EUR-HUMAN

Tools and Guidelines

for optimal primary care for refugees and other newly arrived migrants

Work package 4 title: Developing tools and evidence-based practice guidelines for health care practitioners

Deliverable 4.2: Set of guidelines, guidance, training and health promotion materials for optimal primary care for newly arrived migrants including refugees

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Executive Summary

The EUR-HUMAN project

The European Refugees-Human Movement and Advisory Network project (EUR-HUMAN), running from January to December 2016, aims to enhance the capacity of European member states in addressing refugee health needs in the early arrival period (first reception centres) as well as in transit countries and longer-term settlements (longer stay reception centres in countries of destination). The specific objective of EUR-HUMAN is to develop guidance documents, recommendations and training for the provision of cultural sensitive, integrated comprehensive person-centred primary care for refugees in these settings, and pilot these in interventions in six countries (Greece, Italy, Croatia, Slovenia, Hungary and Austria).

Work package 4

Within work package 4 several tasks were carried out:

1. Based on the results of previous work packages (WP2 health needs, WP3 systematic review, WP5 mental health), relevant guidelines, guidance, training, tools and health promotion materials were gathered.
2. A two-day expert meeting was organised and took place in Athens on the 8th and 9th of June 2016.
3. Based on the outcomes of the expert meeting in Athens a report was drafted on the content of optimal primary health care for refugees (Deliverable 4.1).
4. The current guidance for optimal primary care for refugees was created using all input from work packages 2, 3, 5, and the expert consensus meeting (Deliverable 4.2).

Deliverable 4.2

This guidance (Deliverable 4.2) contains tools, recommendations, guidelines and training materials to support the development of the training for the implementation sites as well as the implementation of these interventions in WP6. It also contains a template for local adaptation and implementation.

The materials described in this guidance can be used to improve primary health care (PHC) for refugees and other newly arrived migrants in first reception centres as well as in longer stay reception sites. It is meant for PHC providers and social workers as well as, in some cases, for the volunteers involved in the assessment of health needs or in the primary healthcare for refugees.

Content of the guidance

The guidance consists of two parts. The first part relates to overarching issues: “cultural competence in health care”, “continuity of care” and “information and health promotion". The second part describes tools and guidelines on six specific issues: health assessment, mental health, reproductive health, child care, infectious diseases and vaccination.

Adaptation and implementation

An important next step is the adaptation of guidelines and tools to the local context of use. This deliverable provides a simple guidance for adaptation, based on the *“PIPOH”* approach: *“Population of interest, the Intervention of interest, the Professions to which the guideline / tool is to be targeted and the Outcomes and Health care setting of interest (PIPOH)”.*

Stakeholders in refugee health care optimization should carefully consider these and other factors identified during the EUR-HUMAN project and are encouraged to work with the ATOMiC checklist *(“Appraisal Tool for Optimizing Migrant Health Care”)* while anticipating the implementation of a particular tool, guideline or other health care improvement, directed at one or more of the potential or actual health issues of refugees and other migrants.

Section 1. Introduction, aims and objectives

In 2015 the flow of migrants, and especially refugees, entering Europe considerably increased. The high numbers of refugees arriving at the Greek islands and Italian shores, and travelling from there through South – Eastern Europe towards countries of their destination in Northern-Europe, led to the introduction of the term 'international refugee crisis. Many European countries are since then developing policies and plans to better define their role in supporting refugees entering Europe.

The European Refugees-Human Movement and Advisory Network (EUR-HUMAN) project, running from January to December 2016, is an EU funded project aiming to identify, design, assess and implement measures and interventions to improve primary health care delivery for refugees and other migrants with a focus on vulnerable groups. The objective is to provide good and affordable comprehensive person-centred and integrated care for all ages and all ailments, taking into account the trans-cultural setting and the needs, wishes and expectations of the newly arriving refugees, and to ensure a service delivery equitable to that of the local population.

The role of work package 4 (WP4) in the project

The work of WP4 has been closely tied to the other WPs in EUR-HUMAN. The aim of the EUR-HUMAN project is to develop guidance documents/recommendations in WP4, and to pilot this guidance, tools and training for the provision of integrated comprehensive person-centred primary care for refugees at the intervention sites in first, short-stay, and reception centres (short stay/first reception centres), transit centres and longer stay reception centres in WP6.

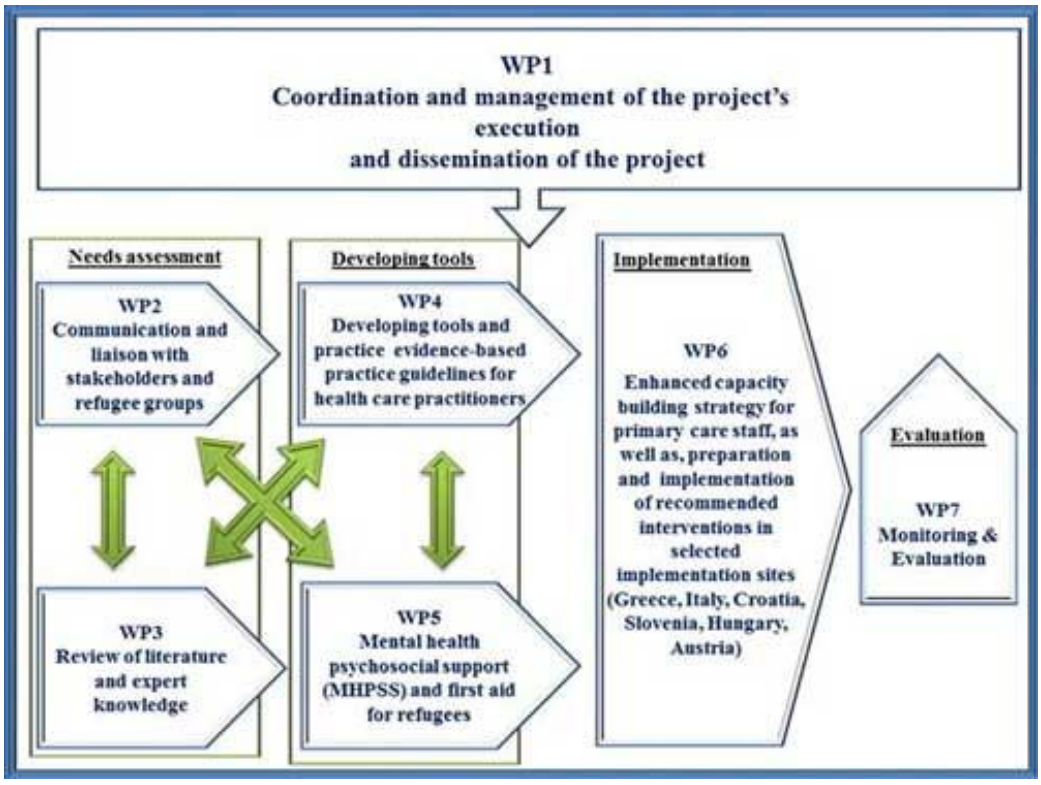


Figure 1 Illustration of the role of WP4 in the project

As the DoW reports, WP 4 will:

- Arrange an international consensus panel meeting for development and approval of best practice guidelines and tools.
- Define the optimal content of healthcare and social services needed to prevent infectious diseases, chronic diseases and further mental health damage in newly arrived migrants; and to provide good care for acute and chronic physical and mental health conditions in concordance with professional standards.
- Identify and define necessary knowledge, skills, training and other support and resources needed for professionals to enable them to provide above mentioned good comprehensive care

The tasks planned and developed in this WP are detailed below:
Task 4.1: Based on results of literature review and the report on health needs (WP2) relevant guidelines, guidance, training and health promotion materials will be gathered;
Task 4.2: Organising and chairing of two-day expert meeting. This meeting took place in Athens on the 8th and 9th of June 2016.
Task 4.3: Drafting a report on the content of optimal primary healthcare for refugees, based on the outcomes of the expert meeting. This report is submitted as Deliverable D4.1
Task 4.4: Produce and provide online a set of guidelines, guidance, training and health promotion materials to support the local sites (Deliverable D4.2).
Task 4.5: Produce a template for local adaptation and implementation of these guidelines, training materials etc. (Deliverable D4.2).

Deliverable 4.2
This guidance (Deliverable 4.2) contains tools, recommendations, guidelines, training materials to support the development of the training that in WP6 the University of Vienna and Arq will provide for the implementation sites as well as the implementation of these interventions in WP6. It therefore also, contains a template for local adaptation and implementation.
The tools, guidelines, recommendations and implementation strategies described in this guidance can be used to improve primary health care (PHC) for refugees and other newly arrived migrants in first reception centres as well as in longer stay reception sites.
This guidance is meant for PHC providers and social workers as well as, in some cases, for the volunteers involved in the assessment of health needs or in the primary healthcare for refugees and other newly arrived migrants.

Section 2 describes the methods used to develop this guidance.
Section 3 provides a description on how to use the guidance. In this section all tools, guidelines and health promotion materials are described. For every tool we give a description on who can use it, in what situation and what the preconditions are. An overview of all tools is provided in the overview table on page 11.
Section 4 provides an overview of relevant existing training materials identified, that can be used in the development of the training in WP6.
Section 5 addresses the implementation of interventions in the local settings. It describes how to adapt tools, guidelines and health promotion materials to the local situation - to the migrant groups in that setting, as well as the organisation of healthcare and provisions in that setting and the national regulations to take into account. In addition it provides guidance on how to choose interventions for implementation.

Section 2. Methods

This guidance was developed using a multi-perspective, stepwise approach, building upon the results of previous work packages.

1. The project started in February with participatory fieldwork among refugees and health care workers in Greece, Italy, Croatia, Slovenia, Hungary, Austria and the Netherlands about their health needs, experiences, wishes and expectations regarding health care and social care throughout the journey through Europe (WP2). Most health problems appeared to be war and journey related: wounds, burns, common infections due to overcrowded reception centres and mental health problems; as most important health needs were mentioned the provision of basic life provisions, care for pregnancy related problems, continuity of care for chronic conditions, compassionate care providers and the provision of information on procedures and health. Refugees face many barriers in accessing health care due to lack of time and linguistic and cultural barriers. (Deliverable 2.1) These insights were used to identify the topics and issues / health problems that needed to be addressed in this guidance.

2. Then a systematic search in different literature databases, an online survey at different European sites and expert interviews were conducted to identify success factors and obstacles in the implementation of tools and interventions to optimize health care for refugees and other migrants in the European context (WP3). The general findings of WP3 point at recurring success factors and implementation obstacles (Deliverable 3.1 and 3.2, see also section 5 of current document).

3. On top of the tools identified in the review, we searched for tools, guidelines and training materials on databases / websites of international organisations as WHO, UNHCR, IOM, EU, ECDC, NGO's and of other current or previous related (EU-funded) projects on healthcare for refugees or other migrants, like MEM-TP, C2Me, Mipex, CARE, SH-CAPAC, Migrant friendly hospitals, Mighealth, Promovac etc.

4. Specific attention is dedicated to mental health, and a protocol for assessment of mental health needs is added. University of Zagreb developed in WP5 a protocol regarding procedures in primary health care that enable rapid assessment of mental health status, provide psychological first aid and ensure referral for specialized care for highly traumatized refugees. (Deliverable 5.1, see also mental health section of current document)

5. The next step was the consultation of international and local experts who discussed, commented and added to all tools, guidelines, recommendations and materials thus far identified. On the 8th and 9th of June 2016 in Athens an expert consensus meeting was organized and attended by sixty-nine (69) participants from fourteen (14) different countries. Consensus during the meeting was initiated by discussions in small groups that were reported and then discussed in the plenary sessions (Deliverable 4.1).

6. The template for local adaptation and implementation was fed by the assessment of the local situation and resources available at the six implementation sites (Deliverable 6.1). It provided us with insights what the PHC providers in these sites need in order to be able to choose and implement the

interventions. It became clear that the situation in the respective intervention site countries is highly complex and very dynamic.

7. Finally, from all sources described here above, we selected the tools, guidelines, training materials and health promotion materials to compose this guidance. All tools, guidelines and materials were assessed independently by three staff members of the RUMC team: a GP trainee (MH), a social scientist (TvL) and an experienced general practitioner/teacher/researcher (MvdM). They were judged upon:

- are they robust or scientific rigorous: either evidence based, or practice based developed and implemented by reliable organisations
- are they feasible in settings with limited time / manpower available
- are they applicable for primary healthcare
- are they specifically applicable for (various groups) of refugees
- are they applicable for the different sites involved in EUR-HUMAN: the short-stay first reception centres (hot-spots), the transit centres and the longer stay reception centres.

This means that NOT included in the guidance are:

- Tools / guidelines on specialist treatment of for instance severe PTSD
- Existing guidelines for Primary Healthcare for specific diseases that are common in all populations, like diabetes, although some of these guidelines will differ when applied to migrants (e.g. the treatment of hypertension in West-African migrants is different from the treatment of the European population)
- Guidelines for the treatment of specific non-communicable diseases that is more prevalent in migrants than in other populations, but not specifically more prevalent among refugees, like hemoglobinopathy.

The current selection of tools, guidance and materials is based on all the above described steps. Most tools and guidance are experience based, only very few evidence based – where this is the case we mention this. The original source of the tool / guideline is mentioned in the description of the tool.

Theoretical framework and leading principles.

The choice of tools, guidelines and other materials is guided by the following vision on primary health care that was confirmed by the experts during the expert consensus meeting in Athens:

Primary health care for refugees and other migrants should be equitable, accessible and affordable for all patients according to their needs, person-centred, cultural sensitive, comprehensive, goal-oriented, minimally disruptive, compassionate, outreaching, integrated within the existing primary health system and other services, and provided by a multidisciplinary team[1].

The guidance has its basis in the strategic plan of the workflow of healthcare in reception centres.

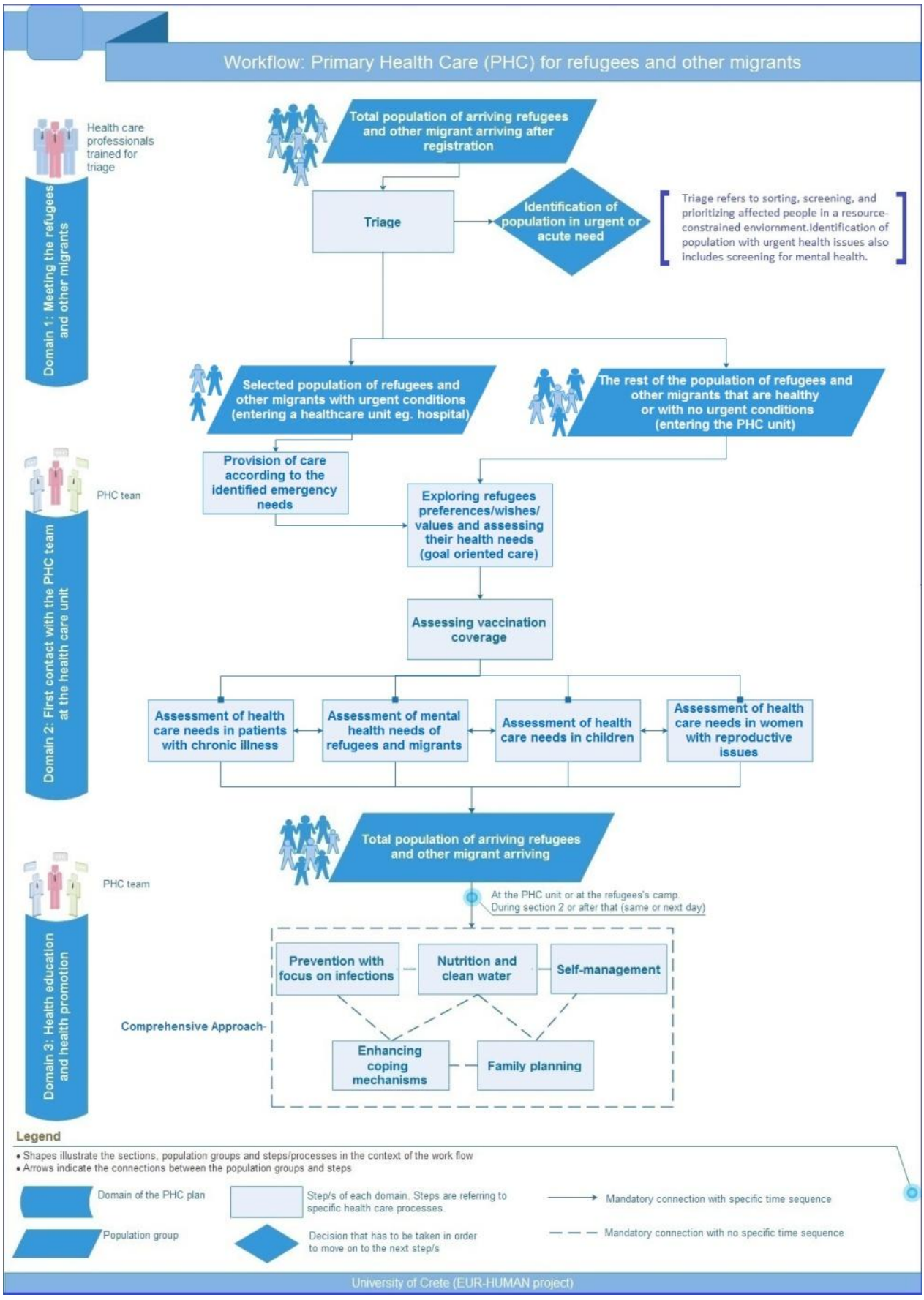
[1] *European Commission (2014). Expert Panel of Effective Ways of Investigating in Health.*

Workflow: strategic plan

Within the EUR-HUMAN project a workflow with three domains is developed, illustrating how health needs of population groups can be addressed by, health care professionals (figure 2). In the **first domain** urgent cases are identified and separated from non-urgent cases. The **second domain** covers assessment for all refugees and migrants, of vaccination coverage and of care needs concerning chronic illness, mental illness, children, and women with reproductive issues. In the **third domain** a health education and promotion activities for all refugees and migrants take place.

This workflow is applicable to situations in countries were refugees enter the European Unions and in destination countries (in first arrival centres-short stay/first reception centres, in transit and permanent centres for refugees / immigrant).

Figure 2 Strategic plan



Section 3. The guidance

How to use this guidance

In this guidance a collection of existing and relevant tools, guidelines, recommendations and implementation strategies can be found to support primary health care for refugees and other newly arrived migrants. The guidance is divided into two parts; one describing overarching issues and one concerning specific issues. Each section starts with some general recommendations that were obtained from the expert consensus meeting in Athens (see methods section). Then, a set of relevant tools and guidelines are presented.

This guidance is meant for workers in primary healthcare on the spot: primary healthcare doctors, nurses, social workers, volunteers and refugees with a background in health care services involved in provision of PHC services. They could use it during consultation when they need some practical tool or checklist. Furthermore, it could also be utilized for training and educational purposes.
For a quick use in practice, the following steps will lead you to the tool or checklist you need:

1. The overview of guidelines and tools shows all available tools in a glance. In this overview you can click on the tool to directly link you to its description.
   Instruction:
   - Look at the overview
   - In the overview you can find 3 overarching themes (Cultural competence, continuity of care and health information and promotion) and 6 specific issues.
   - For every overarching theme or specific issue several tools are specified.
   - Decide which tool or guidelines you are interested in.
   - Click on the tool or guidelines you are interested in.
   - You will be directed to the related tool or guidelines
   - Below each page you can find a [→ back to overview] link. Clicking on it will direct you to the overview of guidelines and tools.
   - For some tools/manuals only URLs are provided and you will need an internet connection to access them.

2. Each tool contains a description of:
   - *Domain*: Domain 1, 2 or 3 of the strategic plan (see page 6 for a description).
   - *Location*: This can be at short stay/first reception centre sites or longer stay reception centres.
   - *Issue:* Target area of the tool.
   - *Provider:* A description on who can use the tool/guideline/training.
   - *Type:* Tool/checklist/protocol/questionnaire/guideline/information/training.
   - *Developed by:* a description of who developed the tool, including the reference
   - *Description:* A short description of the tool is provided.

Overview of guidelines and tools

Overarching topics

1. Cultural competence in health care
2. Continuity of care
3. Information and health promotion

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Cultural competence in health care

Organisation:

1. Enable the composition of multidisciplinary primary health care teams

- install **multidisciplinary teams** that contain accredited quality workers including the following: doctor, nurse, midwife, social worker, dietician, mental health worker, 'navigator' or volunteer or CHW, interpreter (well trained, not informal)
- enable task shifting and joint triaging
- shape supportive environment /info sharing and address compassion fatigue through joint meetings
- develop and use protocols for task division, on responsibilities of nurses / paraprofessionals / volunteers and doctors

2. Guarantee a safe and confidential environment

- install separate toilets for women close to accommodation to reduce sexual violence
- introduce volunteers from migrant communities as navigator (to help with feeling of safety and trust)
- provide separate examination rooms

Trained health care workers:

All care providers need to be cultural competent, compassionate and person-centred.

a. an *attitude* enabling the building of a trustful relationship
   i. awareness of the own personal background (gender, culture, language)
   ii. awareness of the personal context of the migrant patient (language, educational level, culture, migrant status)
   iii. ability to provide compassionate care
   iv. awareness of signs of compassion fatigue

b. *Knowledge*
   i. of the healthcare system , asylum process and entitlements for different migrant groups
   ii. of signs of vulnerability and vulnerable groups ((unaccompanied) minors, elderly, pregnant women or persons with chronic illness)
   iii. of specific tasks in triage, assessment, initial treatment, health promotion and of the specific content of healthcare for refugees and other migrants

c. *Skills*
   i. to collaborate in a multidisciplinary team, including volunteers
   ii. to deal with task shifting
   iii. to communicate adapted to the linguistic, educational and cultural needs of the patient - including working with interpreters.

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Useful links on compassionate care

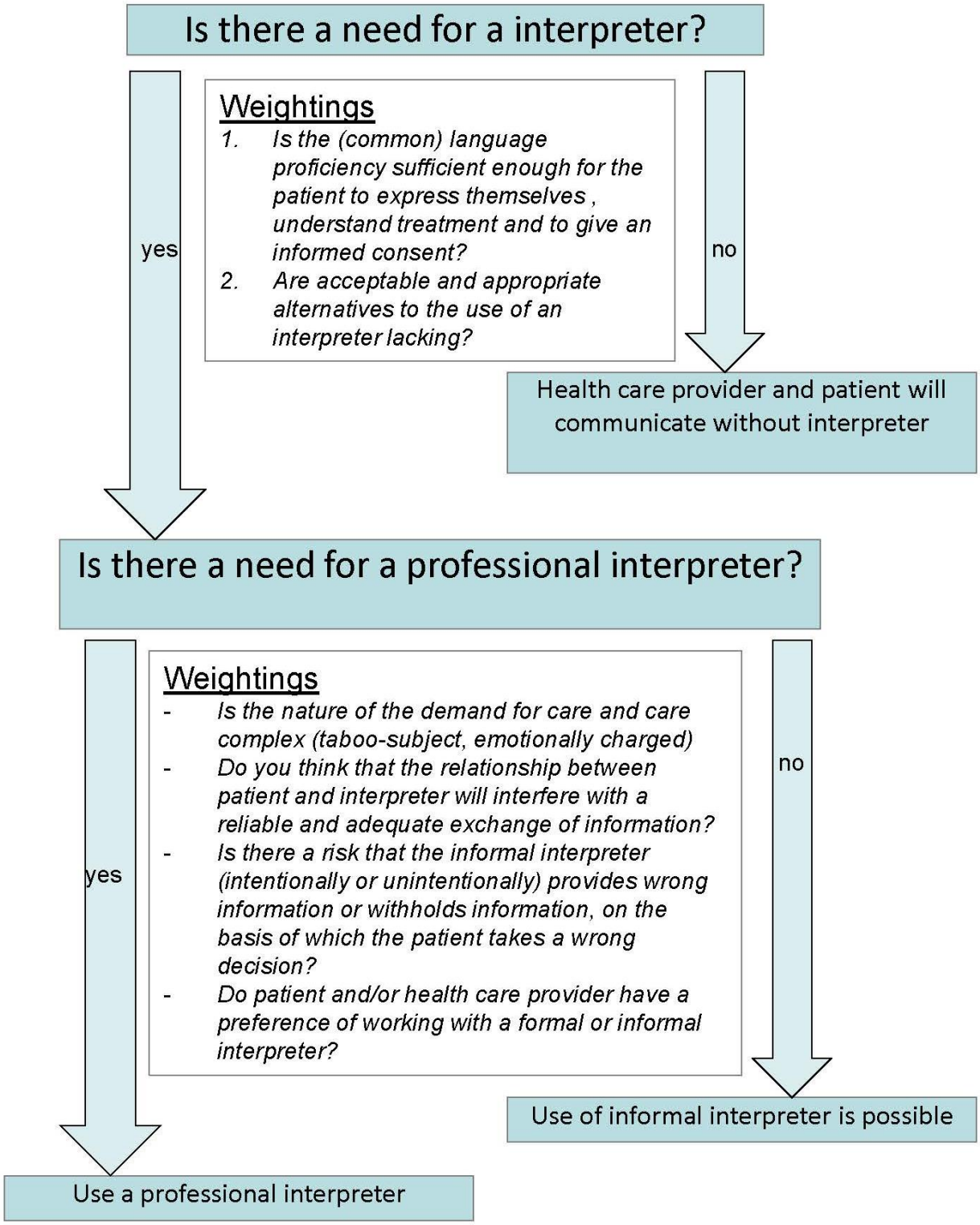
Issue:	Measuring your compassion
Title:	DISPOSITIONAL POSITIVE EMOTIONS SCALE (DPES) –COMPASSION SUBSCALE.
Description	The compassion subscale of the DPES is a 5-item questionnaire for health care practitioners that measures a dispositional tendency to feel compassion toward people in general.
URL:	http://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/CompassionandCompassionateLove-DISPOSITIONALPOSITIVEEMOTIONSSCALE.pdf
Developed by:	Fetzer institute

Issue:	Measuring compassionate care
Title:	Compassionate Care Assessment Tool (CCAT)©
Description	A 28-item tool that can be filled in by refugees
URL:	http://internationaljournalofcaringsciences.org/docs/6.%20Burnell%20Compassionate%20Care%20Tool.pdf
Developed by:	Burnell, L., Agan, D.L. Compassionate care can it be defined and measured? The development of the compassionate care assessment tool. Int J Caring Sci. Volume 6, Issue 2, Pages 180-187

Working with interpreters:

- Minimise the use of informal interpreters (family and friends) as much as possible
- Only use informal interpreters in case of emergency and highlight the following information:
  - privacy
  - their role in interpreting
  - why certain questions are asked
- Never use children for interpreting
- Consider the seating arrangements – an equilateral triangle usually works best.
- Ensure that you use the same interpreter for the duration of your work with a client.
- Try and speak slowly and clearly and in short segments, because the interpreter has to remember what you have said and then interpret it.

The flowchart on the next page can help you decide whether to use a professional interpreter.



Source: *Kwaliteitsnorm tolkgebruik bij anderstaligen in de zorg [Dutch]*
http://www.knmg.nl/Publicaties/KNMGpublicatie/142783/Kwaliteitsnorm-tolkgebruik-bij-anderstaligen-in-de-zorg.htm

There is an ethical code for interpreters (NCIHC code) and a standard for practice:
For more information: http://www.ncihc.org/ethics-and-standards-of-practice

NCIHC

Code of Ethics for Interpreters in Health Care

- The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.
- The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.
- The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.
- The interpreter maintains the boundaries of the professional role, refraining from personal involvement.
- The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.
- The interpreter treats all parties with respect.
- When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.
- The interpreter strives to continually further his/her knowledge and skills.
- The interpreter must at all times act in a professional and ethical manner.

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Standards for practice (NCIHC):

Accuracy	1. The interpreter renders all messages accurately and completely, without adding, omitting, or substituting. 2. The interpreter replicates the register, style, and tone of the speaker. 3. The interpreter advises parties that everything said will be interpreted. 4. The interpreter manages the flow of communication. 5. The interpreter corrects errors in interpretation. 6. The interpreter maintains transparency.
Confidentiality	7. The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law. 8. The interpreter protects written patient information in his or her possession.
Impartiality	9. The interpreter does not allow personal judgments or cultural values to influence objectivity. 10. The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary.
Respect	11. The interpreter uses professional, culturally appropriate ways of showing respect. 12. The interpreter promotes direct communication among all parties in the encounter 13. The interpreter promotes patient autonomy
Cultural awareness	14. The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture. 15. The interpreter alerts all parties to any significant cultural misunderstanding that arises.
Role boundaries	16. The interpreter limits personal involvement with all parties during the interpreting assignment. 17. The interpreter limits his or her professional activity to interpreting within an encounter. 18. The interpreter with an additional role adheres to all interpreting standards of practice while interpreting.
Professionalism	19. The interpreter is honest and ethical in all business practices. 20. The interpreter is prepared for all assignments. 21. The interpreter discloses skill limitations with respect to particular assignments. 22. The interpreter avoids sight translation, especially of complex or critical documents, if he or she lacks sight translation skills. 23. The interpreter is accountable for professional performance. 24 The interpreter advocates for working conditions that support quality interpreting. 25. The interpreter shows respect for professionals with whom he or she works. 26. The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting.
Professional development	27. The interpreter continues to develop language and cultural knowledge and interpreting skills. 28. The interpreter seeks feedback to improve his or her performance. 29. The interpreter supports the professional development of fellow interpreters. 30. The interpreter participates in organizations and activities that contribute to the development of the profession.
Advocacy	31. The interpreter may speak out to protect an individual from serious harm. 32. The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.

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Other useful links

Issue:	List with most frequently asked questions in emergency situation.
Title:	Basic language emergency kit
Description	The Basic Language Emergency Kit helps healthcare providers communicate with refugees/migrants in emergency situations. List with most frequently asked questions in emergency situation. Available in 17 languages: English, Arabic, Bulgarian, Chinese, Croatian, Dutch, French, German, Greek, Lithuanian, Polish, Portuguese, Romanian, Russian, Spanish, Turkish, Ukrainian.
URL:	http://www.takecareproject.eu/en-2
Developed by:	Take care project

Issue:	Glossary
Title:	Word Fan
Description	A word fan including words relevant for health care. Available in 17 languages: English, Arabic, Bulgarian, Chinese, Croatian, Dutch, French, German, Greek, Lithuanian, Polish, Portuguese, Romanian, Russian, Spanish, Turkish, Ukrainian.
URL:	http://www.takecareproject.eu/upload/docs/GLOSSARY.pdf
Developed by:	Take care project

Issue:	Guideline for primary care in low resource countries
Title:	Prevention and control of non-communicable diseases
Description	The primary goal of the guideline is to improve the quality of care and the outcome in people with type 2 diabetes or asthma / COPD in low-resource settings. It recommends a set of basic interventions to integrate management of diabetes into primary health care. It will serve as basis for development of simple algorithms for use by health care staff in primary care in low-resource settings, to reduce the risk of acute and chronic complications of diabetes.
URL:	https://www.medbox.org/clinical-guidelines/listing
Developed by:	WHO

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Continuity of care

Organisation

- Have one organisation in charge of coordination of all care by different providers.
- Make clear **what** services are available for **which** groups of refugees/migrants and by **whom** it is provided.
- Appoint a medical coordinator.
- Appoint a navigator (for instance a volunteer) that will help refugees to navigate through the system.

Informational continuity:

- Refugees are a moving population, it is important that health care providers in other countries can read the medical documentation as well. Therefore, write in English (not only in national language) in medical records since health care providers in other countries need to read it as well.
- Use universal (international codes) for diseases/medication and vaccination.

Useful links

Issue:	Medication indexed according to name and ATC code
Title:	ATC/DDD Index 2016
Description	A searchable version of the complete ATC index with DDD. You can find ATC codes and DDDs for substance name and/or ATC levels.
URL:	http://www.whocc.no/atc_ddd_index/
Developed by:	WHO collaborating centre for drug statistics and methodology

Issue:	Personal health record
Title:	IOM personal health record and handbook
Description	It includes in one single document the health data and information that will help the health professionals get a comprehensive view of refugees health status and needs. IOM is currently working on a electronic version.
URL:	http://ec.europa.eu/dgs/health_food-safety/docs/personal_health_record_english.pdf http://ec.europa.eu/dgs/health_food-safety/docs/personal_health_handbook_english.pdf
Developed by:	IOM

Issue:	Codes for vaccines
Title:	Vaccine nomenclature: the three-letter code.
Description	Description of three letter code for vaccines
URL:	http://www.ncbi.nlm.nih.gov/pubmed/10618552
Developed by:	Maurer W.Vaccine nomenclature: the three-letter code. OMCL Vaccine Nomenclature Drafting Group. Vaccine. 2000 Feb 14;18(15):1539-42.

Information needs and health promotion

Information for health care workers:

Every health care worker should at least be aware of the following knowledge:

- Political and legal situation of the receiving country and country of origin.
- Asylum process and entitlements of different migrant groups.
- Healthcare system information.
- Information on particular risks, needs and problems of refugee/migrant groups at the local sites.

Information for refugees:

- Provide information on basic human rights.
- Make sure all information is culturally appropriate.
- Make sure information also fit needs of illiterate: use visual material and oral explanation.
- The following information should (at least) be available for refugees:
    - Hygiene
    - Sanitation
    - Malnutrition
    - Healthcare system information

Useful links

Issue:	Health care system information
Title:	Migration integration policy index: Mipex
Description	This website provides information on how countries are promoting integration of immigrants.
URL:	http://www.mipex.eu/
Developed by:	MIPEX project

Issue:	Clinical guidelines for several diseases
Title:	MEDbox
Description	On this webpage you can find information and clinical guidelines on many diseases
URL:	https://www.medbox.org/clinical-guidelines/listing
Developed by:	Depending on the guideline

Issue:	Health promotion
Title:	Patient information on several diseases/issues
Description	Information available in English, Arabic, German, Russian, Spanish and Turkish
URL:	http://www.patienten-information.de/kurzinformationen/uebersetzungen
Developed by:	AZQ

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Specific issues

1. Health Assessment
2. Mental Health
3. Reproductive Health care
4. Child care
5. Infectious diseases
6. Vaccination

1. Health assessment

Refugees arrive in short stay/first reception centres often exhausted and with many journey and violence related health problems, sometimes critically ill or wounded. When large groups arrive, a triage system, assessing who are first in need of care is urgent.

General recommendations

- The initial assessment should be done by a **multidisciplinary team** that contain accredited quality workers including the following:
  - Doctor
  - Nurse
  - Midwife
  - Social worker
  - Mental health worker
  - 'Navigator' or volunteer or CHW
  - Interpreter (well trained, not informal)
  - If available a dietician
- Enable task shifting and joint triaging.
- Make sure there are enough rooms available to provide confidential environment.

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Organisation

Emergency Health Kit

Domain:	1 and 2
Issue:	General healthcare
Location	Short stay/first reception centres (early phase of crisis situations)
Provider:	UN agencies and international and nongovernmental organizations responding to large-scale emergencies
Developed by	WHO
Includes:	Manual , 72 pages
Features:	Provides a manual for the necessary medication and medical devices in large scale emergencies
URL:	http://www.who.int/medicines/publications/emergencyhealthkit2011/en/

Description:

The concept of the emergency health kit has been adopted by many organizations and national authorities as a reliable, standardized, affordable and quickly available source of the essential medicines and medical devices (renewable and equipment) urgently needed in a disaster situation. Its content is based on the health needs of 10 000 people for a period of three months. This document provides background information on the composition and use of the emergency health kit.

- Chapter 1 describes supply needs in emergency situations and is intended as a general introduction for health administrators and field officers.
- Chapter 2 explains the selection of medicines and medical devices – renewable and equipment – that are included in the kit, and also provides more technical details intended for prescribers.
- Chapter 3 describes the composition of the kit, which consists of basic and supplementary units.

Triage/red flags

Domain:	1
Issue:	Red flags checklist
Location	Short stay/first reception centre and longer stay reception centre
Provider:	Health care workers in triage
Developed by	EUR-HUMAN
Includes:	Quick checklist for red flags and vulnerable groups

Red flag symptoms or signs	yes	no
Shock or coma or hypoglycaemia		
Fever		
Cough		
Acute injury -trauma		
Haemorrhage		
Dyspnoea		
Respiratory rate (high-low)		
Short breathiness		
Signs of dehydration		
Signs of starvation		
Delirium		
Suicidal ideation/ thoughts of self-harm		
Diarrhoea		
Vomiting		
Scabies		
Burns or frostbites		
Wet clothes- torn apart		
Bruises –signs of surgery (esp. children)		
Special groups		
Pregnancy or carrying an infant		
Disabled/handicapped		
Unaccompanied children		
Chronically ill		

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Screening form for refugees

Domain:	1 and 2
Issue:	Anamnesis/screening
Location	Short stay/first reception centre and longer stay reception centre
Provider:	Refugees can fill in themselves
Developed by	Landkreis Führt, (2015)
Includes:	Questionnaire for triage
URL:	https://www.medbox.org/anamnesis-screening/toolboxes/listing

Description:

A short form (2 pages) for anamnesis/triage of red flags that refugees can fill in themselves or health care providers can fill in for them. Available in English, Arabic, Farsi, Kurdish, Croatian, Serbian, Georgian, Macedonian.

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Date of examination: Language: Englisch

Number/day:

Questionnaire for the initial examination for asylum seekers

Please present the completed questionnaire when undergoing the initial examination!

First and last name:……

Date of birth:……

1. Do you or your children suffer from looseness and/or ☐ yes ☐ no
   vomiting? ☐ yes ☐ no
   If yes, since when? ☐ 1-2 days
   ☐ 1-4 weeks
   ☐ More than 4 weeks

2. Do you suffer from breathlessness when resting and/or ☐ yes ☐ no
   under stress? ☐ yes ☐ no

3. Do you suffer from cough? ☐ yes ☐ no
   With secretion? ☐
   Without secretion? ☐

4. Do you or your children suffer from fever or do you have the suspicion of an acute infectious disease with fever? yes ☐ no ☐

5. Do you or your children have yellow-coloured skin, and/or eyes? yes ☐ no ☐

6. Do you or your children have conspicuous skin alterations? yes ☐ no ☐
   Hydrous bladders/blisters ☐
   Purulent pustules ☐
   Blury/spread discolorations ☐
   Ulcers/wounds ☐
   Papules ☐
   Wheals ☐
   Haemorrhages ☐
   Itching ☐
   ……□

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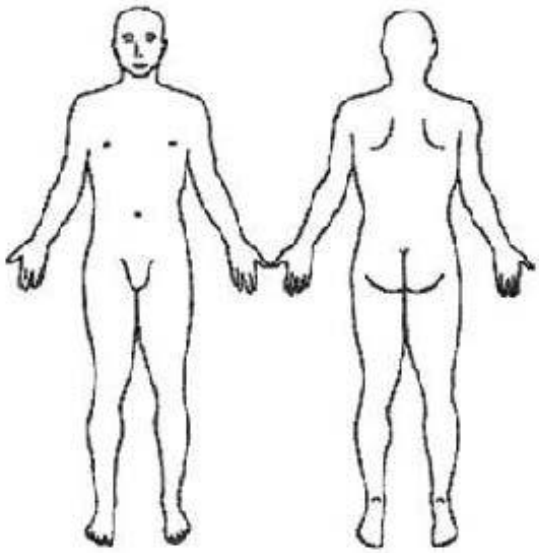
If so, where? **(Please mark on the figure using *)**

		yes	no
7.	Do you or your children have tumours under Your skin, for example at your neck, armpit or inguinal region? If so, where? **(Please mark on the figure using *)**	☐	☐
8.	Have you unintentionally lost weight, recently?	☐	☐
9.	Do you or your children currently suffer or have suffered from tuberculosis?	☐	☐
10.	Do you or your children suffer from chronic diseases? If yes, which diseases?	☐	☐



....

Date Signature

ABCDE or ATLS (advanced trauma life support):

Domain:	1
Issue:	First health assessment
Location:	Short stay/first reception centre and emergency situation in longer stay reception centres
Provider:	Health care provider (GP)
Target group:	general population
Developed by	Thim T, Krarup NHV, Grove EL, Rohde CV, Løfgren B. Initial assessment and treatment with the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach. *International Journal of General Medicine*. 2012;5:117-121. doi:10.2147/IJGM.S28478.
Includes:	Tool
URL:	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3273374/

Description

The Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach is an approach for the immediate assessment and treatment of critically ill or injured patients.

	Assessment	Treatment
A – Airways	Voice Breath sounds	Head tilt and chin lift *Oxygen (15 l min^{-1}) Suction*
B – Breathing	Respiratory rate (12–20 min^{-1}) Chest wall movements Chest percussion *Lung auscultation* *Pulse oximetry (97%–100%)*	Seat comfortably Rescue breaths *Inhaled medications* *Bag-mask ventilation* *Decompress tension pneumothorax*
C – Circulation	Skin color, sweating Capillary refill time (<2 s) Palpate pulse rate (60–100 min^{-1}) *Heart auscultation* *Blood pressure (systolic 100–140 mmHg)* *Electrocardiography monitoring*	Stop bleeding Elevate legs *Intravenous access* *Infuse saline*
D – Disability	Level of consciousness – AVPU • Alert • Voice responsive • Pain responsive • Unresponsive Limb movements Pupillary light reflexes *Blood glucose*	Treat Airway, Breathing, and Circulation problems Recovery position Glucose for hypoglycemia
E – Exposure	Expose skin Temperature	Treat suspected cause

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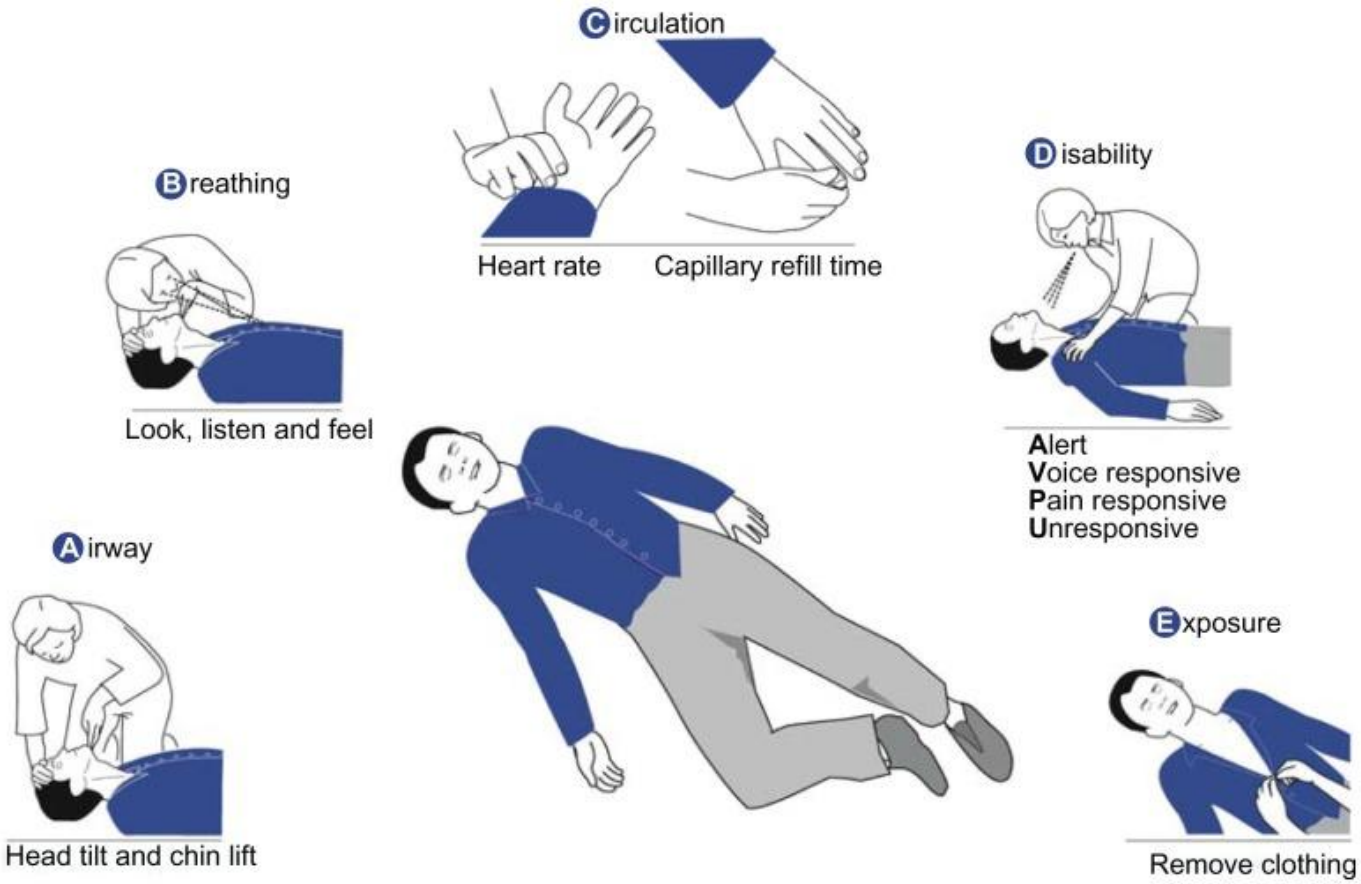
Circulation
Heart rate
Capillary refill time
Breathing
Look, listen and feel
Disability
Alert
Voice responsive
Pain responsive
Unresponsive
Airway
Head tilt and chin lift
Exposure
Remove clothing

Initial general health assessment in longer stay reception centres

Domain:	3
Issue:	Intake for news patients in practice
Location	Short stay/first reception centre and longer stay reception centres
Provider:	Healthcare workers
Developed by	Pharos, translated by EUR-HUMAN
Includes:	List of issues to discuss with new patients

Contextual information

- Country of origin
  - Place of Birth
  - Which ethnic group
  - How long in the current country
  - Reason of migration
- Living conditions
  - Permanent address (asylum seeker centre, homeless)
  - Resident
- Family/ Social support
  - Marital status
  - Current residential situation
  - Children
  - Family circumstances in current country and country of origin
  - Social environment, Social support (Family, Friends)
  - Person of contact/volunteer (name)
- Religion (accompanying customs)
- Education
  - Current work
  - Work in country of origin
  - Educational background
- Language
  - Mother tongue
  - Western European languages
  - Interpreter necessary?
  - Reading ability in what language/script
- Life Events
  - Migration history / refugee claim
  - Moving (how many times)
  - Loss family/friends
  - Physical / sexual violence
  - Detention / arrest

Medical information

- Medical history
  - Hospitalisation / operations
  - Severe or longer stay reception centres illnesses
- Chronic / recurrent conditions
- Infectious diseases
  - TBC screening, Status hepatitis B en C, HIV

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  - Vaccinations
- Medications
- Allergies
- Intoxication
  - Smoking, alcohol, drugs
- Family medical history

Explanation

The issues described above are a guideline for the introductory interview with new migrants. Awareness of the history and cultural background of the patient will help create a bond of trust essential for the therapeutical relationship. This knowledge will also help recognizing culture-related complaints and find the best treatment for the patients.

Recommendations:

- Take the time to build trust.
- Asking about sensitive information only when trust is established.
- It is advised to first give attention to the reason the patient is coming to the consult before asking background information.
- Be aware of migrant health literacy.

Practical tips to assess health literacy:

- Ask patient to write his/her own name, date of birth and phone-number.
- Ask about the number of years they went to school.
- Ask whether they have difficulties to fill in medical forms.

➔ In case of low literacy:

- Take the time for the consultation and speak slowly.
- Avoid use of medical terminology.
- Use audiovisual aids.
- Avoid giving to much information.
- Ask patient to summarize the conversation.

Nutritional state screening

Domain:	2
Issue:	MUST tool for malnutrition
Location	Short stay/first reception centre and longer stay reception centres
Provider:	Health care provider
Target group:	Adults
Developed by	Bapen
Includes:	Tool
Conditions:	Availability to measure weight and height
URL:	http://www.bapen.org.uk/pdfs/must/must_full.pdf

Description

This tool contains a five step screening to identify adults at risk for malnutrition and under nutrition.

Steps:

1. Measure height and weight to get a BMI score.
2. Note percentage unplanned weight loss.
3. Establish acute disease effect.
4. Add scores obtained from step 1-3 together.

Use management guidelines to develop care plan.

Treatment and referral

Nursing intervention guide to health problems

Domain:	1,2,3
Issue:	General health
Location	Short stay/first reception centre, Longer stay reception centres
Provider:	Nurses
Target group:	General population
Developed by	Castelldefels Agents de Salut (CASAP)
Includes:	Manual, 120 pages
URL:	http://www.casap.cat/wp-content/uploads/2014/08/HealthProblems_nursing_interventions_guide_adults.pdf

Description

Within this guide 23 health problems solvable by nurses and 18 emergency possible interventions are described. For every health problem a brief definition is provided. Secondly it describes an algorithm of actuation which includes the history, assessment, intervention, alert causes and revisiting criteria. Finally, a third section includes most common nursing diagnoses NANDA (North American nursing Diagnosis Association) for each common health problem and possible nursing interventions-NIC (nursing Interventions Classification).

Information on the following health problems can be found:

Acute health problems	**Urgent health problems**
- Oral thrush - Emergency contraception - Burn - Anxiety attack - Diarrhea - Blood pressure elevation - Epistaxis - Wound - Herpes - Dermal lesion of skin folds - Sore throat - Backache - Toothache - Distress when urinating - Animal bite - Stye - Bite - Mosquito bite - Allergic reaction - Respiratory symptoms in upper airways - Sprained ankle - Trauma - Whitlows	- Aggressions - Cardiac arrest - Seizures - Heatstroke - Severe abdominal pain - Chest pain - Fever > 39º - Intoxications - Serious eye injury - Intense headache - Dizziness - Drowning - Loss of conscience - Gastrointestinal bleeding - Traumatic brain injury - Severe trauma - Vomiting - Anaphylactic shock

2. Mental health

General recommendations

Short stay/first reception centre:

- Perform triage as crisis response: assess dysfunctional level of distress and self- and other-harm and provide urgent referral for specialist care if necessary.
- Consider involving trained non-specialist health personnel and allied staff and trained volunteers.
- Think of the appropriateness of the health worker: in terms of the gender, age etc.
- Include assessment of mental health problems in general physical assessment.

Longer stay reception centres:

- Assess for delayed crisis cases.
- Screen for mental health conditions (recommended instrument RHS-15).
- Consider involving trained non-specialist health personnel and allied staff and trained volunteers.
- Think of the appropriateness of the health worker: in terms of the gender, age etc.
- Provide referral for specialist full MH assessment and care as needed for those who score above cut-off.
- Provide psychological first aid to those who score bellow cut-off but have symptoms and monitor changes.
- Link with PC in countries (depends on country which do MHC in PC and which don't but at least physical health of those with mental illness should be looked after).

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Mental health triage

Mental health triage tool

Domain:	1
Issue:	Mental health triage
Location	Short stay/first reception centre and longer stay reception centres At any contact with individual (not only first contact)
Provider:	Trained paraprofessionals and volunteers, professionals
Target group:	Young adults/Adults (16+)
Developed by	Developed within the EUR-HUMAN project (WP5, University of Zagreb)
Type:	Tool
Time:	20-30 min.
Conditions:	(1) Creating a safe, comfortable and confidential setting; (2) Establishing basic trustful relationship (more information in Deliverable 5.1, pp 14-15).

Description: The purpose of MH triage tool is to guide the care providers in recognising refugees and migrants who are dysfunctional and/or at immediate risk, defined as threat to personal safety of the affected people, or threat to safety of people around them. MH triage consists of recognising behavioural signs that indicate severe distress, conducting rapid assessment of immediate risk and providing referral and psychoeducation. Details on MH triage procedure can be found in Deliverable 5.1, pp 11-17.

MH Triage tool

1. Are there visible signs of distress?

If YES

2. Are there visible signs of danger to safety?

If YES

Immediate referral
(See referral script)

Look for:

Physical/behavioural signs
- Looking glassy eyed and vacant, unable to find direction
- Unresponsive to verbal questions or commands
- Disorientation (engaging in aimless disorganized behaviour, not knowing their own name, where they are, or what is happening)
- Rocking or regressive behaviour
- Hyperventilation
- Experiencing uncontrollable physical reactions (shaking, trembling)
- Exhibiting frantic searching behaviour
- Self-destructive or violent behaviour

Emotional/cognitive signs
- Exhibiting strong emotional responses, uncontrollable crying
- Feeling incapacitated by worry
- Unable to care for themselves or their children
- Unable to make simple decisions
- Feeling anxious or fearful, overwhelmed by sadness, confused
- Physically/verbally aggressive
- Feeling shocked, numb
- Guilt, shame (for having survived, for not helping or saving others)

While engaging the person, look for:
- Presence of psychotic symptoms: hallucinations, delusions, paranoid ideas, thought disorder, bizarre/agitated behaviour
- Presence of affective disturbance: severe symptoms of depression/anxiety, elevated or irritable mood
- Confused, disorganised behaviour, can't take care of self or children (if applicable)
- Reporting threat of self-harm
- Reporting threat of harm to others

If NO

3. Are there thoughts or plans for self-harm/suicide?

If YES

Immediate referral
(See Immediate referral)

Ask:

1. Some people with similar problems have told me that they felt life was not worth living. Do you sometimes go to sleep wishing that you might not wake up in the morning? (if YES, ask 2.)
2. Have you ever wanted to end your life or kill yourself? Have you made any plans to end your life? If so, how are you planning to do it?

If NO

Psychoeducation
(See Psychoeducation)

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Immediate referral[1]

Inform

- ✓ Explain to the person that you are worried about him/her harming himself/herself and that you have a professional duty to act in the interest of preventing that.

Take precautions

- ✓ Remove means of self-harm.
- ✓ Create secure environment while waiting – if possible, offer separate, quiet room.
- ✓ Do not leave the person alone – assign a staff or family member to ensure safety.

Refer

- ✓ Immediately consult mental health specialist and ensure escort to that specialist. If it is not possible to ensure immediate escort to specialist, ensure safe environment and make appointment as soon as possible.

Psychoeducation[2]

Normalise

- ✓ A lot of people experience sadness, worries, bad memories and feel stress when they go through terrible life events

Explain

- ✓ Experiencing stressful life events affects body and mind.
- ✓ Typical physical reactions ("body symptoms") are sleeping problems, headaches, muscle tensions and bodily pains, fast heart beat and nausea.
- ✓ Typical emotional and behavioural reactions ("mind symptoms") are anxiety, watchfulness and poor concentration, and negative feelings such as guild, sadness and anger.
- ✓ Some people become disoriented, have intrusive memories and avoid being reminded of the thing that happened. Others may isolate themselves or increase intake of alcohol, medicine or drugs.

Encourage

- ✓ It is important to find ways of dealing with reactions to stressful life events.
- ✓ It may help to:
  Remember that these reactions are expected after terrible experiences.
  Allow yourself to feel sad and grieve.
  Maintain daily routines and do things that normally give you pleasure.
  Eat healthy foods, get sleep and exercise if possible.
  Socialize with other people instead of withdrawing.
  Seek support and assistance.
  Accept assistance that is offered.

Offer support

- ✓ If you start/continue feeling like this, and it persists over several weeks, seek help (*give contact where the person can do that!)*.

[1] based on http://apps.who.int/iris/bitstream/10665/44406/1/9789241548069_eng.pdf
[2] based on http://mhpss.net/?get=83/1305723483-1._Brochure_on_stress_and_coping.pdf

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Mental health screening

Mental health screening tool

Domain:	2,3
Issue:	Mental health screening
Location	Short stay/first reception centre and longer stay reception centres
Provider:	Trained paraprofessionals and volunteers, professionals
Target group:	14+
Developed by	Developed within the EUR-HUMAN project (WP5, University of Zagreb)
Type:	Tool
Time:	20-30 min.
Conditions:	(1) Establishing trust (more information in Deliverable 5.1, p 21); (2) Possibility to offer immediate assistance, if needed; (3) Possibility to offer referral, if needed.

Description: The purpose of mental health (MH) screening tool is to guide the care providers through the process of MH screening. The purpose of screening is to identify individuals who are experiencing heightened distress and who are more likely to develop more serious MH conditions. MH screening should be conducted as a part of comprehensive health screening, either in temporary or longer stay reception centres. If MH screening indicates possibility of developing more serious MH conditions ("positive screen"), care providers should make appropriate referral. Details on MH screening procedure can be found in Deliverable 5.1, pp 19-24.

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MH Screening tool

1. Are there visible signs of distress?

If YES → **Go to step 2 in MH Triage procedure**

Look for:

Physical/behavioural signs
- Looking glassy eyed and vacant, unable to find direction
- Unresponsive to verbal questions or commands
- Disorientation (engaging in aimless disorganized behaviour, not knowing their own name, where they are, or what is happening)
- Rocking or regressive behaviour
- Hyperventilation
- Experiencing uncontrollable physical reactions (shaking, trembling)
- Exhibiting frantic searching behaviour
- Self-destructive or violent behaviour

Emotional/cognitive signs
- Exhibiting strong emotional responses, uncontrollable crying
- Feeling incapacitated by worry
- Unable to care for themselves or their children
- Unable to make simple decisions
- Feeling anxious or fearful, overwhelmed by sadness, confused
- Physically/verbally aggressive
- Feeling shocked, numb
- Guilt, shame (for having survived, for not helping or saving others)

If NO → **2. Does the physical health screening indicate immediate assistance is needed?**

If YES → **Attend physical health needs first**

When MH screening is conducted as a part of comprehensive physical health screening, conduct the MH screening at the end of the procedure. If physical health screening shows that immediate assistance is needed, solving this issue has priority over MH screening.

If NO/N.A. → **3. Does MH screening indicate positive screen?**

If YES → **Referral offer** *(See Referral script)*

If NO → **Psychoeducation** *(See Psychoeducation)*

Utilise reliable, valid screening tool, tested for diagnostic accuracy in refugee and migrant populations (*See Refugee health screener-13*). Screening should assess current functionality or symptomatology. Routine screening for exposure to traumatic events is not recommended.

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Referral script[3]

✓ Offer referral. You can use the following script[4]:

"From your answers on the questions, it seems like you are having a difficult time. You are not alone. Lots of refugees experience sadness, too many worries, bad memories, or too much stress because of everything they have gone through and because it is so difficult to adjust to a new country. In *(state country)*, people who are having these types of symptoms sometimes find it helpful to get extra support. This does not mean that something is wrong with them or that they are crazy. Sometimes people need help through a difficult time. I would like to connect you to a counsellor. This is a type of healthcare worker who will listen to you and provide help and support. This person keeps everything you say confidential, which means they cannot by law share the information with anyone without your agreement. Are you interested in being connected to these services?"

✓ Make an appointment for the refugee.
✓ Proactively address potential barriers: ask the refugee if there are any obstacles that need to be addressed (e.g. money, transport, child care).
✓ Follow-up with the refugee after appointment.

Psychoeducation[5]

Normalise

✓ A lot of people experience sadness, worries, bad memories and feel stress when they go through terrible life events.

Explain

✓ Experiencing stressful life events affects body and mind.
✓ Typical physical reactions ("body symptoms") are sleeping problems, headaches, muscle tensions and bodily pains, fast heart beat and nausea.
✓ Typical emotional and behavioural reactions ("mind symptoms") are anxiety, watchfulness and poor concentration, and negative feelings such as guild, sadness and anger.
✓ Some people become disoriented, have intrusive memories and avoid being reminded of the thing that happened. Others may isolate themselves or increase intake of alcohol, medicine or drugs.

Encourage

✓ It is important to find ways of dealing with reactions to stressful life events.
✓ It may help to:
Remember that these reactions are expected after terrible experiences.
Allow yourself to feel sad and grieve.
Maintain daily routines and do things that normally give you pleasure.
Eat healthy foods, get sleep and exercise if possible.
Socialize with other people instead of withdrawing.
Seek support and assistance.

Accept assistance that is offered.

Offer support

✓ If you continue or start feeling like this, and it persists over several weeks, seek help (*give contact where the person can do that!)*.

[3] based on http://apps.who.int/iris/bitstream/10665/44406/1/9789241548069_eng.pdf
[4] taken from http://www.lcsnw.org/pathways/pdf/RefugeeHealthScreener.pdf
[5] based on http://mhpss.net/?get=83/1305723483-1._Brochure_on_stress_and_coping.pdf

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Refugee health screener

Domain:	2 and 3
Issue:	Refugee health screener-15 (RHS 15)
Location	Temporary or longer stay reception centres
Provider:	Self-administered/Trained paraprofessionals and volunteers, professionals
Target group:	14+
Developed by	Hollifield M, Toolson EC, Verbillis-Kolp S, et al. Effective screening for emotional distress in refugees: The Refugee Health Screener. *The Journal of nervous and mental disease*. 2016. doi:10.1097/NMD.0000000000000469.
Type:	Checklist, 13 items
Evidence:	Validated scale for newly arrived refugees, sensitivity 0.82-0.96, specificity 0.86-0.91 with a cut-off point of >11.
Time:	15 minutes
Conditions:	(1) Establishing trust (more information in D5.1, p 21); (2) Ability to offer immediate assistance, if needed; (3) Ability to offer referral, if needed.
URL:	http://www.lcsnw.org/pathways/

Description:

RHS-13 (a shorter version of RHS15) is a screening tool assessing PTSD, anxiety and depression symptom intensity. The scale consists of 13 questions with five possible answers (0 = not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit, and 4 = extremely). It can be used as quick assessment of the probable risk of having or developing PTSD, anxiety or depression (cut-off score ≥ 11). This instrument was specifically designed for and validated on newly arrived refugees and migrants with items derived from existing and valid instruments used on similar populations. It is translated in several languages (Arabic, Burmese, Karen, Nepali, Somali, Farsi, Russian, French, Amharic, Tigrinya and Swahili); can be administered in relatively short amount of time; is easily understandable for people of different educational levels and can be administered for persons from age 14.

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ID#

DATE

REFUGEE HEALTH SCREENER-15 (RHS-15)

PATHWAYS TO WELLNESS

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

CHECK ONE: ☐ POSITIVE ☐ NEGATIVE ☐ SELF-ADMINISTERED ☐ NOT SELF-ADMINISTERED

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Refugee Health Screener-15 Arabic Version (page 1/2)

PATHWAYS TO WELLNESS

تعليمات: باستخدام المقياس الموجود بجانب كل عرض من الأعراض، يرجى الإشارة إلى درجة مضايقة كل عرض لك على مدى الشهر الماضي. ضع دائرة في العمود المناسب. إذا لم يكن العرض مضايقاً لك خلال الشهر الماضي، فضع دائرة في عمود «لا شيء على الإطلاق».

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

إلى أقصى حد EXTREMELY	كثيرا QUITE A BIT	معتدلا MODERATELY	قليلاً A LITTLE BIT	لا شيء على الإطلاق NOT AT ALL	
4	3	2	1	0	.1 آلام في العضلات والعظام والمفاصل Muscle, bone, joint pains
4	3	2	1	0	.2 الشعور بالكآبة معظم الاوقات Feeling down, sad, or blue most of the time
4	3	2	1	0	.3 كثرة التفكير Too much thinking or too many thoughts
4	3	2	1	0	.4 الشعور بعدم القدرة على المساعدة (الشعور بالعجز) Feeling helpless
4	3	2	1	0	.5 رعب مباغت بدون سبب Suddenly scared for no reason
4	3	2	1	0	.6 إغماء أو دوخة أو ضعف Faintness, dizziness, or weakness
4	3	2	1	0	.7 عصبية أو ارتجاف داخلي Nervousness or shakiness inside
4	3	2	1	0	.8 عدم الشعور بالسكينة و عدم القدرة على الثبات Feeling restless, can't sit still
4	3	2	1	0	.9 البكاء بسهولة Crying easily

Refugee Health Screener-15 Arabic Version (page 2/2)

PATHWAYS TO WELLNESS

التجارب التالية يمكن ان تكون تجارب مؤلمة متعلقة بالحرب او الهجرة, كم مرة شعرت بالاعراض تالية خلال شهر الماضي:
The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

إلى أقصى حد EXTREMELY	كثيرا QUITE A BIT	معتدلا MODERATELY	قليلاً A LITTLE BIT	لا شيء على الإطلاق NOT AT ALL	
4	3	2	1	0	10. هل عانيت من استعادة تذكرك لهذه الصدمة بخيالك أو تمثيلها أو الشعور كأنها تحدث مرة أخرى؟ Had the experience of reliving the trauma; acting or feeling as if it were happening again?
4	3	2	1	0	11. هل عانيت من ردود فعل بدنية (على سبيل المثال، كثرة تصبب العرق، سرعة دقات القلب) عندما تمّ تذكيرك بالصدمة؟ Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?
4	3	2	1	0	12. هل شعرت بانعدام المشاعر (على سبيل المثال، تشعر بالحزن ولكنك لا تستطيع البكاء، أو غير قادر على الإحساس بمشاعر الحب)؟ Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?
4	3	2	1	0	13. الآختلاج و سرعة الآجفال (مثال على ذلك، تشعر أن هناك شخص يمشي ورائك) Been jumpier, more easily startled (for example, when someone walks up behind you)?

CHECK ONE: ☐ POSITIVE ☐ NEGATIVE ☐ SELF-ADMINISTERED ☐ NOT SELF-ADMINISTERED

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3. Reproductive health care

General recommendations: Organisation

Short stay/first reception centre

- Identify pregnant women.
- Provide adequate care for pregnant women, preferably by midwife.
- Identify victims of sexual violence for immediate initial examination by doctor and provision of psychological first aid.
- Provide culturally appropriate information on pregnancy, contraception, women's rights.
- Make available all contraceptives, including post-natal IUD's, in line with national guidelines.
- Secure the provision of sufficient hygiene pads.

Longer stay reception centres

- Provide perinatal care as per national guidelines.
- Be aware of sexual violence as cause of delayed PTSD.
- Refer victims of sexual violence for MH support.
- Provide (more in-depth) culturally appropriate information on contraception, breastfeeding and on women's rights in that country.

Useful links

Issue:	Organization of reproductive health
Title:	field manual on reproductive care in humanitarian setting
Description	Although the target group are officers and managers there is loads of important information for service providers. We highly recommend to read this document.
URL:	http://www.who.int/reproductivehealth/publications/emergencies/field_manual_rh_humanitarian_settings.pdf?ua=1
Developed by:	WHO

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Minimum Initial Service Package (MISP) for reproductive health

Domain:	1, 2
Issue:	Sexual and reproductive health
Location	Short stay/first reception centre, also helpful for longer stay reception centres
Provider:	Mainly humanitarian workers in emergency response settings
Target group:	People in crisis settings
Developed by	Women's Refugee Commission
Type:	E-learning, cheat sheets
Time:	4 hours
Conditions:	Computer
Features:	Teaching humanitarian workers skills and knowledge for implementing reproductive health care needs in emergency settings. Free of charge, certificate after completion of the e-learning. Available in English, French, Spanish.
Link:	http://misp.iawg.net/

Description

The Minimum Initial Service Package (MISP) for reproductive health (RH) is a coordinated set of priority activities designed to prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent excess maternal and newborn morbidity and mortality; and plan for comprehensive RH services.

Additional priority activities of the MISP include making contraceptives available to meet demand, syndromic treatment for sexually transmitted infections (STIs) and ensuring antiretrovirals (ARVs) for continuing users. The MISP distance learning module aims to increase humanitarian actors' knowledge of these priority RH services to initiate at the onset of a crisis and to scale up for equitable coverage throughout protracted crises and recovery, while planning for comprehensive RH services and implementing them as soon as possible.

The e-learning consists of 8 chapters with a quiz at the end and a post-test. After obtaining a score of at least 80% for the post-test, participants will automatically receive a certificate of completion which can be printed out directly.

Sexual violence

Assessment Gender based violence

Domain:	3
Issue:	**ASIST-GBV: Assessment screen to identify survivors toolkit for gender based violence**
Location:	Longer stay reception centres
Provider:	PHC workers
Target group:	Refugees and internally displaced females/girls (IDPs)
Developed by:	Vu, A., Wirtz, A. , Pham, K., Singh,S. Rubenstein, L., Glass, N. & N. Perrin (2016) Psychometric properties and reliability of the Assessment Screen to Identify Survivors Toolkit for Gender Based Violence (ASISTGBV): results from humanitarian settings in Ethiopia and Colombia. Conflict and Health 10:1
Type:	8 item questionnaire
Evidence:	Validated in Ethiopian refugees and IDP Colombian women (1 qualitative study, Cronbachs α=0.77)
Time:	5 minutes
URL:	**http://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-016-0068-7**

Description:

"Refugees and internally displaced persons who are affected by armed-conflict are at increased vulnerability to some forms of sexual violence or other types of gender-based violence. A validated screening tool will help service providers identify GBV survivors and refer them to appropriate GBV services. Vu et al developed the 8-item ASIST-GBV screening tool from qualitative research that included individual interviews and focus groups with GBV refugee and IDP survivors."

Tool:

GBV Screening Question Items:
1. In the past year, have you been threatened with physical or sexual violence by someone in your home or outside of your home?
2. In the past year, have you been hit, punched, kicked, slapped, choked, hurt with a weapon, or otherwise physically hurt by someone in your home or outside of your house?
3. In the past year, were you forced to have sex against your will?
4. In the past year, were you forced to have sex to be able to eat, have shelter, or have sex for essential services (such as protection or school) because you or someone in your family would be in physical danger if you refused?
5. In the past year, were you physically forced or made to feel that you had to become pregnant against your will?
6. In the past year, were you coerced or forced into marriage?
7. In the past year, were you coerced or forced to have an abortion?
If yes to any of items 1 to 7, the woman has screened positive for gender-based violence. If positive screen, please ask:
8. Would you like to talk to someone or learn more about services for women who have experienced gender-based violence?

More information on prevention of Sexual and gender based Violence can be found at: https://emergency.unhcr.org/entry/60283/sexual-and-gender-based-violence-sgbv-prevention-and-response

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Female genital cutting

Domain:	3
Issue:	Female genital Cutting
Location	Longer stay reception centres
Provider:	Primary care Physician
Target group:	Women
Developed by	Adelaide A. Hearst, Alexandra M. Molnar, Female Genital Cutting: An Evidence-Based Approach to Clinical Management for the Primary Care Physician, Mayo Clinic Proceedings, Volume 88, Issue 6, June 2013, Pages 618-629
Includes:	Guidelines
URL:	http://www.ncbi.nlm.nih.gov/pubmed/23726401

Description

This article gives an overview of the social and cultural context, the geography, types, complications and their management of female genital cutting. In addition it provides a guideline for discussing female genital cutting with patients.

Guidelines for discussing female genital cutting with patients.

Category	Questions
Basic history	Please share your experience with being circumcised. Where was it done? By whom? What was your age at circumcision?
Community/context	Do you know anyone who is not circumcised? Do you talk about circumcision with other women? Your daughters? What do you talk about?
Beliefs	What do you think is good about being circumcised? What do you think is bad about being circumcised? Does your religion recommend circumcision? Does your culture recommend it?
Problems	Do you have any pain/discomfort/problems because of your circumcision? Are there other problems? What medical help would you like for any of the problems?
Treatment	As a woman who has been circumcised, what kind of care did you get in the past? How is this different than the care that you've received here? What would be your preference?
Plans/concerns	How would you feel about raising your daughters in [country] without being circumcised? How do you think your daughter would feel if she is not circumcised? How do you think your daughter's future husband would feel if your daughter is not circumcised?
Difficult scenarios	Do you hope to be able to circumcise your daughter? Are you aware of the laws relating to circumcision in [country]?

Guideline for care for victims of sexual violence:

Domain:	1,2,3
Issue:	Guidelines for medico-legal care for victims of sexual violence
Location	Short stay/first reception centre and longer stay reception centres
Provider:	Health care providers
Developed by	WHO
Includes:	Guideline, manual
URL:	http://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/

Description

To build health workers' capacity to respond to cases of sexual assault in a sensitive and comprehensive manner, WHO has developed the *Guidelines for medico-legal care for victims of sexual violence.* The aim of these guidelines is to improve professional health services for all victims of sexual violence by providing:

- health care workers with the knowledge and skills that are necessary for the management of victims of sexual violence;
- standards for the provision of both health care and forensic services to victims of sexual violence;
- guidance on the establishment of health and forensic services for victims of sexual violence.

Health professionals can use the guidelines as a day-to-day service document and/or as a tool to guide the development of health services for victims of sexual violence. The guidelines can also be used to prepare in-service training courses on sexual violence for health care practitioners and other members of multidisciplinary teams.

The guidelines will be useful for a range of professionals who provide care for victims of sexual violence: health service facility managers, medico-legal specialists, doctors and nurses with forensic training, district medical officers, police surgeons, gynaecologists, emergency room physicians and nurses, general practitioners, and mental health professionals. At a second level, the guidelines are of relevance to policy-makers in charge of health service planning and professional training within health ministries, and policy-makers with responsibility for developing guidelines for university curricula in the areas of medicine and public health.

See next page for an example on how to deal with victims of sexual violence.

Dealing with victims of sexual violence: useful techniques

You may find the following strategies and techniques helpful when dealing with victims of sexual violence:

- Greet the patient by name. Use her preferred name. Make her your central focus.
- Introduce yourself to the patient and tell her your role, i.e. physician, nurse, health worker.
- Aim for an attitude of respectful, quiet professionalism within the boundaries of your patient's culture.
- Have a calm demeanour. A victim who has been frightened and has experienced fear wants to be in the company of people who are not frightened.
- Be unhurried. Give time.
- Maintain eye contact as much as is culturally appropriate.
- Be empathetic and non-judgmental as your patient recounts her experiences

THE FEELING	SOME WAYS TO RESPOND
Hopelessness	Say, "You are a valuable person."
Despair	Focus on the strategies and resourcefulness that the person used to survive.
Powerlessness and loss of control	Say, "You have choices and options today in how to proceed."
Flashbacks	Say, "These will resolve with the healing process."
Disturbed sleep	Say, "This will improve with the healing process."
Denial	Say, "I'm taking what you have told me seriously. I will be here if you need help in the future."
Guilt and self-blame	Say, "You are not to blame for what happened to you. The person who assaulted you is responsible for the violence."
Shame	Say, "There is no loss of honour in being assaulted. You are an honourable person."
Fear	Emphasize, "You are safe now." You can say, "That must have been very frightening for you."
Numbness	Say, "This is a common reaction to severe trauma. You will feel again. All in good time."
Mood swings	Explain that these are common and should resolve with the healing process.
Anger	A legitimate feeling and avenues can be found for its safe expression. Assist the patient in experiencing those feelings. For example, "You sound very angry."
Anxiety	Tell the patient that these symptoms will ease with the use of the appropriate stress management techniques and offer to explain these techniques.
Helplessness	Say, "It sounds as if you were feeling helpless. We are here to help you."

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4. Child care

General recommendations

- Be aware that apparent developmental delay in children can be a result of PTSD/abuse etc.
- Provide adequate psychological care and assessment for these children.

Unaccompanied children

Domain:	2,3
Issue:	Unaccompanied children
Location	Short stay/first reception centre and longer stay reception centres
Provider:	All
Target group:	Children
Developed by	Connect project
Includes:	Tools
URL:	http://www.connectproject.eu/tools.html

Description

The connect project developed practical tools which can be used by different actors across EU member states. They address specific aspects of how actors address the situation of unaccompanied children. The following tools are available:

- Who's responsible: a Tool to strengthen cooperation between actors involved in the protection system for unaccompanied Migrant Children.
- Local cooperation for unaccompanied children: a tool to assess and improve reception conditions.
- Standards to ensure that unaccompanied migrant children are able to fully participate: a tool to assist actors in legal and judicial proceedings.
- The right to be heard and participation of unaccompanied children.
- Working with the unaccompanied child: a tool to support the collection of children's views on protection and reception services.

Trauma risk in children

Domain:	3
Issue:	Trauma risk in children
Location	Longer stay reception centres
Provider:	Primary health care provider
Target group:	Children
Developed by	National child traumatic stress network
Includes:	Toolkit
URL:	http://learn.nctsn.org/mod/book/view.php?id=4518&chapterid=16

Description

The Refugee Services Toolkit (RST) is a web-based tool designed to help service system providers understand the experience of refugee children and families, identify the needs associated with their mental health, and ensure that they are connected with the most appropriate available interventions. The mental health and general well-being of refugee children and families can be impacted by multiple factors including their experience of trauma; stressors such as resettlement, acculturation, and social isolation; and strengths they may have that could contribute to resilience. Providers can use community resources and supports to build resilience and reduce stress in refugee families.

5. Infectious diseases

General recommendation

Short stay/first reception centre

- Follow ECDC or national / international guidelines for screening and treating infectious diseases.
- Do not screen asymptomatic persons with high risk for Hep B/C HIV.
- Use rapid testing for symptomatic / high risk (TB, HIV, malaria etc.).
- Provide information on hygiene and prevention of communicable diseases.

Longer stay reception centres

- Follow ECDC or national/international guidelines for screening and treating infectious diseases.
- Test asymptomatic persons with high risk for Hepatitis B/C or HIV , even if treatment is not available.

Infectious diseases screening

Domain:	1,2,3
Issue:	Infectious diseases
Location	Short stay/first reception centre, longer stay reception centres
Provider:	PHC professionals
Target group:	Refugees, migrants
Developed by	ECDC
Type:	Information 6 pages Table: Infectious diseases to consider according to country of origin Table: Infectious diseases to consider for differential diagnosis during clinical examination
Conditions:	Knowledge of infectious diseases
URL:	http://ecdc.europa.eu/en/publications/Publications/Infectious-diseases-of-specific-relevance-to-newly-arrived-migrants-in-EU-EEA.pdf

Description

The document consists of information regarding:

1. Infectious diseases to consider in overcrowded settings
2. Infectious diseases to consider according to migrants originated from Syria, Iraq, Afghanistan, Eritrea and Somalia (table 1)
3. Infectious diseases to consider for differential diagnosis during clinical examination (table 2)

Diseases to consider in overcrowding settings:

- Relapsing fever due to Borrelia recurrentis,
- Trench fever due to Bartonella quintana
- Epidemic typhus due to Rickettsia prowazekii
- Murine typhus
- Scabies
- Meningococcal disease
- Measles
- Varicella
- Influenza

Table 1. Infectious diseases to consider according to country of origin

Disease	Indicator	Syria	Afghanistan	Iraq	Eritrea	Somalia
Diphtheria [3]	Cases reported to WHO in 2012, 2013, 2014	0, 0, and NA	0, 0, 0	3, 4, and 5	8, 0 and NA	65, 7 and NA
Typhoid fever	Risk of typhoid	✓	✓	✓	✓	✓
Cholera*	Risk	No recent outbreak	Recurrent outbreaks	On-going outbreak in Baghdad Babylon, Najaf, Qadisiyyah, and Muthanna.	NA	Recurrent outbreaks
Hepatitis A†	Risk	High endemicity	NA	High endemicity	High endemicity	High endemicity
Hepatitis E‡	Risk	NA	NA	High endemicity	NA	High endemicity
Helminthiasis§	Risk of soil transmitted helminthiasis (ascaris, whipworm, hookworm)	+	++	+	++	++
	Risk of urinary schistosomiasis	✓	Non-endemic country	✓	✓	✓
Leishmaniasis**	Risk of cutaneous leishmaniasis	✓	✓	✓	✓	✓
	Risk of visceral leishmaniasis	✓	✓	✓	✓	✓
Hepatitis B††	Prevalence of chronic hepatitis B	Intermediate prevalence: 5.6%	High prevalence: 10.5%	Low prevalence: 1.3%	High prevalence: 15.5%	High prevalence: 12.4%
Hepatitis C‡‡	Prevalence	High prevalence: 3.1%	High prevalence: 1.1%	High prevalence: 3.2%	High prevalence: 1%	NA
HIV	Prevalence	Low	NA	Low	Low	Low
Malaria§§	Risk of malaria	Malaria-free	Risk of *P. vivax* >> *P. falciparum*	Malaria-free	Risk *of P. falciparum* >> *P. vivax*	Risk *of P. falciparum*
Measles*	Incidence per 100 000 in 2013 and 2014	1.84 and 2.68	1.41 and 1.75	2.09 and 3.02	0.77 and 0.02	2.17 and 9.12
Polio***	Cases reported to WHO in 2012, 2013 and 2014	0, 35 and NA	46, 17, and 28	0, 0, and 2	0, 0, and 0	1, 195 and 5
Tuberculosis†††	Incidence/100 000	Low: 17	High: 189	Low: 25	High: 40 to 499	High: 285
Antimicrobial resistance	Risk of carriage of multidrug-resistance Gram-negative bacteria	NA	NA	NA	NA	NA
Rabies	Risk level for humans contracting rabies	High	High	High	High	High

* World Health Organization. Global Health Atlas. [Internet] Available from: http://apps.who.int/globalatlas/

† World Health Organization. The Global Prevalence of Hepatitis A Virus Infection and Susceptibility: A Systematic Review. 2010. [Internet] Available from: http://apps.who.int/iris/bitstream/10665/70180/1/WHO_IVB_10.01_eng.pdf

‡ WHO. The Global Prevalence of Hepatitis E Virus Infection and Susceptibility: A Systematic Review Available from: http://apps.who.int/iris/bitstream/10665/70513/1/WHO_IVB_10.14_eng.pdf

§ World Health Organization. Intestinal worms – Epidemiology. 2015. [Internet] Available from: http://www.who.int/intestinal_worms/epidemiology/en/

** Alvar J, Vélez ID, Bern C, Herrero M, Desjeux P, Cano J, et al. Leishmaniasis - Worldwide and Global Estimates of Its Incidence. PLoS One 2012;7(5): e35671. [Internet] [cited 18 November 2015] Available from: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035671

†† Prevalence of chronic hepatitis B among foreign-born persons living in the United States by country of origin. Kowdley KV et al. Hepatology. 2012. Available from: http://onlinelibrary.wiley.com/doi/10.1002/hep.24804/epdf

‡‡ Global epidemiology and genotype distribution of the hepatitis C virus infection. Gower E et al. J Hepatology. 2014. Available from: http://www.sciencedirect.com/science/article/pii/S0168827814005261

§§ World Health Organization and WHO Regional Office for the Eastern Mediterranean (WHO-EMRO). Country profiles: Syria and Iraq. [Internet] [cited 18 November 2015]. Available from: http://www.emro.who.int/malaria/countries/ Country profiles: Afghanistan, Eritrea and Somalia. [Internet] [cited 18 November 2015]. Available from: http://www.who.int/malaria/publications/country-profiles/en/

*** Global Polio Eradication Initiative. Polio this week. 17 November 2016. [Internet]. Available from: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx

††† World Health Organization Regional Office for the Eastern Mediterranean. WHO Eastern Mediterranean Region: Framework for health information systems and core indicators for monitoring health situation and health system performance. [Internet] [cited 18 November 2015]. Available from: http://applications.emro.who.int/dsaf/EMROPUB_2014_EN_1792.pdf?ua=1

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Table 2. Diseases to be considered† for differential diagnosis among migrant populations

Clinical presentation	Differential diagnosis to consider
Fever	Typhoid fever Malaria Louse-borne diseases Visceral leishmaniasis Amoebic abscess Arboviruses
Respiratory symptoms	Tuberculosis Influenza
Gastrointestinal symptoms	Cholera Typhoid fever Shigellosis Amoebic colitis Helminthiasis: ascaris, whipworm, hookworm
Sores	Scabies Cutaneous leishmaniasis Cutaneous diphtheria
Skin rash	Measles Rubella Louse-borne diseases
Meningitis or other neurological symptoms	Rabies Invasive bacterial diseases (*Neisseria meningitidis, Haemophilus influenza type b and Streptococci pneumoniae*) Polio Dengue and other arboviruses

† This list identifies diseases to be considered in addition to the more common causes of the clinical presentations among resident EU populations.

5. Vaccination

List of vaccinations

Domain:	1,2,3
Issue:	Infectious diseases
Location	Short stay/first reception centre, longer stay reception centres
Provider:	PHC professionals
Target group:	Refugees, migrants
Developed by	ECDC
Includes:	Information on vaccination
URL:	http://ecdc.europa.eu/en/publications/Publications/Infectious-diseases-of-specific-relevance-to-newly-arrived-migrants-in-EU-EEA.pdf

Description

Review of vaccination status

Vaccination status for all migrants should be assessed using available documentation. Supplementary vaccination should be offered as needed according to the national immunisation guidelines of the hosting EU/EEA country. Information on country-specific immunisation programmes can be obtained through the ECDC (EU/EEA countries) or WHO (all countries) websites.

If no or uncertain documentation exists, the individual should be considered as unvaccinated. For best protection of the individual, administer and document first doses of the vaccine series listed below as early as possible following entry to or registration in a host country, preferably within 14 days, especially for the priority vaccines. The vaccine series can then be continued or supplemented with additional vaccines at the place of longer stay reception centres residence in accordance with the national guidelines of the host country.

Priority should be given to protection against easily transmitted and/or serious infectious diseases such as measles, rubella, diphtheria, tetanus, pertussis, polio, Hib (<6 years unless otherwise indicated in country-specific recommendations) and hepatitis B (with or without screening, according to national guidelines). When possible, combination vaccines should be used to facilitate vaccination. If there is a vaccine shortage, prioritise children but aim for at least one dose of dT-IPV-containing vaccine in adults.

Additional vaccinations should be considered for protection against the following diseases depending on living conditions, season and epidemiological situation:

- Invasive meningococcal disease (disease common in densely-populated settings such as refugee camps or reception centres, vaccine included in many EU routine programmes);
- Varicella (disease common in crowded settings and migrants are highly susceptible – vaccine included in some EU routine programmes);
- Invasive pneumococcal disease (vaccine included in many EU routine programmes);
- Influenza (disease common in crowded settings during influenza season – vaccine included for all children in some EU routine programmes and for risk groups, including the elderly, in all EU routine programmes).

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Table 3. Vaccinations to be offered in the absence of documented evidence of prior vaccination

Disease/age group	Children and adolescents (<18 years)	Adults (> 18 years)
Priority vaccinations		
Measles, mumps, rubella	Administer to individuals ≥ 9 months of age. Two doses of MMR* should be administered at least one month apart but preferably longer according to national guidelines. Measles vaccine provided before 12 months of age does not induce protection in all and should be repeated after 12 months of age.	Administer one or two doses of MMR to all individuals, according to national guidelines*
Diphtheria, tetanus, pertussis, polio, Hib	Administer to individuals ≥ 2 months, three doses of DTaP-IPV-Hib (Hib-component only for children <6 years unless other country-specific recommendations) containing vaccines at least one month apart, followed by a booster dose according to national guidelines. Pentavalent- and hexavalent combination vaccines are authorised up to six years of age.	Administer to all adults, three doses of TdaP-IPV- ** containing vaccines according to national guidelines
To be considered		
Hepatitis B	Administer to individuals ≥ 2 months, three doses according to national guidelines*** Administer to new-born infants of HBsAg-positive mothers within 24 hours of birth, according to national guidelines	Administer to all adults, with or without previous screening, according to national guidelines
Meningococcal disease	National guidelines for meningococcal vaccines against serogroups A, B, C, W135 and Y should be followed, unless the epidemiological situation suggests otherwise.	
Pneumococcal disease	Administer to individuals ≥ 2 months with 1–3 doses of conjugate vaccine at least one month apart, according to national guidelines	Administer to individuals ≥ 65 years, according to national guidelines.
Varicella	National guidelines should be followed unless the epidemiological situation suggests otherwise. If used, administer to individuals ≥ 11 months of age, two doses of varicella at least one month apart, but preferably longer.	National guidelines should be followed unless the epidemiological situation suggests otherwise. Consider vaccinating non-immune non-pregnant women of childbearing age.
Influenza	National guidelines should be followed unless the epidemiological situation suggests otherwise. Consider vaccinating risk groups over six months of age ahead of and during influenza season.	National guidelines should be followed unless the epidemiological situation suggests otherwise. Consider vaccinating risk groups, including pregnant women, ahead of and during influenza season.
Tuberculosis	Administer BCG according to national guidelines. Re-vaccination with BCG is not recommended.	BCG is generally not recommended for adults, unless specific reasons suggest otherwise.

* MMR vaccine is contra-indicated in immunocompromised individuals and during pregnancy. Pregnancy should be avoided for one month after MMR vaccination.

** If there is a vaccine shortage administer at least one dose of vaccine containing acellular pertussis-component.

*** Testing for hepatitis B virus infection (HBsAg) could be done before the vaccine is administered.

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How to hold children:

Domain:	1, 2, 3
Issue:	Injection of children
Location	Short stay/first reception centre and longer stay reception centres
Provider:	Health care provider
Target group:	Children
Developed by	California Department of Public Health Immunization Branch
Includes:	Description how parents can hold their child for immunization
URL:	http://www.eziz.org/assets/docs/IMM-720ES.pdf

COMFORTING RESTRAINT

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• **The method:**

This method involves the parent in embracing the child and controlling all four limbs. It avoids "holding down" or overpowering the child, but it helps you steady and control the limb of the injection site.

• **For infants and toddlers:**

Have parent hold the child on parent's lap.

1. One of the child's arms embraces the parent's back and is held under the parent's arm.
2. The other arm is controlled by the parent's arm and hand. For infants, the parent can control both arms with one hand.
3. Both legs are anchored with the child's feet held firmly between the parent's thighs, and controlled by the parent's other arm.

• **For kindergarten and older children:**

Hold the child on parent's lap or have the child stand in front of the seated parent.

1. Parent's arms embrace the child during the process.
2. Both legs are firmly between parent's legs.

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IMM-720ES (9/07)

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Injection techniques:

Domain:	1, 2, 3
Issue:	How to Administer Intramuscular and Subcutaneous Vaccine Injections
Location	Short stay/first reception centre and longer stay reception centres
Provider:	Health care provider
Developed by	Immunization action coalition
Includes:	Guideline
URL:	http://www.immunize.org/catg.d/p2020.pdf

How to Administer Intramuscular and Subcutaneous Vaccine Injections

Administration by the Intramuscular (IM) Route

Administer these vaccines via IM route

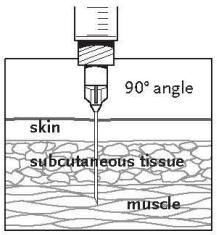
- Diphtheria-tetanus-pertussis (DTaP, Tdap)
- Diphtheria-tetanus (DT, Td)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Human papillomavirus (HPV)
- Inactivated influenza (IIV)
- Meningococcal serogroup B (MenB)
- Quadrivalent meningococcal conjugate (MenACWY [MCV4])
- Pneumococcal conjugate (PCV13)

Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) vaccines either IM or Subcut.

PATIENT AGE	INJECTION SITE	NEEDLE SIZE
Newborn (0–28 days)	Anterolateral thigh muscle	5/8"* (22–25 gauge)
Infant (1–12 months)	Anterolateral thigh muscle	1"* (22–25 gauge)
Toddler (1–2 years)	Anterolateral thigh muscle	1–1¼" (22–25 gauge)
	Alternate site: Deltoid muscle of arm if muscle mass is adequate	5/8–1"* (22–25 gauge)
Children (3–18 years)	Deltoid muscle (upper arm)	5/8–1"* (22–25 gauge)
	Alternate site: Anterolateral thigh muscle	1–1¼" (22–25 gauge)
Adults 19 years and older	Deltoid muscle (upper arm)	1–1½"*† (22–25 gauge)
	Alternate site: Anterolateral thigh muscle	1–1½" (22–25 gauge)

* A 5/8" needle usually is adequate for neonates (first 28 days of life), preterm infants, and children ages 1 through 18 years if the skin is stretched flat between the thumb and forefinger and the needle is inserted at a 90° angle to the skin.

† A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle; a 1" needle is sufficient in patients weighing 130–152 lbs (60–70 kg); a 1–1½" needle is recommended in women weighing 153–200 lbs (70–90 kg) and men weighing 153–260 lbs (70–118 kg); a 1½" needle is recommended in women weighing more than 200 lbs (91 kg) or men weighing more than 260 lbs (118 kg).



Needle insertion

Use a needle long enough to reach deep into the muscle.

Insert needle at a 90° angle to the skin with a quick thrust.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.¶)

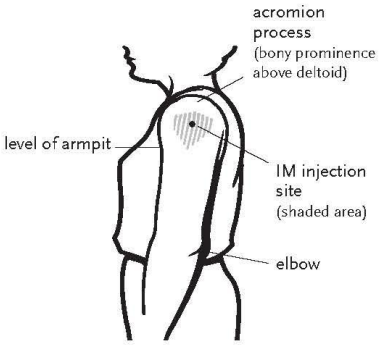
Multiple injections given in the same extremity should be separated by a minimum of 1", if possible.

¶ CDC. "ACIP General Recommendations on Immunization" at www.immunize.org/acip

Intramuscular (IM) injection site for infants and toddlers

Insert needle at a 90° angle into the anterolateral thigh muscle.

Intramuscular (IM) injection site for children and adults



Give in the central and thickest portion of the deltoid muscle – above the level of the armpit and approximately 2–3 fingerbreadths (~2") below the acromion process. See the diagram. To avoid causing an injury, do not inject too high (near the acromion process) or too low.

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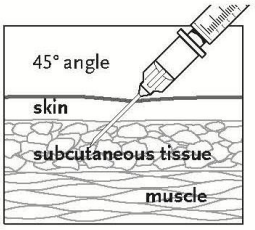
Administration by the Subcutaneous (Subcut) Route

Administer these vaccines via Subcut route

- Measles, mumps, and rubella (MMR)
- Meningococcal polysaccharide (MPSV4)
- Varicella (VAR)
- Zoster (shingles [ZOS])

Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) vaccines either IM or Subcut.

PATIENT AGE	INJECTION SITE	NEEDLE SIZE
Birth to 12 months	Fatty tissue overlying the anterolateral thigh muscle	⅝" (23–25 gauge)
12 months and older	Fatty tissue overlying the anterolateral thigh muscle or fatty tissue over triceps	⅝" (23–25 gauge)



Needle insertion

Pinch up on subcutaneous tissue to prevent injection into muscle.

Insert needle at 45° angle to the skin.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.*)

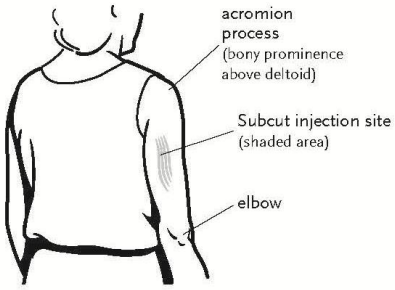
Multiple injections given in the same extremity should be separated by a minimum of 1".

*CDC. "ACIP General Recommendations on Immunization" at www.immunize.org/acip

Subcutaneous (Subcut) injection site for infants

Insert needle at a 45° angle into fatty tissue of the anterolateral thigh. Make sure you pinch up on subcutaneous tissue to prevent injection into the muscle.

Subcutaneous (Subcut) injection site for children (after the 1st birthday) and adults



Insert needle at a 45° angle into the fatty tissue overlying the triceps muscle. Make sure you pinch up on the subcutaneous tissue to prevent injection into the muscle.

Immunization Action Coalition • Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p2020.pdf • Item #P2020 (12/15)

Promotion material on vaccination

Information for health care workers and refugees

Domain:	1,2,3
Issue:	Promotion material for vaccination
Location	Short stay/first reception centre and Long - term
Provider:	Health care providers involved in vaccination
Target group:	Migrants
Developed by	PROMOVAX
Includes:	Information material on vaccination for health care workers and refugees Immunization record
URL:	http://www.promovax.eu/toolkits/

Description:

For health care workers:

http://www.promovax.eu/toolkits/HCW_english_web.pdf

This toolkit will give insight and knowledge about migrant immunization needs. It is designed to help health care providers assess the immunization needs of migrant patients. The information is available in English, Croatian, German, Greek, Hungarian, Italian, Norwegian and Polish. The following information can be found:

- Who should be offered vaccinations
- How to deal with missing or incomplete vaccination records
- Assessing a migrants risk of exposure to vaccine preventable diseases and immunization needs
- Schedules for paediatric and adult vaccinations
- How to increase vaccination rates among migrants
- Several case examples
- Vaccination recommendation in addition to those recommended by age for workers at rick of occupationally acquired vaccine preventable diseases

Immunization record:

The project provides a clear assessment form for migrant's risk of exposure to vaccine preventable diseases and a practical immunization record for adults and children. This information is also available in English, Croatian, German, Greek, Hungarian, Italian, Norwegian and Polish.

http://www.promovax.eu/toolkits/HCW_english_forms_web.pdf

For Refugees/migrants

The toolkit also provides information for refugees on why vaccinations are necessary, which diseases to prevent, securing the safety of vaccinations, some myths and facts and information on where to get vaccinated. It also includes a copy of the immunization record. The information is available in English, Albanian, Arabic, Bosnian, Bulgarian, Chinese, Nepali, Polish, Romanian, Russian, Somali, and Ukrainian.

http://www.promovax.eu/index.php/promovax/toolkits/too2

Information on Hepatitis screening

Domain:	3
Issue:	Information on hepatitis B and C screening
Location	Longer stay reception centres
Provider:	Health care professionals involved in Hepatitis screening
Target group:	Refugees/migrants
Developed by	HEPscreen
Includes:	Website with information and videos
URL:	http://hepscreen.eu/

Description

The general objective of EU HEPscreen is to assess, describe and communicate to public health professionals the tools and conditions necessary for implementing successful screening programmes for hepatitis B and C among migrants in the European Union.

It provides the following:

- Information about the epidemiology of Hepatitis: http://hepscreen.eu/health-challenge/epidemiology/
- A tool to assess the burden of hepatitis in your area: http://hepscreen.eu/health-challenge/epidemiology/estimate-the-burden/ available in English, German, Spanish, France, and Italian.
- A movie about different ways of screening
- Leaflet for people who are offered viral hepatitis screening. It is available in 42 languages. http://hepscreen.eu/what-can-we-do-about-it/pre-test-information/multi-language-builder/
- Pre-test Discussion checklist. This checklist can be used before offering testing and helps to secure informed choice, improve acceptance of screening, raise awareness and improve knowledge. Available in English, Italian, France, Spanish and German. http://hepscreen.eu/what-can-we-do-about-it/pre-test-information/pre-test-discussion-check-list/

Section 4. List of training materials

Issue:	Health services for migrants
Title:	Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma
Description	4 different modules and 2 additional modules available. The content of the modules include: Sensitivity and awareness of cultural and other forms of diversity, knowledge about migrants, ethnic minorities and their health, professionals skills and knowledge applications. The additional modules concern target groups and specific health concerns.
URL:	http://www.mem-tp.org/
Developed by:	Project MEM-TP

Issue:	Quality health care delivery for migrants
Title:	Training materials development: review of existing training materials
Description	This systematic review describes several existing trainings in the context of migrant care.
URL:	http://www.mem-tp.org/pluginfile.php/873/mod_resource/content/4/MEM-TP%20WP2%20Final.pdf
Developed by:	Migrant & ethnic minorities training packages (MEM-TP)

Issue:	Care for children and families
Title:	Refugee and immigrant health
Description	This module will explore concepts related to immigration, health and healthcare. In this module you will learn about the challenges associated with resettlement and examine factors that may affect the health and healthcare experiences of refugees and new immigrants
URL:	http://www.sickkids.ca/tclhinculturalcompetence/modules/Refugee-and-Immigrant-Health/player.html
Developed by:	SickKids

Issue:	Cultural mediators
Title:	Training of cultural mediators utilizing new social networking software
Description	A training platform into which existing social networking applications, modern adult education methodologies and specifically designed content and services will be integrated to assist those working in the field of cultural mediation to identify and articulate the knowledge, skills and competencies necessary to function in a professional manner.
URL:	http://www.sonetor-project.eu/
Developed by:	SONETOR project

Issue:	Language barriers
Title:	TRICC - Training Intercultural and Bilingual Competencies in Health and Social Care
Description	This international handbook contains a description of all training given in the five countries. In addition to this, each country has published their national handbook of good practice, in their native language.
URL:	http://www.tricc-eu.net/products.html
Developed by:	TRICC project

Issue:	Interpreting
Title:	Interpreting in a Refugee context
Description	A self-study module for interpreters: The module assists interpreters in understanding how the two or more languages that they speak differ from one another, and why it is sometimes difficult to correctly translate one language into another. It also trains interpreters on the various techniques they can use to help people who cannot understand each other while, at the same time, making themselves unobtrusive. Further, it advises interpreters on the difference between professional and unprofessional behaviour, and the impact of both on the institution for which they are working and its clients. The module also includes basic information about how interpreters can take care of themselves, since interpreting in a refugee-interview context can be demanding and possibly dangerous.
URL:	http://www.unhcr.org/4d947e2c9.pdf
Developed by:	UNHCR

Issue:	Cultural barriers
Title:	Culturally appropriate teaching in medicine
Description	The aim of the course is to provide teachers with the knowledge and skills to review or improve their practice in teaching diversity issues to students.
URL:	https://www.coursesites.com/webapps/Bb-sites-course-creation-BBLEARN/courseHomepage.htmlx?course_id=_378358_1
Developed by:	C2ME

Issue:	Patients with limited English proficiency
Title:	TeamSTEPPS® Enhancing Safety for Patients With Limited English Proficiency Module
Description	The TeamSTEPPS® Limited English Proficiency module is designed to help you develop and deploy a customized plan to train your staff in teamwork skills and lead a medical teamwork improvement initiative in your organization from initial concept development through to sustainment of positive changes. This evidence-based module will provide insight into the core concepts of teamwork as they are applied to your work with patients who have difficulty communicating in English.
URL:	http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/lep/
Developed by:	TeamSTEPPS® / AHRQ

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Issue:	Mental health
Title:	Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians
Description	Culture, context and mental health and psychosocial wellbeing of Syrians. An e learning program for mental health, psychosocial and humanitarian aid staff working with Syrians Affected by Armed conflict.
URL:	http://www.healthefoundation.eu/courses/refugeecare
Developed by:	Health[e]foundation

Issue:	Sexual and gender based violence
Title:	Make it work!: Training Manual for sexual health promotion and prevention of sexual and gender-based violence in the European reception & asylum sector.
Description	The "Make it Work!"-manual is primarily designed for professionals and/or residents who wish to set up SGBV prevention activities or to develop an SGBV prevention policy in their asylum or reception centre. However, with slight adaptations of wording in the exercises, it can easily be used in any other intercultural setting where prevention of SGBV is at stake.
URL:	http://icrhb.org/publication/sgbv-senperforto-make-it-work-training-manual
Developed by:	Frans, E. and Keygnaert, I. (2009) Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent.

Issue:	Sexual and reproductive health
Title:	Minimum Initial Service Package (MISP) for reproductive health (RH), e-learning
Description	Teaching humanitarian workers skills and knowledge for implementing reproductive health care needs in emergency settings. Free of charge, certificate after completion of the e-learning. Available in English, French, Spanish.
URL:	http://misp.iawg.net/
Developed by:	Women's Refugee Commission

Section 5. Adaption for local setting and Implementation

Adapting the tools for the local setting

An important and necessary step is the adaptation of guidelines and tools to the local context of use (Harrison 2010[2]). Although preferably guidelines and tools are evaluated and customized to fit local circumstances through an active, systematic and participatory process (Harrison 2010), this procedure will not be feasible within the context of the EUR-HUMAN project. Therefore we provide here a simple guidance for adaptation, based on the *"PIPOH"* approach: *"Population of interest, the Intervention of interest, the Professions to which the guideline / tool is to be targeted and the Outcomes and Health care setting of interest (PIPOH)".*

The applicability and the feasibility of the tools are depending on the setting and country you are working in, the nature and amount of refugees you see each day, the composition of your healthcare team, resources in terms of materials, money, housing etc and on your local collaboration with other healthcare domains, like public health, regular Primary Health, hospitals as well as the collaboration with volunteers and NGO's.
Therefore tools and guidelines in this guidance will often need adaptation to your own local setting.
Although most tools and guidelines included are targeting refugees in first reception centres or longer stay reception centre, some tools originally are meant for another setting (e.g. regular Primary care setting). Besides, some are directed to health care doctors where nurses could also do (part of) the work and they most of them are in English.

For this adaptation the following issues have to be taken into account:
a. The **P**opulation of interest:

- What population is targeted in the guideline / tool and how compares this to the local setting?
- What group of migrants are visiting the site in question?
    - newly arriving refugees / asylum seekers
    - refugees already staying a longer time in safe surroundings (e.g. in longer stay reception centres)
    - other migrant groups
- What ethnic backgrounds?
- What specific cultural issues to be taken into account?
- What languages are spoken?
- What can be said about the literacy level of the male and female refugees involved?
- What gender / age / group is being targeted?
- What does this mean of adaptation?

b. The **I**ntervention of interest:

- is the intervention (guideline / tool) suitable for the local PHC team / local migrant groups / setting
- If not: can it be adapted to fit this, or not.

[2] Harrison MB, Légaré F, Graham ID, Fervers B. Adapting clinical practice guidelines to local context and assessing barriers to their use. Canadian Medical Association Journal. 2010 Feb 9;182(2):E78-84.

c. The Professions targeted:

- What professions are targeted by the guideline / tool and are these congruent with the composition of the local PHC team? Or should the tool / guideline be adapted for
    - primary health care doctors
    - other doctors
    - nurses
    - social workers
    - other health care professionals
    - volunteers

d. The Outcomes aimed for

- Does the goal targeted by the tool / guideline fit in the goal of the local health care. E.g. if a tool is meant for referring people to specialist care, but no specialist care is available, the tool should be adapted.

e. The **H**ealthcare setting targeted

- Is this congruent with the local setting, or should be the tool / guideline be adapted to this local setting.
    - regular primary care
    - emergency situations
    - asylum seekers centres and if so, short stay/first reception centres or longer stay reception centre
    - what national / ethnic or cultural background?

Translation

At least all tools will need to be translated to your own language if people will use them who do not understand English very well.

The health promotion materials will have to be translated to the languages of the migrants you are seeing, adjusted to cultural approach as well as to different literacy levels.

Implementing interventions: how to choose

Local circumstances will to a high degree determine the extent to which ideal PHC can be implemented. A first test version of a practical checklist to assist local decision-making on the implementation of interventions was developed in the context of WP3 by the NIVEL team.

The general findings of WP3 point at recurring success factors and implementation obstacles. Besides locally-relevant implementation factors, the information collected in WP3 points at fundamental barriers and solutions at the level of EU and member states. The relevance of healthcare systems that are favourable towards refugees and migrants, a shared policy framework in Europe, EU health guidelines for refugees, a secure (online) health record that is accessible for both refugees and care providers in different member states, continuity of care across sites and an effective coordination and planning strategy per country were stressed. In addition, the development of a network for cooperation, exchange and capacity building at local, national and international level is of high relevance. For refugees it is important that their longer stay reception centres perspective (i.e. societal participation) in their destination countries is taken into

consideration. Finally, results stress the importance of monitoring and evaluating the needs of refugees as well as implementation of health services.

Practical guidance

Stakeholders in refugee health care optimization should carefully consider these and other factors identified during the EUR-HUMAN project and are encouraged to work with the ATOMiC checklist *("Appraisal Tool for Optimizing Migrant Health Care")* while anticipating the implementation of a particular tool, guideline or other health care improvement, directed at one or more of the potential or actual health issues of refugees and other migrants. Users of the tool are encouraged to consider relevant factors, to optimize them where possible or to explore alternative ideas.

ATOMiC – Appraisal Tool for Optimizing Migrant Health Care

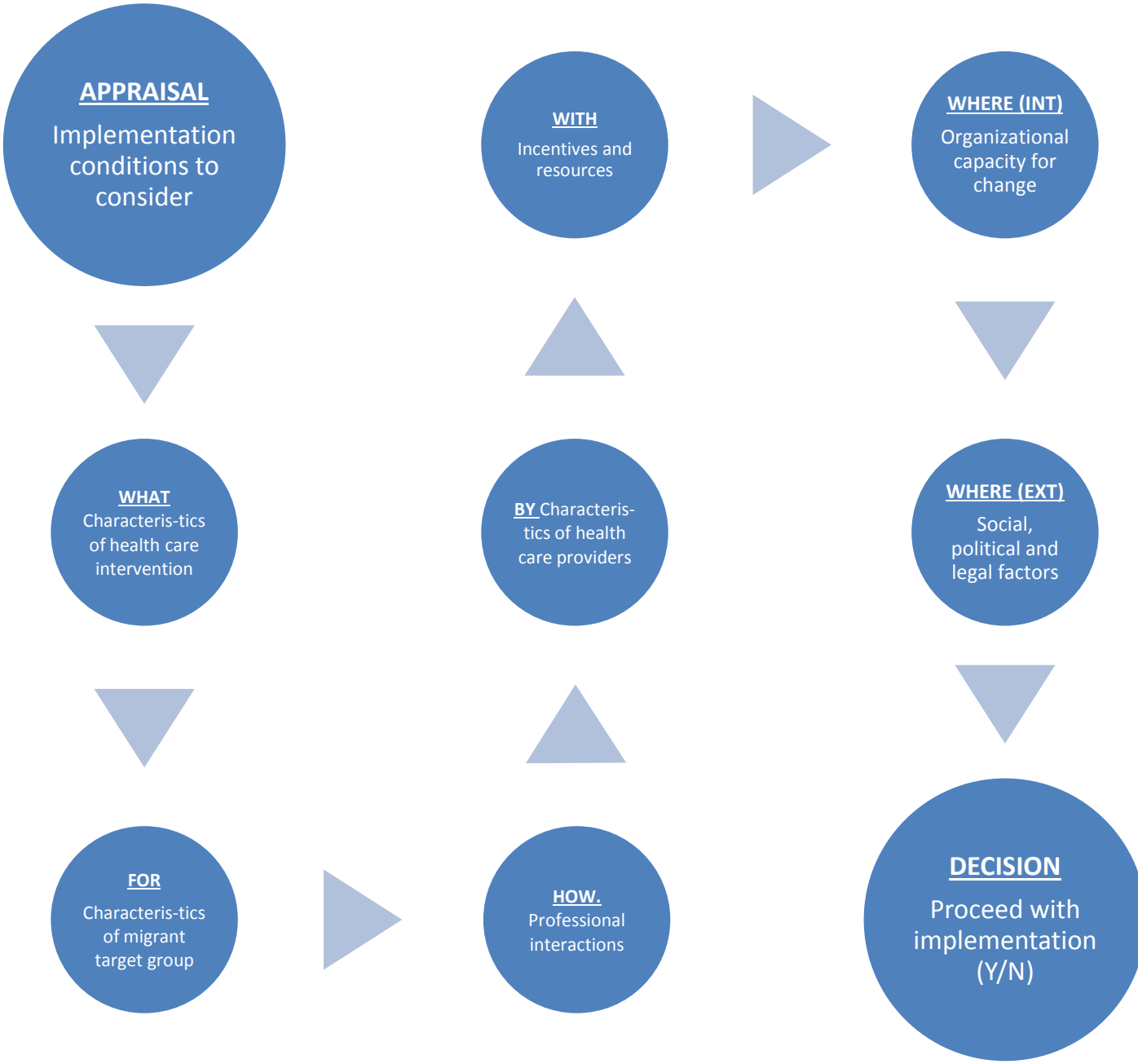
Background

During the last couple of years Europe has been confronted with thousands of refugees and other migrants, entering member states in the south and southeast, and moving further away from conflict and insecurity. In the context of the EUR-HUMAN project a plethora of information has been collected to identify success factors and obstacles in the optimization of health care delivery for refugees and other migrants. The "Appraisal Tool for Optimizing Migrant Health Care" (ATOMiC) was developed to provide practical guidance for improving health care services for often vulnerable groups. ATOMiC is based on the findings of a systematic literature review, a survey among health care professionals at different European sites, and a series of interviews with international experts. The collected material points unambiguously at an interrelated set of recurring implementation factors. The checklist encourages users – health care professionals, managers, policy-makers, implementation advisors – to carefully contemplate these factors and identify issues that require special attention when proceeding, or might even warrant timely reconsideration.

How to use this checklist

When it comes to health care optimization for refugees and other migrants, many guidelines, tools and good practices are available. ATOMiC focuses on the route between appraisal of a promising idea or plan and the decision to proceed with its implementation. The sequence goes from characteristics of the health care intervention ("what"), the refugee or migrant target group ("for"), professional interactions ("how"), the providers – professional or volunteer – ("by"), incentives and resources ("with"), organizational capacity for change ("where"; internal environment) and social, political and legal factors ("context"; external environment).

After having ticked the checklist items, users will have a better view of the conditions that might be met ("yes") or not ("no"), the topics that are inapplicable, and the things they must sort out because of a lack of information. ATOMiC supports users in their decision-making and encourages them to resolve obstacles to optimizing migrant health care at an earlier stage.



To think through when shaping the improvement idea

We recommend you select only a few improvement topics at one time (to protect professional workload, scarce resources and organizational capacity for change)

Pick an improvement topic or intervention related to a prioritized concern in your local health care setting (popular interventions might seem attractive, but when an intervention tackles a more pressing local problem, the sense of urgency and the readiness for change are likely to be bigger).

Make sure you can easily explain the intervention and its implications to randomly chosen professionals working regularly with the target group and familiar with the problem to address.

The checklist

WHAT - *Characteristics of health care intervention*	the intervention involves prevention *YES / NO*	the approach is directed at risk and protective factors identified in research *YES / NO / DON'T KNOW / NOT APPLICABLE*
		the approach is likely to influence these risk and protective factors adequately *YES / NO / DON'T KNOW / NOT APPLICABLE*
'no' is a reason to be critical about the improvement idea	the intervention involves screening/testing *YES / NO*	the screening tool/test is scientifically validated *YES / NO / DON'T KNOW / NOT APPLICABLE*
		the validity of the tool has been tested in the target population in a satisfactory way *YES / NO / DON'T KNOW / NOT APPLICABLE*
	the intervention involves therapy or treatment of prevalent problems *YES / NO*	there is scientific evidence for the effectiveness of the intervention *YES / NO / DON'T KNOW / NOT APPLICABLE*
		the intervention is likely to be effective in the target population *YES / NO / DON'T KNOW / NOT APPLICABLE*
	the intervention involves a model or framework *YES / NO*	proposed principles are supported by scientific evidence *YES / NO / DON'T KNOW / NOT APPLICABLE*
		proposed principles match the health care needs or problems to address *YES / NO / DON'T KNOW / NOT APPLICABLE*
	regardless of the type of intervention	expected positive effects weigh up to negative side-effects *YES / NO / DON'T KNOW / NOT APPLICABLE*
		the intervention seems better than alternatives *YES / NO / DON'T KNOW / NOT APPLICABLE*
		practical manuals, protocols and supportive materials are available in a language understandable to professionals applying the intervention *YES / NO / DON'T KNOW / NOT APPLICABLE*
FOR - *Characteristics of refugee/ migrant target group*	the intervention is appropriate given the risk profile or health needs of the target group *YES / NO / DON'T KNOW / NOT APPLICABLE*	
	the intervention can be applied regardless of the gender and age of the target group (e.g. women, children, elderly) *YES / NO / DON'T KNOW / NOT APPLICABLE*	
'no' indicates that the target group requires special attention	the intervention can be applied regardless of cultural and religious characteristics of the target group (e.g. sensitivity to stigma, shame) *YES / NO / DON'T KNOW / NOT APPLICABLE*	
	the intervention can be applied regardless of the level of knowledge and education of the target group *YES / NO / DON'T KNOW / NOT APPLICABLE*	

HOW - *Professional interactions* *'yes' indicates that patient contact requires special attention*	applying the health care intervention requires	awareness of particular symptoms or signals (e.g. psychological and physical trauma, child maltreatment, infectious diseases)? *YES / NO / DON'T KNOW / NOT APPLICABLE*
		information about the medical history and relevant personal background of patients? *YES / NO / DON'T KNOW / NOT APPLICABLE*
		language skills, interpreter services or cultural mediation *YES / NO / DON'T KNOW / NOT APPLICABLE*
		protective measures (e.g. vaccination, facemasks, gloves) *YES / NO / DON'T KNOW / NOT APPLICABLE*
		input from other professions or organizations *YES / NO / DON'T KNOW / NOT APPLICABLE*
		additional time for contact or history taking *YES / NO / DON'T KNOW / NOT APPLICABLE*
BY - *Characteristics of professionals* *'yes' suggests that care givers should meet particular requirements*	professionals applying the intervention, interacting with the refugee/migrant target group, require	specialized knowledge and education (incl. women, children and elderly) *YES / NO / DON'T KNOW / NOT APPLICABLE*
		language skills *YES / NO / DON'T KNOW / NOT APPLICABLE*
		intercultural competencies *YES / NO / DON'T KNOW / NOT APPLICABLE*
		attitudinal skills (open-minded, tolerance, respect, patience) *YES / NO / DON'T KNOW / NOT APPLICABLE*
		background knowledge and practical experience with the target group *YES / NO / DON'T KNOW / NOT APPLICABLE*
WITH - *Incentives and resources* *'yes' indicates that invest-ments are needed in incentives and resources*	regardless of the type of intervention, the implementation requires investments in	staff capacity and time for each patient *YES / NO / DON'T KNOW / NOT APPLICABLE*
		education, training and other skill development activities *YES / NO / DON'T KNOW / NOT APPLICABLE*
		medical stock, supportive systems, equipment and technical aids *YES / NO / DON'T KNOW / NOT APPLICABLE*
		evaluation and monitoring capacity *YES / NO / DON'T KNOW / NOT APPLICABLE*
		other (financial) resources *YES / NO / DON'T KNOW / NOT APPLICABLE*
	if the intervention involves screening/testing, it requires investments in	capacity for a timely analysis of the screening/test data *YES / NO / DON'T KNOW / NOT APPLICABLE*
		capacity for a timely follow-up in case of notable risks or problems? *YES / NO / DON'T KNOW / NOT APPLICABLE*
	if the intervention involves therapy or treatment of prevalent problems, it requires investments in	capacity for completing the therapy/treatment including aftercare *YES / NO / DON'T KNOW / NOT APPLICABLE*

WHERE - *Organizational capacity for change*	the intervention is compatible with the key tasks of the health care organization *YES / NO / DON'T KNOW / NOT APPLICABLE*
	the staff that is going to apply the intervention is motivated *YES / NO / DON'T KNOW / NOT APPLICABLE*
'no' points at a potential problem in the organizational capacity for change	the management of the health care organization is positive about the intervention *YES / NO / DON'T KNOW / NOT APPLICABLE*
	crucial local stakeholders are willing to cooperate in implementing the intervention *YES / NO / DON'T KNOW / NOT APPLICABLE*
	crucial (inter)national stakeholders are willing to cooperate in implementing the intervention *YES / NO / DON'T KNOW / NOT APPLICABLE*
	additional incentives and resources required are likely to be (made) available *YES / NO / DON'T KNOW / NOT APPLICABLE*
CONTEXT - *Social, political and legal factors*	the social environment of the health care optimization activities (community, society) is sufficiently involved and supportive *YES / NO / DON'T KNOW / NOT APPLICABLE*
	the political environment of the health care optimization activities is sufficiently involved and supportive *YES / NO / DON'T KNOW / NOT APPLICABLE*
'no' points at a potential problem in the external implemen-tation context	the intervention itself is allowed from a legal perspective (incl. medical ethics, privacy, human rights) *YES / NO / DON'T KNOW / NOT APPLICABLE*
	health care access for refugees and other migrants (i.e. payment and entitlement) are guaranteed *YES / NO / DON'T KNOW / NOT APPLICABLE*