EUropean Refugees - HUman Movement and Advisory Network

Title: Monitoring and Evaluation

Deliverable 7.3

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

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Executive summary

The aim of the EUR-HUMAN project was to enhance the capacity of Primary Health Care in European member states who accept migrants and refugees in addressing their health needs, safeguard them from risks, and minimize cross-border health risks. A European consortium under coordination of the University of Crete carried out the project during 2016.

Needs, wishes and preferences of refugees and other migrants in six countries (Austria, Greece, Slovenia, Hungary, Italy and the Netherlands) were assessed as well as among care providers in Croatia. However, interviews with experts and was systematically revision of the existing European and international experience were conducted to identify effective interventions to vulnerable groups. Additionally, the development of a Mental Health protocol and an expert consensus meeting resulted in a guidance document for Primary Care that addresses topics such as the rapid health assessment, mental health, sexual and reproductive health, child care, infectious diseases and vaccinations. It also contains an 'Appraisal Tool for Optimizing Migrant Health Care' (ATOMiC) to provide practical guidance for improving health care services for often vulnerable groups. Furthermore, the project delivered a Model of Continuity of Psychosocial Refugee Care.

Subsequently, this guidance was used to develop, as a pilot, an online training course of eight modules for Primary Care workers in the six languages of the participating countries: Austria, Croatia, Greece, Hungary Italy and Slovenia, plus in Arabic. Initially the training material was developed in English and then each country translated and adapted it, taking always into account the delivery characteristics of primary care and legal issues. In each country, a specific intervention site or group of primary care workers was selected and offered the training. In most cases, face-to-face training sessions were conducted to introduce the training.

The online course became gradually available from the end of October 2016 onwards in the six countries, the last one was the Hungarian version, on November 30. 390 primary care workers in the six countries registered for the course and one third of them completed the coursed before January 3, 2017. The period for the uptake of the course until the end of the project was short. Of those who completed the course, most needed 16 hours or less. 97 participants took part in an online survey to evaluate the course. One of the main findings is that the current training material is considered to be possible to build, enhance and sustain the delivery of primary care service for refugees and migrants. Among the respondents, there is broad agreement that primary care services for migrants and refugees are - or can become - a normal part of work. There is wide variation in views as to whether the online course provides sufficient training for delivery of the new service. Participation in the online training course in Austria shows that Arab speaking migrants can become a valuable human resource for Primary Care.

The project succeeded in carrying out all the tasks and in achieving the expected results, in spite of the very short period of time for such a complex project and of changes in migrant flows and other context factors during 2016.

The tangible and lasting results of the project that can be also transferred in other European countries are the systematic review, the Model of Continuity of Psychosocial Care, the ATOMiC tool, the Primary Health Care structure, the guidance document and the online training course, which integrates these deliverables. These results can be used in or are transferable to other countries in Europe, with country specific adaptations. It is recommended to create a mechanism to adapt, improve and update the online training course, as a common basis for Primary Care workers in Europe who provide care for refugees and migrants. Furthermore, it is recommended to develop additional face-to-face skills training in each setting/country.

Content

Abbreviations

CME	Continuous Medical Education
DOW	Description of Work
EUR-HUMAN	EUropean Refugees - HUman Movement and Advisory Network
HeF	Health e Foundation
MUW	Medical University of Vienna
NIVEL	Netherlands Institute for Health Services Research
NoMAD	Improving the normalization of complex interventions: measure development based on normalization process theory
PHC	Primary Health Care
PLA	Participatory Learning and Action
RUMC	Radboud University Medical Centre
UoC	University of Crete
UoL	University of Liverpool
WP	Work Package

Introduction

This final evaluation report describes the EUR-HUMAN project and its results.

The international refugee crisis has reached a critical point and many European countries are developing policies and plans to better define and carry out their role in supporting refugees entering Europe. Also in the field of health, the current refugee crisis has created a need for the design of programs to test the feasibility and acceptability of proposed actions prior to their large-scale implementation. The EUR-HUMAN project aimed to identify, design, assess and implement measures and interventions to improve primary health care delivery for refugees and other migrants. The organisation, delivery and quality of primary care varies considerably across the countries of Europe. Good primary care does not evolve spontaneously. The project intended to enhance the capacity, knowledge and expertise of European member states in order to provide holistic, comprehensive, compassionated, integrated and person centered Primary Health Care[1] (PHC) services to refugees and migrants. The EUR-HUMAN project addressed the early arrival and transit periods as well as the longer-term settlement of refugees in European host countries.
The final result of the project is the delivery of tools, guidelines and other forms of guidance, including a training programme and materials, for primary health care workers in Austria, Croatia, Greece, Hungary, Italy, Slovenia and in Arabic. Specifically, the EUR-HUMAN project intends to involve refugees/migrants who are health professionals themselves.

The objectives of this report are

- To contribute to the accountability of the project by showing the results of the project.
- To provide key learnings emerging from work packages and participants.
- To produce recommendations for health care policies and practices.

Section I summarises the EUR-HUMAN project, for easy orientation of the reader.
Section II contains the evaluation proper of the project.
Section III reviews more in detail the activities, deliverables and other results of all the Work Packages of the project.

[1] In this report, the terms Primary Health Care and primary care are used interchangeably.

Section I: The EUR HUMAN project in short

The project was organised through seven different work packages (WP) and covered a time span of twelve (12) months, the year 2016. The University of Crete (UoC) was in charge of the overall coordination (WP1).

Under coordination of the Radboud University Medical Centre (RUMC) in Nijmegen, the Netherlands, (WP2), initially fieldwork among refugees and health care workers took place in the countries mentioned above, plus in the Netherlands, to assess their health needs, experiences, wishes, preferences and expectations regarding health care and social care throughout their journey through Europe. This resulted in a report, D2.1, which served as further input in later WP's and also has stand-alone value.

The Netherlands Institute of Health Services Research (NIVEL (WP3)) has reviewed the existing European and international literature to identify success factors and obstacles as well as effective interventions for vulnerable groups and tools for the initial health care needs assessment of the arriving refugees including mental, psychosocial and physical health, maternal health etc. Interviews with international experts in these fields have also been conducted. However, PHC personnel who provide services in the field were asked and responded a questionnaire (mainly open-ended questions). The synthesis report of WP3 (D3.1 and D3.2) has been delivered and in addition a checklist 'Appraisal Tool for Optimizing Migrant Health Care' (ATOMiC) that helps planners to decide on choices and priorities of interventions and improvements. The report and Atomic tool were inputs in WP4 and WP6.

The University of Zagreb (WP5) developed the protocol for rapid assessment of the mental health and psychosocial status of refugees based on a stepped up model of integrated care, D5.1.

The content of the services to be offered in the various countries has been discussed and defined under coordination of the RUMC (WP4), by using the results of the WP2, WP3, WP5 as well as of the Deliverable 6.1 (current primary care situation in different settings). An international expert panel meeting in Athens in June (8 and 9) was a key event to discuss the choice of approaches and services. The elements and information identified through this consensus meeting, described in D4.1, combined with information received from the other sources (meetings with refugees, systematic literature review, interviews with experts) has been translated into guidance for primary health care workers and specific pilot interventions, D4.2.

As a next step, the first deliverable of WP6, D6.1, was an inventory of the capacity, local situation, and needs of staff in Community-oriented Primary Care centres as well as other existing primary care settings in Greece, Italy, Croatia, Hungary, Austria and Slovenia regarding primary health care for refugees. The inventory was carried out by EUR-HUMAN partners in these countries under the coordination of the WP6 lead (MUW team).

On the basis of the previous WPs (2, 3, 4, 5, 6) and deliverables (D2.1, D3.1, D3.2, D4.1, D4.2, D5.1, D5.2, D6.1), in the second half of the year a training programme was developed for interventions to be carried out by selected staff serving in the six countries mentioned (WP5 and WP6). The training programme is an online programme, initially written in English and then translated and adapted in the respective languages of the participating countries: German, Croatian, Greek, Italian, Hungarian and Slovenian. Also, an Arabic version was produced for refugee/migrant primary care staff in Austria. The adaptation of the training course to an online version and the management of the online version and communication with registered participants was done by Health e Foundation in the Netherlands, that is specialised in online trainings for the health sector.
In several countries a face-to-face introductory meeting was held at the launch of the online training programme. The online training programme itself was not defined as a formal deliverable of the project, but is a key result. The online and other trainings are considered as pilots that serve the provision of learning for future use. The online course will remain online after December 31, 2016, but no maintenance or communication with users is foreseen after that date.

In addition to the above deliverables, WP5 developed a Model of Continuity of Psycho Social Care, D5.2.

Additional face-to-face trainings on Mental Health and Psycho Social support were given to PHC staff in Croatia and Italy.

The workflows of the project have been described in a report, deliverable D6.2 of the project, in a diagram, showing the inter-dependence of the WP's of the project. D6.2 offers an overall description of steps taken by the project partners and the content of the training they developed and implemented. Country reports are included in D6.2.

D6.2 and the country reports show the diversity of PHC and health care in general in Europe. For example, in some countries, primary care for refugees is provided through the regular health system and in other countries through specific care for refugees/migrants. This, in combination with the different refugee/migrant flows in Europe, explains why the implementation of the project took different approaches in the six countries of the project. This is all described in detail in D6.2

The results of these efforts undertaken during the last 12 months have been evaluated by WP7 to guide best practice and to recommend further actions on behalf of primary care for refugees and migrants.

Section II: Evaluation

Introduction

This section offers an evaluation of the project.

As the previous section describes, the deliverables of WP's 2-6 all contributed to the online training course for primary care professionals and managers, which is created as part of WP6 and is the most substantive result of the project, although it was not described as a specific deliverable itself in the DOW. In addition, the other deliverables of the WP's 2-6 do have stand-alone value.

The evaluation therefore addresses the online training course and the other deliverables of project in general.

The evaluation does not address the actual service delivery of the trained (either face-to-face or online) primary care staff. Time between the training of the staff and the end of the project, which is the period of actual service delivery after training, was too short to allow the systematic evaluation of service delivery. Also, evaluation of a change in service delivery would have required baseline – data, which is beyond the scope of a one year project that is oriented towards development of practical tools rather than towards academic evidence. Finally, the primary care staff trained by the project is, in several countries, working in dispersed settings which does not allow for systematic data collection that result in comparable data. However, on 13-17 November 2016 took place in Kara Tepe hosting centre of refugees and other migrants (Mytilene island, Greece) the pilot intervention of the EUR-HUMAN project by the UoC team. During this pilot intervention, were tested the tools, the questionnaires and the procedures in order to enhance capacity building of the European countries that accept and host refugees and migrants. Additionally, the Zagreb team piloted the screening and referral procedure.

Further, the Model of Continuity of Care was not evaluated because no implementation of the Model was planned during the project and included in the Grant Agreement.

Below, the online training course is discussed extensively. This is followed by a general discussion and recommendations of project partners.

On-line training course

General description

This training course is a key result of the project because it is available for and used by Primary Care workers that (potentially) deliver care to refugees/migrants in six

countries. The course targets various professional groups: General Practitioners, nurses, social workers, nutritionists and other staff directly providing care, but also Primary Care managers and policy makers. The course is defined as Mile Stone 13 of WP6 and results from tasks 6.1 to 6.7. The course is not defined as a specific deliverable.

The English template of the online course has been created by the MUW team with assistance of the project partners. It then was translated and adapted into the national language by the respective partners and was, for each language, customized for e-learning and put online by Health e Foundation (HeF).

The course consists of eight modules:
Module 1, Introduction
Module 2, Acute diseases – not in Italian version
Module 3, Legal issues
Module 4, Provider-patient interaction
Module 5, Mental Health
Module 6, Sexual and Reproductive Health
Module 7, Child health - not in Arabic version. Arab users in Austria use the German version of this module.
Module 8, Chronic diseases and health promotion.

The EUR-HUMAN partners have disseminated information on the online course to potential users of the course in their country through general publicity and through emails to professional groups. In Austria, Croatia, Greece and Slovenia, conferences and/or meetings have been organized to increase awareness of the course.

Additionally to the online course the University of Crete team prepared, in collaboration with expert stakeholders, seven training lecture videos in Greek language on different topics in order to support the training of multidisciplinary PHC teams. The training lecture videos are available online on a YouTube channel.

Users of the course do register online and then study the modules at their own convenience. Users can interrupt the course and make a number of return visits. Apart from the Introduction module, all modules require a pre-test. At completion of the module, a post-test is done. The threshold for successful completion of a module is a correct answer to 75 % of the questions. When the post-test for all seven (in Italy six) modules is successfully done, the course is considered as completed and users receive a certificate from HeF. In Austria, Croatia and Slovenia , the course is accredited as a Continuous Medical Education (CME) course and the users who complete the course receive a certificate and earn CME points.

The course became available to users on different dates, as shown in the list below. Customizing the course as an e-learning course for each language specifically was a time-consuming process and explains the sequential dates the course became available in the different countries.

Austria German	October 24, 2016
Austria Arabic	November 9

Croatia	November 16
Greece	November 3
Italy	October 25
Hungary	November 30
Slovenia	November 3

As aforementioned, the online course remains available for users after December 31, 2016, but no maintenance or communication with stakeholders is foreseen after that date.

Evaluation methodology

The evaluation of the online course took two approaches:

A Assessment of the use of the online course and the learning effect it had. Data for this assessment have been generated by HeF that manages the online course and registers the users and their performance. The data cover the period from the moment the course came online in the various languages until January 3, 2017.

B Survey for feedback among the users of the online course. These data are collected through an online survey among users (by using the NoMAD questionnaire), which was organized by the WP7 with assistance of the partners in the project. The users were invited to take part in the survey, through email. The survey was open for users of the course until January 13, 2017.

A Assessment of the use of the online course and the learning effect it had

Methodology

Users of the online course registered on the website of HeF per country and were asked to identify by name and profession. The following data were reported by HeF on the use of the online course:

- Number of individuals that registered for the course, per country; names and professions of users as far as they did provide these.
- Number that completed the entire course of 7 modules (6 in Italy)
- Number that completed specific modules
- Difference in scores between pro and post-test, for each module
- Number of attempts of the post-tests per module,

Results

Users and use of the course

Most users registered their professional domain: just over 80 % was active in service delivery and just over 12 % had a management role. Of 7 % the role is not known. Of

the course users, some 50 % registered as a physician. Many users of the course did not provide information on their profession: physician, nurse, psychologist, other.

Table 1 shows the number of persons that were registered for the course, those that completed 0 modules and those that completed the course. Table 2 indicates how many users completed from 1 to 6 modules. Graph 1 shows for each module how many users completed it.

Table 1. Participants in each country

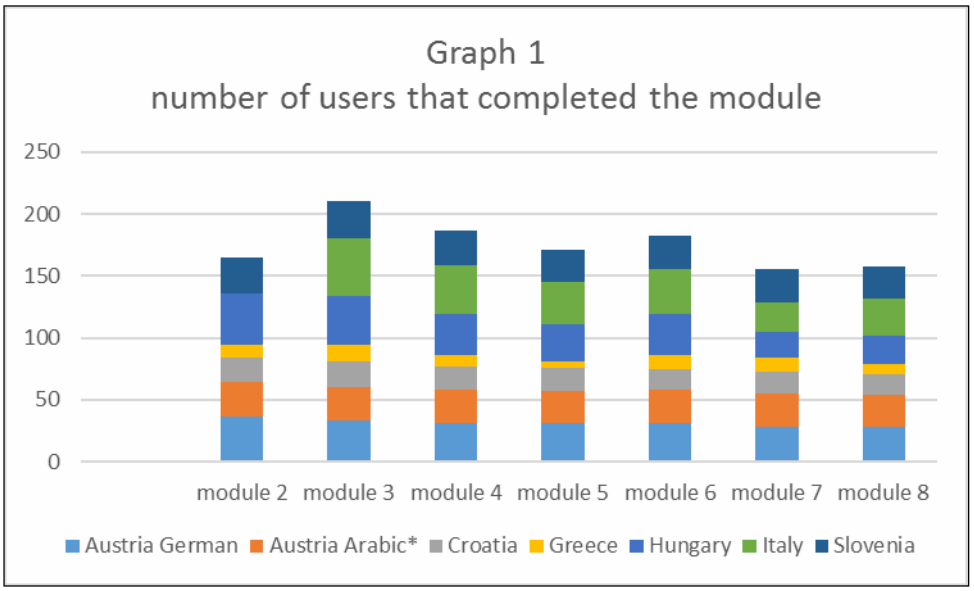
Table 1 Countries - language	Persons registered for the course	Persons that completed 0 modules	Persons that completed the course
Austria German	65	27	25
Austria Arabic	37	9	25
Croatia	36	15	14
Greece	17	3	5
Italy	112	66	20
Hungary	89	42	15
Slovenia	34	4	24
TOTAL	**390**	**166**	**128**
	100 %	**43 %**	**33 %**

Table 2. Number of users per country that completed between 1 and 6 modules, but not the entire course

Table 2	Completion of					
Countries - language	1 module	2 modules	3 modules	4 modules	5 modules	6 modules
Austria German	3	3	1	2	1	3
Austria Arabic	1	0	0	0	0	2
Croatia	1	1	0	0	1	4
Greece	0	2	3	2	0	2
Italy	4	3	3	8	8	20[1]
Hungary	8	3	4	3	5	9
Slovenia	1	1	1	0	0	3

[1] In Italy completion of 6 modules is completion of the entire course

Graph 1. Number of users that completed specific modules

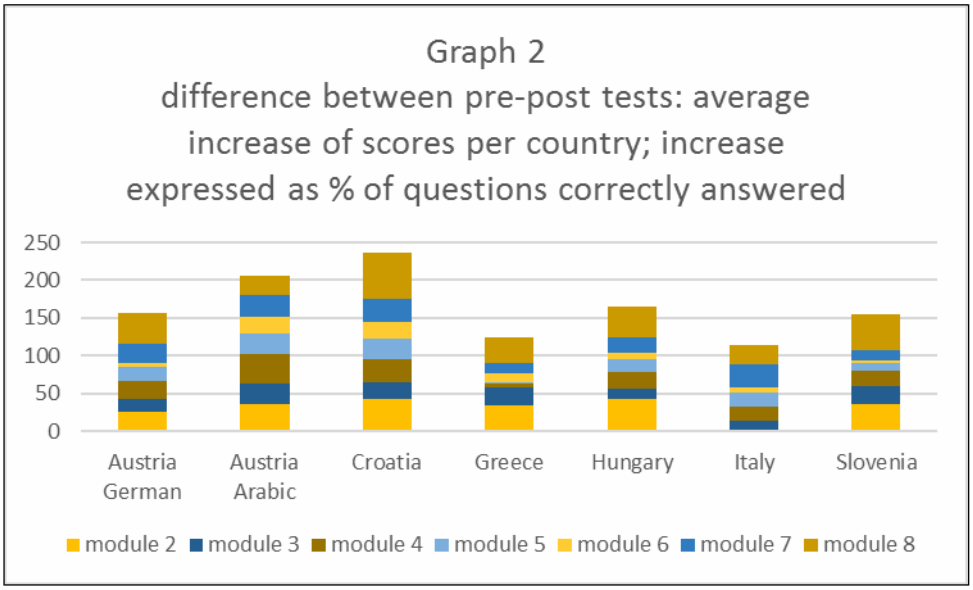


Learning effect

The learning effect can be approximated by comparing the scores of the pre-test and the successful post-tests for each module and to assess the increase of the scores. The minimum score of the post-test to pass is 75%. Graphs 2 and 3 show the results.

Graph 2 depicts the average increase of scores between the 7 pre/post-tests, approximating the learning effect, per country. Italian users only carried out pre/post-tests for 6 modules, which reduced the overall learning effect. Graph 3 depicts the knowledge-increase per module. Table 3 shows the average numbers of attempts that users needed to pass the post-test.

Graph 2 . Average of increase per country



Graph 3. Average increase per participant per module

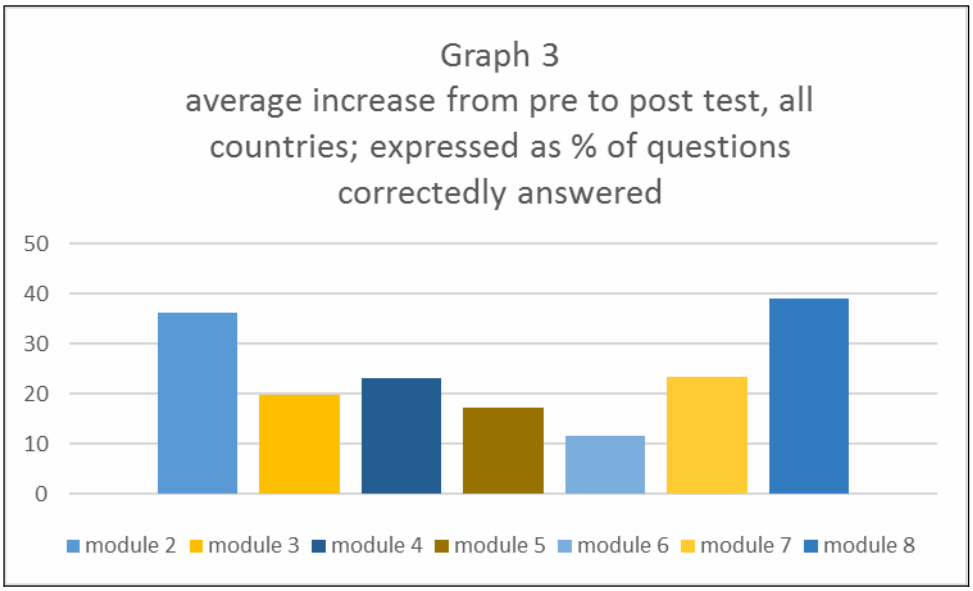


Table 3. Number of attempts to pass the Module

Table 3							
average number of attempts to pass the post-test, per module	**Austria German**	**Austria Arabic**	**Croatia**	**Greece**	**Hungary**	**Italy**	**Slovenia**
module 2	1,05	1,36	1,14	1,2	1,09	NA	1,3
module 3	1,15	1,41	1,1	1,2	**1**	1,1	1,1
module 4	1,03	1,26	1,05	1,2	1,08	1,14	1,21
module 5	1,13	1,52	1,1	**1,87**	1,22	1,31	1,25
module 6	1,06	1,19	1,1	1,07	1,06	1,03	1,44
module 7	1,57	1,59	1,2	1,47	1,64	**1,87**	1,59
module 8	1,13	1,52	1,3	1,47	1,45	1,33	1,48

Conclusions and discussion

- The online training course became available for users between October 24 and November 30, 2016. In this period, 390 professionals registered for the course. The users had between 5 to 10 weeks to complete the course until January 3, 2017, when the user-data were collected. The time to complete the course was short. According to HeF, normally e-learnings with a similar amount of content require a 3 month period for satisfactory passing rates.

- It is not possible to analyze the results according to the professions due to the limited number of users that registered their profession.

- 43% of those registered did not complete one single module, meaning that they did not start the course at all or stopped at the introductory module for which no pre/post-test is required. Hypotheses for the high percentage of registered users that did not start the course do include: the target group of users is extremely busy providing care to the refugees/migrants and cannot afford the time it takes to complete the course; limited availability of internet connectivity; after initial curiosity, lack of interest in the course either due to content or to the methodology of an online course. A motivator may be the earning of CME points in the three countries mentioned above. The first two hypotheses may especially apply to users on the Greek islands and to others who are working in refugee camps/settlements. However, one cannot conclude that higher passing rates mean lower workload (Slovenia and Arab speaking users in Austria).

- The passing rate of the complete online course was 33 %; Passing rates were highest for Slovenians and Arab speaking users in Austria, respectively 71 % and 68 %.

From a Croatian user of the online training course:

Hvala Vam, tečaj napreduje dobro, sadržaj je edukativan, testovi su lijepo napravljeni
=
Thank you, the course is progressing well, the content is instructive, tests are beautifully made.

From an Austrian user of the online training course:

….. It was exhausting, but very interesting! Although I have not had asylum seekers or refugees in my practice, I have already been able to implement a little bit of learning - especially with linguistic communication problems!
I would certainly look forward to further training courses in this form and / or on this topic!

- The participation of Arab speaking professionals in Austria and their relatively high passing rate shows that among refugees/migrants there is a considerable resource for primary care.
- Graph 2 shows that the average learning effects of the participants are largest in Croatia and lowest in Greece. With the available data conclusive explanations for these differences cannot be given. They may be attributed to a higher initial level of knowledge among Greek users or to a lower absorption of knowledge per module, or both. The inverse may be true for Croatian users.

The average learning effect across countries is highest for module 8, as shown by Graph 3. This finding is striking, since management and prevention of chronic diseases are considered as core business of primary care and one would expect high competency levels among professionals.

- The learning effect varies between modules and countries, but overall there is an important learning effect. The data also show that users benefit more from some modules than from others and more in some countries than in others. For example, the initial knowledge level of Greek users of the module on Sexual and Reproductive Health is high and increases minimally by following the module. These data however are averages and may conceal important variations between users within countries.
- Data on the number of attempts to pass the post-tests, table 3, show that module 7, child health, in most countries needs more repeat-tests and that Croatian users need relatively few repeat-tests to be able to pass. Otherwise, these data seem not to provide important clues on the use or effectiveness of the course.

B Survey for feedback among the users of the online course

Methodology

Among the users of the online course, an online survey was circulated in order to assess the course experience, the appreciation of it and to gather respondents' views on the implementation of primary care services for refugees and migrants in their countries. Respondents were asked to identify their profession as well.

We used a tailored version of the NoMAD questionnaire[2] to gather respondents' views on the implementation of primary care services for refugees and migrants in their countries.

[2] Finch TL, Rapley T, Girling M, et al. Improving the normalization of complex interventions: measure development based on normalization process theory (NoMAD): study protocol. Implement Sci. 2013;8:43.

Derived from Normalisation Process Theory, NoMAD is a generic validated tool which provides a structured framework for understanding how a new intervention may (or may not) become part of normal practice. Its questions are divided into the four domains of coherence, cognitive participation, collective action and reflexive monitoring:

- Coherence is the sense-making work that people do individually and collectively when they are faced with the problem of operationalizing some set of practices.
- Cognitive Participation is the relational work that people do to build and sustain a community of practice around a new technology or complex intervention.
- Collective Action is the operational work that people do to enact a set of practices, whether these represent a new technology or complex healthcare intervention.
- Reflexive Monitoring is the appraisal work that people do to assess and understand the ways that a new set of practices affect them and others around them.

Results

97 people responded to the questionnaire that was a modified version of measure development based on the normalization process theory to improve the normalization of complex interventions (NoMAD): 16 in Hungarian, 16 in Slovenian, 23 in Italian, 12 in Arabic, 11 in German, 11 in Croatian and 10 in English, these are Greek users of the online course. Two-thirds of the respondents were identified as physician and a number of respondents did not disclose their profession.

A summary of findings for each domain across the study centers and their implications are presented below. Not all respondents answered all the questions.

Respondents first rated their **familiarity** with the services for which EUR-HUMAN offered the online course, whether they felt these services were already a normal part of their work, and whether they considered they will become a normal part of their work:

- Overall 58% of respondents reported that they were familiar with these services, with the highest proportion in Austria (71%) and the lowest in Hungary (46%).
- Overall 52% reported that these services were already a normal part of their work, with the highest proportion in Austria (65%) and the lowest in Hungary (34%).
- Overall 59% felt they will become a normal part of their work, with the highest in Italy (65%) and the lowest in Hungary (49%).
- With regard to coherence, there was a broad agreement amongst respondents in all centres that they could make sense of the primary care services being offered to migrants and refugees.
- They could see how they differ from usual ways of working, there was a shared understanding of the purpose of these services and how they affect the nature of their work, and they could see the potential value of the service

delivery. Overall, more than 80% of respondents agreed or strongly agreed with these statements.

- There were two outliers to these views: only 33% of Austrian respondents reported that migrant and refugees services differed from usual ways of working; and only 27% of Slovenian respondents thought their staff had a shared understanding.

With regard to **cognitive participation**, there was consistently strong agreement that it is possible to build and sustain a community of practice for delivering a primary care service for refugees and migrants.

- Overall more than 85% of respondents believe there are key people who drive the service delivery for refugees/migrants forward and get others involved (though only 50% of Croatian respondents agreed with this statement) and that participating in the service delivery is a legitimate part of their work.
- Overall 90% reported being open to working with colleagues in new ways to use the service delivery and willing to support the training programme by promoting it, with no significant variation between centres.

With regard to **collective action**, there was greater variation in responses between the centres.

- More than 80% of respondents believed that that they can easily integrate the new way of working, although only 53% of Italians agreed with this statement.
- The new ways of working were thought unlikely to disrupt existing working relationships in Croatia and Austria (>90% agreed), though in the other centres there was less confidence about this, especially in Slovenia (56% agreed).
- More than 80% of respondents had confidence in other people's ability to use the service delivery.
- More than two thirds of respondents thought that work was assigned to those with skills appropriate to the service delivery, though this varied from 92% in Hungary to 57% in Italy and 54% in Slovenia.
- When asked whether the online course provided sufficient training to enable staff to implement the service delivery, there was wide variation, with 100% of Hungarian but only 20% of Italian and 22% of Croatians in agreement.
- Less than half of all respondents thought that sufficient resources are available to support service delivery: this was seen as particularly problematic in Italy (22%), Slovenia (29%) and Croatia (33%).
- The majority of respondents did not think that management adequately supports the delivery of primary care services for refugees and migrant: this was seen as particularly problematic in Croatia (22%), Italy (28%) and Hungary (36%).

With regard to **reflexive monitoring**, there was a generally positive view.

- More than 80% of respondents considered they can modify how they work with the service delivery and that feedback on the service delivery can be used to improve it in future.

- With the exception of Italian respondents, more than 90% considered that staff agreed that the service delivery is worthwhile and personally value the effects that the service has had on their work: however less than half of the Italian respondents agreed with these statements.

Some of the variations in response may be random, due to the small sample sizes in each centre. Others may be explained by differences in current working practices, for example the small proportion of Austrian respondents believing migrant and refugee care differs from their normal way of working probably reflects the fact that most are already working in this field. Other variations would benefit from detailed qualitative inquiry, for example why Slovenian respondents were uncertain about shared understanding about new services and concerned about disruption to existing relationships.

However, several broad conclusions can be drawn from these responses.

1. Most respondents understand how primary care services for migrants and refugees differ from existing ways of working.
2. There is consistently strong agreement that it is possible to build and sustain the delivery of primary care service for refugees and migrants.
3. There is broad agreement that primary care services for migrants and refugees are - or can become - a normal part of work.
4. There is wide variation in views as to whether the on-line course provides sufficient training for delivery of the new service.
5. While most respondents consider that the relevant will and skills are available, there is substantial concern in several countries that lack of resource and lack of managerial support could hinder the implementation of new services in practice.

On the basis of these responses, we would therefore predict that implementation of new primary care services for refugees and migrants is most likely to be successful in Austria but may prove more problematic in other centres, particularly Hungary.

Further, respondents indicated the time they required to complete the course.

Table 4 shows the amount of time users needed to complete the full course. Most users expressed the time required in numbers of hours while the Arab speakers expressed it in weeks. This may be due to understanding the question as asking for the period during which the course was completed. This may be the result of translation issues. Overall, most users complete the course in 17 hours or less.

Several factors may influence the number of hours it takes to complete the course: profession, level of previous training and of experience of the user of the course; familiarity with working online and availability of a computer and connectivity. Also, the Italian version is somewhat shorter than the course in the other countries: 7 versus 8 modules.

For a number of users it may take several weeks to start and to complete the course, even beyond the timelines of the project and of the evaluation. So, the numbers of

users registered and of those who completed the course may be higher than has been reported here.

Further analysis of intra-country variations in time needed to complete the course in combination with other evaluation results, may help to describe the course in further detail for potential new users. In several countries, the number of credits allocated as CME is related to the time the course takes, so the feedback from users helps to determine the number of credits.

Table 4. Time required to complete the online course

Number of hours	8 or less	9-17	18-27	28-35	36-44	45 or more
Austria German	xxxxx	xxxxxx	x			
Austria Arab				x		xxxxxxxx xx
Croatia	xxxxx	xxx				
Greece	x	xxx				x
Hungary	xxxxxxx	xxx	x			
Italy	xxxxxxxx xxx	xxxxxx				
Slovenia	xxxx	Xxxxx xxxxx				

X = person

Discussion and recommendations

An evaluation meeting took place on December 7, 2016, in Crete, hosted by the University of Crete. Advisory Board members participated also (some in person and others via on-line). The WP leaders presented their activities and results to the 33 participants presented, which was followed by discussion. On January 17, 2017, a final meeting took place in NIVEL, Utrecht, The Netherlands, with online attendance of several of the partners of the project. They considered the final data on the use of the online training course and discussed overall conclusions.

Conclusions

- On Primary Health Care for refugees and migrants

  Service delivery of PHC differs greatly between the countries taking part in the EUR-HUMAN project and in European countries in general. In some countries PHC delivery mainly is mono-disciplinary, General Practitioners, whilst in other countries multidisciplinary teams carry out the various tasks. Also, PHC organization varies greatly between countries. Profound country specific adaptation of any course or intervention therefore is required.

Provision of appropriate and tailored PHC for migrants/refugees needs training of PHC professionals as the EUR-HUMAN project has developed. In line with the above on the diversity of PHC, it is as important that the local settings / conditions satisfy a series of requirements and that they have linkages with long term care. The diagnostic ATOMiC tool supports the description of the local settings. The development of local capacity to organize PHC for refugees/migrants is a priority and support to this may be required.

Many volunteers carry out health report activities for refugees/migrants and a basic online course is an appropriate tool to reach many of them, across countries.

- On the EUR-HUMAN project

  The EUR-HUMAN project has been conceived and planned in a very short period, late in 2015. The activities and deliverables of the WPs are strongly inter-dependent. Definition and coordination of activities between the WPs had to be done under time pressure and they have been adapted based on progressive insights and progress of the project. In combination with political changes and variations in the flow of refugees during 2016 (mainly due to the EU-Turkey deal), this resulted in challenges to respect the timing of the deliverables and to redefine tasks for some of the partners and in a higher workload than was planned initially for several of the WPs. Nevertheless, all activities have been carried out and all deliverables have been satisfactory produced, with minimal deviation from the planned date of submission. The consortium showed flexibility in planning and carrying out tasks. Additionally, some of the EUR-HUMAN partners (i.e. UoC, FFZG, RUMC) performed additional work and efforts (within the same budget) that wasn't mentioned in the Grant Agreement.

  There have been many dissemination events (to national and international conferences, meetings with stakeholders and press releases) and publications of several papers in under way. Visibility of the project is substantial.

- Online training course.

  - It proved to be possible (mainly due to the huge efforts and hard work the consortium did), within the timeframe of one year, to develop an online training for PHC professionals that takes into account the diversity of PHC delivery in the various countries of Europe.
  - In general the collaboration and fine-tuning between the WP's was intense and effective. It proved not to be possible to integrate the complete guidance from WP4 into the online course, although most content of the guidance was used.
  - The online course is a time efficient way to reach a great number of professionals in various geographical locations throughout the country.
  - The course is predominantly oriented towards physicians and would need to be customized for other health professionals.

- Certification of the online training course did take place in three of the six participating countries and facilitates the recognition and use of the course.

- Increase of the interactivity of the online training course is likely to increase its attractiveness.
- The course remains online on the website of HeF but there is no mechanism to update or adapt the course.

- A drawback of the course for the specific target group may be technical competencies (IT skills) required for the online learning.

- Further monitoring and evaluation of the use and results of the online course in each participating country may help to adapt and improve the course.

- The online course is a good tool to pass knowledge but for skills training it is less effective. This is especially important for mental health and cross cultural communication: cross cultural competence is largely an attitude issue. These elements are much better developed by face-to-face trainings.

- While the online training course is the most visible and direct output of the EUR-HUMAN project, several WP's delivered other results of the project that have strong stand-alone value. In particular:

  The health needs, wishes, preferences assessment carried out under coordination of WP2. The methodology used, Participatory Learning and Action, and the results of the assessment itself can serve as input and support to planning of further health activities for refugees/migrants.

  A report with an overview of effective interventions that address health needs of refugees, WP2. Further, WP3 delivered a checklist, called ATOMiC: Appraisal Tool for Optimizing Migrant Health Care. This tool helps to check the local settings on their appropriateness and completeness for health care for refugees/migrants and can be used by any planner or manager of primary care interventions. The tool has been integrated in the online training course and can be used separately as a planning tool.

  WP4 developed a document called 'Tools and Guidelines for optimal primary care for refugees and other newly arrived migrants'. The materials can be used to improve 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. Some content of this guidance could not be used completely for the online training course.

  The Model of Continuity of Psychosocial Care (WP5). This model contains learning points for proper and continuous provision of care.

Considerations on the future of the project and its results

- Online training course:

  - The online course should be available to the PHC providers beyond the life of the EUR-HUMAN project.
  - Beyond the EUR-HUMAN project period, further active promotion of the online training course among potential users is recommended.
  - A number of modules of the online training course needs periodic updating in order to remain effective and credible (for example, links to websites and other data).
  - The use of the course in other countries is recommended (Germany, The Netherlands, Belgium, France, Sweden, etc) . This requires at least one institute in each country to take responsibility. The online course needs adaptation to each country's language and context.
  - Translation of the course requires familiarity with medical practice and the (social) context of the migrants/refugees; specific selection of and support to translators is a general requirement with country/context specific application.
  - In the long run, the best way to sustain the training is to integrate it in the medical curriculum (plural: not only curriculum of physicians, also of other professional groups) at medical and other schools.

- Model of Continuity of Care:

  - The implementation of the model of continuity of care is best supported by active dissemination and discussion/agreement with major international agencies, like Red Cross, WHO European Region, UNHCR and other agencies or NGO's. More fundamentally: if this model is to be integrated in regular health care practice at the long run adoption by national actors like health departments and health care professionals is crucial
  - Data confidentiality is among the major issues and needs further reflection and practical measures, if portability of data is to be made feasible and acceptable.

- Overall project results:

  - Promotion/dissemination of the main results of the EUR-HUMAN project, beyond its lifetime, among the general public and (inter)national institutions will contribute to its popularity and demand for continuation and for availability in other countries. Among the tools suggested are a booklet, workshops and national high level meetings.

  - All tools developed by the EUR HUMAN project should be put online on the EUR-HUMAN website.

- EUR-HUMAN project participants from Greece, Slovenia and Austria emphasised that support to available Primary Health Care services in general is required to enable it to adequately play its role for refugees/migrants.

Recommendations

The EUR-HUMAN partners unanimously recommend to the European Commission to:

- Facilitate some mechanism of international coordination and support, in order to enable continuous availability and parallel updating / adaptation / improvement of some modules of the online training course, in the various languages of the course.
- Facilitate / support the introduction of the online training course in other European countries.
- Facilitate / support the translation in other languages of the guidance document (WP4), Model of Continuity of Care and other tools and deliverables.
- Facilitate / support the development of face-to-face skills training in parallel to the online training.
- To recognize the variations between countries in the organization and delivery of PHC in general and for refugees/migrants specifically and to allow for profound country specific adaptations of any tool or mechanism that supports PHC.

Section III: Activities, deliverables and results of the Work Packages

This section provides more detail on each of the Work Packages.

WP1 Coordination, Dissemination and Management of Project's Execution

General

Coordination and management of the project is intensive, due to the inter-dependence of the Work Packages, in terms of content and timing. Next to the formal Steering Committee meetings, many emails and bilateral exchanges took place.

A dissemination plan has been developed, which was a rolling plan, since opportunities for dissemination have been added as they arose. As part of the dissemination, a policy on authorship was agreed between the consortium partners. All partners contributed to the dissemination of the project and its results, at a number of occasions, see the overview below.

The consortium also is trying to publish papers in a number of journals. At the closure of the project, publication of several articles is in process.

Table 8. Overview of Deliverables

Deliverables planned		Deliverables realised		Comments
D1.1 Final Report to CHAFEA	M12			
D1.2 Project website	M1	Project websites	M1	http://eur-human.uoc.gr
D1.3 Project leaflet (eight languages)	M3	Project leaflet	M3	The leaflet is available in the eight languages of the consortium members and in Farsi and Arabic. The second newsletter of the six-month progress will be available by the end of M7 (July).
Milestones planned		Milestones realised		Comments
Steering Committee meetings		Kick-off meeting on January 19 and 20, 2016. Further meetings at February 9, February 17, March 16, April 13, June 9, September 12, November 28.		
Advisory	M4	Meeting at 8-9 June	M6	The first meeting was scheduled

Committee meetings		and December 7		later than initially planned to coincide with the face-to-face expert meeting of WP4	
Unplanned deliverable or activity					
None					

Dissemination plan

TABLE 9. Dissemination plan

What	When/where	Who	How
Website	http://eur-human.uoc.gr/	WP1: UoC	Online platform
Meeting in the Greek Ministry of Health and Ministry of Migration	Athens, Greece, 26 January 2016	WP1: UoC	Presentation of EUR-HUMAN; Establish collaboration with the Greek Government
EU conference on migrant care	Lisbon, Portugal May 8-9, 2016	WP2&4: RANDBOUND	Conference presentation
Presentation at WONCA Europe conference	Copenhagen, Denmark June 15-18	WP1 and WP2&4: Christos Lionis, Chris Dowrick, Maria van den Muijsenbergh	Conference presentation
Presentation at WONCA Europe conference	Copenhagen, Denmark June 15-18	AUSLTC	Conference presentation on Migrants and Refugees in Italy
Presentation during annual conference of EFPC	Riga, Latvia September 3-5	WP1: UoC and consortium partners	Workshop; link between PHC and Personalized Health aiming in addressing refugees' care
Leaflet	M3	WP1: UoC team, et al	
Newsletters 2 x	M6, M12	WP1: UoC team, et al	Translation in the languages of the consortium and in Arabic and Farsi
Progress report in e-newsflash and news-item on the website of EFPC (4 x) for members and consortium partners	M3, M6, M10, M13	WP7: Diederik Aarendonk	

Conference of the European General Practice Research Network	October, Leipzig	WP1: UoC	Presentation
6th Panhellenic Congress of Forum: Public Health and Social Medicine. Social Inequalities and Public Health	31 October – 1 November, Athens, Greece	WP1: UoC	Presentation
18th Pancretan Medical conference	4-6 November, 2016 Rethymnon, Greece	UoC	UoC
WONCA Special Interest Group on migrant care, international health and travel medicine	Rio de Janeiro, November 2016	WP2&4: Maria van den Muijsenbergh	
12th Panhellenic Conference for Management, Economics and Health Policies	13-15 December 2016, Athens, Greece	UoC	UoC
Letter to the editor of the BMJ	M13	WP1: Christos et al	With coordinators of other EU funded projects
Letter to the editor of the European Journal for Public Health	M13	WP1: Christos et al	With coordinators of other EU funded projects
Position Paper by EFPC (based on EUR-HUMAN and additional data)	M16	WP7: EFPC: Kate O'Donnell, Pim	
Final report EUR-HUMAN	M14	WP1: Christos and partners	

Papers and Publications

Table 10. Upcoming papers

Title (type of paper)	**Accountable partner**	**Proposed Journal/s**	**Notes**
Compassionate care and European refugee crisis: do we need much discussion. **(Short report)**	UoC	Journal of Compassionate Health Care	A draft prepared by UoC team is ready and partners are going to receive it within next period.
Views, experiences, wishes and needs of refugees/migrants. The experience of seven European countries. **(Original paper)**	RUMC	Journal of Immigration and Minority Health	A draft prepared by RUMC is ready and partners are working on it.

Implementing a patient-centreed primary health care services for refugees/migrants. (A feasibility study)	MUW	Canadian Medical Association Journal	Proposal done to WP6, Kathryn.
Identifying the factors that influence the implementation of health care improvements for refugees traveling through Europe: A mixed-method study in the context of the European refugee crisis (Original research paper)	NIVEL	Implementation science	A draft is being prepared by NIVEL
The refugees' crisis in Europe. What should change in the education of health care students? (prospective article)	UoC jointly with UoL	BMC Medical Education	
Tools and guidelines for rapid assessment. What we learnt from the refugees crisis in Europe. Meeting the health care needs of refugees in Europe. (Review article)	RUMC, jointly with FFGZ and UoC	American Journal of Evaluation or other.	It is a proposal to all partners.
Letter to the editor of the BMJ: Experiences gained from EU funded projects.	UoC with coordinators of other EU funded projects	BMJ	
Towards the development of person-centred and primary-care-based services for refugees: the EUR-HUMAN Project study protocol	Authors: Christos Lionis and EUR-HUMAN partners		Has been submitted to BMC Health Care Research Services

Additionally the UoC team has carry out meetings with Greek Minister of Health (Andreas Ksanthos January 26th 2016, January 27th 2017), General Secretariat of Public Health (John Mpaskozos January 26th 2016, January 27th 2017) officers at Ministry of Health (July 12th 2016), officers at Ministry of Migration (May 20th 2016 and September 9th 2016) as well as with stakeholders (March 28th 2016) on the island of Lesvos (Greece). However communication with General Secretariat of Public Health and 2nd Health Regional Governor in Greece was established as well as communication and meetings with NGOs that provide services to refugees and other migrants in Greece. Additionally, press releases has been issued to Greek media, the EUR-HUMAN site and EUR-HUMAN twitter account.

WP2 Communicating and liaison with stakeholders and refugees

General

The overall aim of this Work Package was to gain insight in the health needs and social problems, as well as the experiences, expectations, wishes and barriers regarding accessing primary health care and social services, of refugees and other newly arriving migrants throughout their journey through Europe - from the hotspots via the transit centres to the first longer stay reception centres. The results of the Work Package feed into the development of guidance and tools by Work Packages 4, 5 and 6 in particular.

Implementation

The information and insights have been collected through group sessions with refugees in seven (7) countries: Greece, Slovenia, Croatia, Italy, Hungary, Austria and the Netherlands; the sites were chosen so as to represent a variation in contexts and to reflect a part of the journey of refugees. The group sessions were to be conducted through the Participatory Learning and Action (PLA) research methodology. Local staff members from all intervention sites had to be trained in the application and ground rules of the PLA method, and were supported in their fieldwork by the Radboud UMC team. The two day PLA training in Ljubljana, Slovenia, was attended by in total 16 participants.
Four countries acquired ethical approval of the research sessions in accordance with the legal requirements in the country, in the other three countries (The Netherlands, Hungary and Italy) ethical approval was not required.

A total of forty-three (43) group sessions were held, with a total of ninety-eight (98) refugee-participants from nine (9) countries and with twenty-five (25) health care workers in Croatia. Every participant of the PLA sessions filled in an informed consent form. The sessions resulted in an overview of main health problems and experiences, needs and barriers with health care. They also provided learning points relevant for the choice and development of guidance, tools and training.
The reports of the group sessions were aggregated in a synthesis report that serves as input for Work Packages 4, 5 and 6. For each of these Work Packages specific recommendations and learning points have been formulated.

All milestones and deliverables have been achieved as planned and in time.

Adaptations and specific learning points

Minor adaptations had to be done with regards to the PLA sessions with the refugees: one site for the PLA sessions has been added to the original plan: a site in the Netherlands, to complete the picture of the whole journey, until the country of destination.

In Croatia, sessions with refugees could not be held due to their very fast transit. Therefore, six PLA sessions were held with experienced care providers from various agencies that had been working with refugees in the transit centres.

Table 11. Overview of WP2

For the same reason, at the site in Slovenia only one session could be held with refugee groups, instead of the planned 2-3 sessions.	planned	delivered	Comments
D2.1 Report on views, experiences and expectations of refugees regarding their health and social needs and access and use of services	M3	M4	
Milestones planned			Comments
2.1 Training of local researchers	M1	6-7 February 2016	16 staff members of local teams from 6 countries
2.2 PLA moderated meetings	M3	M3	Due to the changing politics and closing of borders, the possibilities to interview migrants in transit were less than planned; therefore the fieldwork was adapted: a. one site was added: Nijmegen, the Netherlands, to complete the picture of the whole journey, until the country of destination b. in Croatia 6 meetings were added with healthcare providers, social workers and volunteers instead of with migrants
2.3 Report on the views, experiences and expectations of the refugees and the stakeholders	M4	M4	
Unplanned deliverable or activity			
none			

WP3 Review of literature and expert knowledge

General

The overall aim of this Work Package was to learn from literature and experts on measures and interventions and the factors that help or hinder their implementation in European healthcare settings. This is achieved by the development of a comprehensive overview of effective interventions that address health needs and risks of refugees and other migrants in European countries, focusing on short-term arrival as well as long-term settlement. The overview is a synthesis of existing knowledge from the literature and experts.

Implementation

After the development of a heuristic framework, a systematic search of literature databases and an online survey among experts were done. 81 experts and health professionals responded to the survey. This was followed by interviews with 10 international experts.

Adaptation and learning points

The original plan was to deliver a report with an overview of effective interventions that address health needs of refugees. This was delivered. However, in order to facilitate implementation, the Work Package has delivered also a follow up, a checklist, called ATOMiC: **Appraisal Tool for Optimizing Migrant Health Care**. It provides practical guidance for improving health care services for often vulnerable groups. The checklist helps users – health care professionals, managers, policymakers, implementation advisors – to consider the various contextual and resource factors and to identify priority interventions and issues that require special attention when proceeding with improving the services.

Table 12. Overview of WP3

Deliverables	planned	delivered	Comments
D3.1 Summary of preliminary findings and practical recommendations	M3	M4	
D3.2 Final synthesis	M4	M6	WP3 continues to update and improve the report until M12, in order to provide the most precise information possible.
Milestones planned			Comments
Presentation and discussion of preliminary findings at partner meeting	M3	M3	
Final synthesis report available online	M5	M5	WP3 continues to update and improve the report until M12, in order to provide the most precise information possible.
Unplanned deliverable or activity			
ATOMiC checklist: Appraisal Tool for		M6	

Optimizing Migrant Health Care			

WP4 Developing tools and practice guidelines for health care practitioners

General

The overall aim of this Work Package was to provide a series of support tools for primary care practitioners who work with and for refugees, in the form of papers, guidelines, training and other materials. Using the results of WP2, WP3,WP5 and part of WP6 (Del. 6.1), this WP has organized an expert meeting to make a selection of all these materials and subsequently to develop a report indicating the whole set of materials. These will be made available on-line.

Implementation

The expert meeting was held on June 8 and 9 in Athens and brought together 30 experts from various countries plus 15 Greek officials, representatives of the ministry of health, the ministry of migration and other relevant organizations. The meeting report with consensus on conclusions and recommendations on Primary Care for refugees/migrants is the first deliverable of this Work Package.
The second deliverable, the resulting guidance document, was available by the end of July, 2016.

Adaptation and learning points

No adaptation of contents has been done. The delay in deliverable was due to the fact that the expert meeting only could take place after the finalizing of WP3 and 5, which was foreseen in month 5, so the meeting had to be postponed form month 5 to month 6.
The amount of work is larger than had been planned, partially because the expert meeting took place in Athens, which was not planned initially by the Work Package lead, that is based in the Netherlands. Thanks to organizational support by WP1, the meeting proceeded smoothly.

Table 13. Overview of WP4

Deliverables	planned	delivered	Comments
4.1 Report of expert meeting	M5	M6	
4.2 Online set of guidelines, guidance, training and health promotion materials for optimal primary care for newly arrived migrants including refugees; including a template for adaptation of materials specific to the respective country	M6	M7	
Milestones	planned	delivered	Comments
Expert meeting	M5	M6	

Set of guidelines, guidance, training and health promotion materials for optimal primary care for newly arrived migrants including refugees	M6	**M7**	

WP5 Mental health, psychosocial support and psychological first aid for refugees

General

The overall aim of this Work Package was to provide a protocol for rapid assessment and provision of psychological first aid (PFA) and Mental Health Psycho Social Support (MHPSS). Also a model for continuity of care will be developed. This model allows for primary care providers along the journey of the refugees, to upload and download information, which helps to avoid repetitive interviewing of the refugees and interruptions of treatments.

Implementation

The Work Package produced the two deliverables: a protocol for rapid assessment and a model for continuity of care. On the model of continuity of care, discussions took place at country level. In Croatia, with IOM and UNHCR, that are equally working on systems to register data (IOM: Personal Health Record; UNHCR: electronic system for international transfer of data) in order consult on an agreed model of registering patient data and information. For example, the use of ICPC as coding system for complaints and diseases is discussed. These discussions did not lead to final common conclusions as yet.
The choice of an information carrier needs quite some time as well. Requirements have to be defined, including security and user-friendliness, for the user/patient and for health care providers. Options for an online registration system that could be used across Europe have been assessed, but the final proposal in the Model is for a USB system, password protected.
A 2 day face-to-face training was provided to 15 participants who had worked with refugees recently. Emphasis was on Mental Health and PsychoSocial Care, including the screening.

Adaptation and learning points

Complexity of recording and carrying health information that can be shared between countries and is safe and user-friendly is larger than expected, partially because it needs discussion with external partners like IOM and UNHCR.

Table 14. Overview of WP5

Deliverables	planned	realised	Comments
5.1 Protocol for rapid assessment and PFA/MHPSS	M4	M4	
5.2 Description of a model of continuity of psychosocial care	M6	M6	Discussions with IOM and UNHCR were held on the adequacy of the Personal Health Record of IOM and aligning with UNHCR on the model it is developing. Expectation that model will be used with password protected USB as information carrier.
Tasks			
Task 5.1. Select appropriate approaches and methodology regarding rapid	M3	M3	

assessment of mental health and psychosocial support needs to be used in the implementation settings			
Task 5.2. Develop protocol which includes procedures, tools for rapid assessment and provision of psychological first aid and MHPSS interventions to newly arriving refugees	M4	M4	Draft protocol was shared with partners who provided valuable inputs which were integrated into D5.1
Task 5.3. Adapt protocol, assessment tools, and interventions to respective national and regional situation in collaboration with local stakeholders and provide input into WP6 for implementation	M5	M5	The protocol served for input into WP6 since the training materials for mental health have been developed in line with the protocol – e-module and face-to-face training module
Task 5.4. Develop model of Integrated Continuity of Psychosocial Refugee Care from Early Hosting and First Care Centres to Psychosocial Advice and Support Points for Refugees (PASR) in communities of refugee destinations	M6	M6	
Milestones	planned	realised	Comments
Protocol with procedures, tools and interventions completed	M4	M4	
Model of Integrated Continuity of Psychosocial Refugee Care described	M6	M6	

WP6 Enhanced capacity building strategy for primary care staff; preparation and implementation of recommended interventions in selected implementation sites: Greece, Italy, Croatia, Slovenia, Hungary, Austria

General

The first objective of this Work Package was to enhance the capacity building of the primary care workforce through the assessment of the existing situation (leading to the first deliverable)
Another activity of the objective was the development of an online curriculum for local primary care professionals and refugees who are primary care professionals. This part of WP6 makes use of inputs of Work Packages 2 to 5: these will be translated in online training modules.

The second objective was to implement at least one intervention in each of six sites in six countries and to evaluate its effectiveness. In each of the six selected countries, Greece, Italy, Croatia, Slovenia Hungary and Austria, one target group of care providers is selected for training and one intervention is selected for implementation. WP6 has developed a report on the interventions implemented.

Implementation

This Work Package started activities in M4. During M5, the Work Package lead provided an overview of the intervention phase of WP 6 tasks 6.8 – 6.13 to provide support and guidance to the partners.
During M6, the sites/target groups of the care providers for the implementation of the testing have been selected and the themes for the testing have been indicated.
During the second half year of the project, implementation took place in the six sites; all partners have issued a site-report and the WP leader has summarized the report in an overall report, which is D6.2.
No external evaluation could take place due to the limited time and resources available.

The country reports reflect valuable experience and will be helpful in future for further work on the primary care for refugees and migrants, at country level.

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Adaptation and learning points

As a result of time pressure during the development of the project proposal, the description of the Work Package in the Grant Agreement is not fully clear, although the deliverables are correctly described.

Table 15. Overview of WP6

Deliverables	planned	realised	Comments
D6.1 Report about the results of the assessment of local resources available	M6	M6	Draft provided in M6, final version early in M7
D6.2 Summary report about the run by the different implementation site countries	M11	M12	
Milestones planned			Comments
Start of development of the capacity building strategies	M4	M4	
Start of the adaptation and training regarding the implementation in the intervention site countries	M6	M6	
EU wide adaptable e-learning course available on internet	M8	M10-11	Availability of online course is sequential for the 6 countries involved
Report for internal use: Overview of the intervention phase of WP 6 tasks 6.8 – 6.13	M6	M6	

WP7 Monitoring & Evaluation

General

As described in the Introduction, the main aim of WP7 was to provide optimal monitoring of the project's progress and key learnings emerging from work packages and participants and to produce recommendations for health care policies and practices. These emerged as the project progresses.

Further, monitoring provided a regularly updated overview of adaptations of the activities, outputs and (expected) results and outcomes. This allowed all stakeholders to understand the implementation process and its challenges and to adapt according to local needs, where necessary.

Evaluation of the project was conducted towards the end of the twelve (12) month project and contributes to accountability of the project, by assisting the Work Package coordinators in describing the outputs and results in terms of outcomes and impact. Evaluation also helps to asses in how far the objectives have been achieved and identify learning points, both for the consortium partners and CHAFEA and for health care providers in general and for health policy makers as well.

Based on the above, during M1, WP7 developed the M&E Framework that aimed to provide answers to questions with regards to process, outcomes and learning of the project.

As described in section A of this report, the end-evaluation focused on the online training course and also draws from reflections and discussions among EUR-HUMAN partners during the evaluation meeting on December 7, 2016 and later.

Implementation

During M1, the M&E Framework has been agreed with the partners and is used as a tool to communicate with the partners on progress of activities and challenges. This report serves to record progress of the project.

Adaptation and learning points

None in particular.

Table 16. Overview of WP7

Deliverables	**planned**	**delivered**	**Comments**
7.1 M&E Framework	M1	M2	
7.2 M6 report	M6	M7	
7.3 M12 report	M12	M12	Draft delivered in M12 (this report). Final deport to be delivered in M13.
Milestones planned			**Comments**
Unplanned deliverables			
Note on refugees/migrants		M4	

Summary list of deliverables and other outputs of the EUR-HUMAN project

This section provides an overview of the official and obligatory deliverables of the EUR-HUMAN project.

Table 17. Official EUR-HUMAN deliverables

Deliverable number	What	By whom	Due date	Delivery date	Comments
D1.1	Final report to Chafea	UoC	M2 2017	M12	Draft submitted
D1.2	Project website	UoC	M1	M1	Submitted
D1.3	Project leaflet	UoC	M3	M3	Submitted
D2.1	Report	RUMC	M3	M4	Submitted
D3.1	Summary preliminary findings	NIVEL	M3	M4	Summited
D3.2	Final synthesis	NIVEL	M4	M5	Submitted
D4.1	Report of expert meeting	RUMC	M5	M6	Submitted
D4.2	Set of guidelines etc	RUMC	M6	M7	Submitted
D5.1	Protocol	FFZG	M4	M5	Submitted
D5.2	Model of Integrated Care	FFZG	M6		
D6.1	Local assessment report	MUW	M6	M6	Submitted
D6.2	Summary report, implementation 6 sites	MUW	M11	M12	Submitted
D7.1	M&E Framework	EFPC	M1	M1 + 1 day	Submitted
D7.2	Interim evaluation	EFPC	M6	M7	Submitted
D7.3	M&E chapter	EFPC	M12	M12 M13	Draft submitted Final version submitted

Our plans about disseminating these deliverables as well as the results remained the same throughout the project. All deliverables have been disseminated and reported to stakeholders who are involved in the refugee's issue such as policy makers in National Ministries of Health, Migration and of Education, in Regional and Local authorities of health and administration, to other stakeholders (local, regional and national) and NGOs providing healthcare services in each participating country, to the Greek Secretary of PHC and national associations of health care providers of each participating country of the project.

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