likely that valuable, practical information is going to be missed:

- A systematic search will be performed in several literature database (including Medline, PsychINFO, Embase, Scopus and PILOTS), covering the different language areas of the partners (Croatian, Dutch, English, German, Greek, Italian and Slovakian). Keywords will reflect the core themes, questions and challenges the EUR-HUMAN project seeks to address. Publications will be judged using pre-defined inclusion- and exclusion criteria.

- An online survey "what does (not) work and why?" will be administered broadly via networks of partners, representative organizations, ministries and social platforms ( like Researchgate and LinkedIn) to capture additional information on practices in Europe, to disentangle promising best practices, practice guidelines, and problems to avoid, and to collect additional references to relevant publications

and unpublished works. The survey will result in quantitative data and open answers. It is a low-threshold opportunity to get advice from different perspectives.

- Based on the dialogue with partners and the conversations within WP3, 10 to 15 international experts are invited to participate in an interview. The qualitative information forms an addition to the findings from the literature and the survey. It will help in describing the contexts, meaningful structure and process characteristics, and challenges of refugee health care in a European setting. The plan is developed using insights from the partners, apart from ARQ.

Task 3.2: Produce input for other working packages (M3).

In M2 and M3 the data is collected according to the plan. At the beginning of M3 the collected information is analysed and structured in order to provide practical information and advice for different target groups, useful for the tasks of the different partners. Later that month the information is presented and discussed at a partner meeting and feedback is collected.

Task 3.3: Completion of the final report (M5)

M4 and M5 will be devoted to writing the final report. This report will consist of different parts (the systematic review (scientific manuscript), the survey and the interviews), with an introduction chapter containing the background of the project, the objective and the most important lessons.

## Work Package 4: Developing tools and evidence-based practice guidelines for health care practitioners

Start month: 3

End month: 6

Work Package Leader: RUMC

Task 4.1: : Based on results of literature review and the report on health needs (WP2) of relevant guidelines, guidance, training and health promotion materials will be gathered; hereby materials from other EU projects will be used, such as the training developed in the MEMPs project and C2Me

Work: RUMC with contribution from all partners

Task 4.2: Organising and chairing of two-day expert meeting with approx. 30 experts in the field of: refugees (IOM, UHNCR etc.), primary care (EFPC, WONCA), contagious diseases (ECDC), chronic diseases and migrant care, mental healthcare for refugees, women's health etc. (M5)

Work: RUMC

Local teams: to send delegates to the expert meeting

Task 4.3: Drafting a report on the content of optimal primary healthcare for refugees, based on the outcomes of the expert meeting (M5)

Work: RUMC with contribution from all partners

Task 4.4: Produce and provide online a set of guidelines, guidance, training and



health promotion materials to support the local sites (M6)

Work: RUMC with contribution from all partners

Task 4.5: Produce a template for local adaptation and implementation of these guidelines, training etc. (M6)

Work: RUMC with contribution from all partners

We do not intend to dedicate time to discuss the type of the health data that the project aims to collect since we will utilize the "personal medical record" that was developed by the Migration Health Division of the International Organization of Migrants (IOM) with the support of the European Commission and the contribution from the European Centre for Diseases Prevention and Control. The "personal medical record" will be a key source of information for assessing refugee health status and health care needs. The "Handbook for Health Professionals" developed by IOM with the support of the European Commission would be utilized in this effort.

## Work Package 5: Mental health psychosocial support (MHPSS) and first aid for refugees

Start month: 3

End month: 6

Work Package Leader: FFZG

Task 5.1: Select appropriate approaches and methodology regarding rapid assessment of mental health and psychosocial support needs to be used in the implementation settings (M3)

Task 5.2: Develop protocol which includes procedures, tools for rapid assessment and provision of psychological first aid and MHPSS interventions to newly arriving refugees (M4)

Task 5.3: Adapt protocol, assessment tools, interventions to respective national and regional situation in collaboration with local stakeholders and provide input into WP6 for implementation (M5)

Task 5.4: Develop model of Integrated Continuity of Psychosocial Refugee Care from Early Hosting and First Care Centres to Psychosocial Advice and Support Points for Refugees (PASR) in communities of refugee destinations (M6)

The WP 5 coordinator will lead all 4 tasks with contribution from all partners, apart from EFPC.

## Work Package 6: Enhanced capacity building strategy for primary care staff, as well as, preparation and

## implementation of recommended interventions in selected implementation sites (Greece, Italy, Croatia, Slovenia, Hungary, Austria)

Start month: 4

End month: 11

Work Package Leader: MUW

Description of work for objective n<sup>o</sup>1:

MUW will coordinate and lead the tasks described under objective n<sup>o</sup>1 in WP6.

Task 6.1: Identification and assessment of existing capacity of local organisations (e.g. Red Cross, Caritas, local authorities, local primary care professionals) and of refugees who have themselves worked in primary care. (M6)

Task 6.2: Development and drafting of a curriculum and training material in English for primary care professionals and refugees who have themselves worked in primary care in two settings (M6):

- Staff in Early Hosting and First Care Centres as well as Transit Centres (insurance status, trauma, wounds, travel disorders, acute infections, chronic diseases, communicable diseases, identify risks faced by women during perinatal period, promote breastfeeding, provide ongoing perinatal care, emergency transport and clean delivery kits, family planning services.)
- Staff working in or health professionals living in the region of centres/homes for refugees and migrants with uncertain residency status who have applied for asylum (access to local health care system, health literacy, acute and chronic diseases, psychosocial health care, post-traumatic distress conditions, integration into society, etc.)

The refugees trained, then, can be an advisory capacity for their fellow refugees (e.g. trainers, consultants, advisors, supporters etc. without taking responsibility for the medical act until the legal situation is solved (which is not part of this project).

Information regarding Task 6.2: The inclusion of refugee primary health care workers into the PHC workforce of the specific countries is of major importance. E.g. among the refugees from Syria, there are many trained health workers. At the moment, those who have already arrived in EU countries face a long transition period before being able to practice their profession in the destination country. The inclusion strategy aims to include refugee primary care professionals as consultants in refugee facilities. The refugee health workers as well as already existing primary care professionals from the specific countries have to be trained in order to serve the health needs of their communities in destination countries as cultural experts and integration facilitators. Those trained health workers will enhance health literacy of their communities in a culturally sensitive way. The newly trained health workers will be an important for the integration of refugee communities in the destination countries. They serve as bridge between the local communities and the refugees in face of the crisis, especially; medical doctors, clinical psychologists, and nurses should be mobilized and integrated in the care for refugees. The training of the health care professionals from refugee communities will be trained with already

existing training material, designed by a team of interdisciplinary researchers from the MUW, who are also involved in this project, and other important stakeholders involved in the care for refugees and traumatized persons in Austria (Welcome Zentrum, Verein Österreichischer Psychotherapeuten, Asylkoordination, Österreichische Gesellschaft für Bioanalytik, World Psychiatric Association). The material is based on the newest state-of-the-art from WHO and UNHCR standards. For the purpose of the intervention, the available material will be translated in languages of refugee communities, such as Syrian Arabic. The training material used in Austria is easily adaptable to other destination country settings and implementation sides. The training for refugee health workers is designed as a basic training module about the health care system of the destination country and other specific themes important for the care of refugees: translation and accompaniment (based on UNHCR programme), dealing with stress and trauma (WPA), illness and culture in the MENA region and in Austria, documentation of experiences of violence, introduction to the Istanbul pr

## Work Package 7: Monitoring and Evaluation

Start month: 1

End month: 12

Work Package Leader: EFPC

Task 7.1: To develop the framework for monitoring and evaluation of the project (M1)

Task 7.2: To collect and assess the results of each working package, while using the framework, at 6, 12 months. (M6; M12)

Task 7.3: To provide for a final evaluation of the results of the project, to be included in the final report to the donor. (M12)

Task 7.4: To provide for lessons learnt and recommendations on health policies to donors and policymakers and to managers/practitioners in primary health care. (M12)

The WP 7 coordinator will lead all 4 tasks with contribution from all partners.

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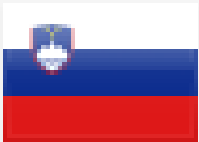
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## Final report to CHAFEA

UOC

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 12/06/2017

This report describes the project implementation and the results achieved. The deliverables are annexed.

## Chapter in the final report

EFPC

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 12/06/2017

Chapter in the final report, containing the final evaluation, conclusions and recommendations

## Project website

UOC

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

Project website realized

## Project leaflet

UOC

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

A leaflet to promote the project

## Report on views, experiences and expectations of refugees regarding their health and social needs and access and use of services

RUMC

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

Report as a basis for the meeting of experts

## Summary of preliminary findings and practical recommendations

NIVEL

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

Document with preliminary findings and practical recommendations for policy-makers, health care professionals, refugees and other relevant stakeholders

## Final synthesis

NIVEL

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

Document with the final synthesis of the review

## Report of expert meeting

RUMC

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

Document of the development and the approval of best practice guidelines and tools.

## Set of guidelines, guidance, training and health promotion materials for optimal primary care for newly arrived migrants including refugees

RUMC

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

Document with the Set of guidelines, guidance, training and health promotion materials for optimal primary care for newly arrived migrants including refugees

## Protocol with procedures, tools and interventions

FFZG

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

Protocol with procedures, tools for rapid assessment and provision of psychological first aid and MHPSS

## Model of integrated care

FFZG

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

Description of the Model of Integrated Continuity of Psychosocial Refugee Care and its components

## Report about the results of the assessment of local resources available

MUW

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

Development of actions to enhance capacity building of primary health care staff

## Summary report about the run by the different implementation site countries

MUW

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

Implementation of pilot interventions in Greece, Italy, Croatia, Slovenia, Hungary and Austria

## Monitoring and evaluation framework

EFPC

EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)

Published on: 19/05/2017

This framework contains parameters, indicators and timelines for each work package and deliverable and also for the project as a whole

## Interim evaluation report

EFPC



EUropean Refugees - HUman Movement and Advisory Network (EUR-HUMAN)  
Published on: 19/05/2017  
Interim report on the evaluation of the project's progress and aims