Equi-Health project:

"Fostering health provision for migrants, Roma and other vulnerable groups"

Training Package *Migration and Health* for Health Professionals and Law Enforcement Officials

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Acronyms

CD	Communicable disease
CHAFEA	Consumers, Health, Agriculture and Food Executive Agency
CM	Cultural mediator
CPR	Cardiopulmonary resuscitation
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
HP	Health professionals
IM	Intercultural mediation
IOM	International Organization for Migration
LEO	Law enforcement officer
MHD	Migration Health Division, IOM
MIPEX	Migrant Integration Policy Index
NCD	Non-communicable disease
TB	Tuberculosis
ToT	Training of Trainers
UNHCR	United Nations High Commissioner for Refugees
VoT	Victim of Trafficking
WHO	World Health Organization

Background

The training package on "Migration and Health" was developed as part of the IOM/EC/DG SANTE Equi-Health project "Fostering health provision for migrants, Roma and other vulnerable groups", co-financed under the 2012 work plan of the second programme of Community action in the field of health (2008-2013). Within the framework of the project, extensive assessments based on desk reviews, field work and multi-stakeholder consultations on the migrant reception process in Southern EU Member States were conducted between 2013 and 2015, resulting in the publication of six situational analysis reports (Assessment Report: Health Situation at EU's Southern Borders - Migrant, Occupational, and Public Health – Bulgaria, Croatia, Greece, Italy, Malta and Spain).[1]

Desk research and field work, including more than 400 interviews with health professionals, law enforcement officers, civil society organizations and migrants, and 14 stakeholder consultations tackling migrant, occupational and public health challenges of the reception process, carried out as part of the six country situation analyses identified coordination among actors and training for health professionals and law enforcement officers on topics such as migration and health, occupational health and intercultural competence as some of the principal needs of professionals working with migrants. Based on these findings as well as prior IOM MHD work on health and border management (PHBLM project), a package of training materials was developed with the objective to strengthen the capacity of public health authorities, health care providers and law enforcement officers working in the field of migration and health at the EU's Southern Borders.

During the period 2013 - 2016, a process of refining, updating and piloting of the training materials was undertaken through Regional and country-specific Training of Trainers workshops and roll-out training sessions for health care providers, law enforcement officers and other first line personnel, organized by IOM, in collaboration with local partners. Overall, the process included: three Regional Peer Reviews & Training on Migration and Health (September 2013 and 2014, Lisbon, Portugal) and (June 2015, Rome, Italy, co-hosted by the Police Academy (Scuola Superiore di Polizia), Ministry of Interior of Italy and IOM Italy) with the participation of governmental experts, including occupational health and public health professionals, clinicians/general practitioners, law enforcement, and academia from participating EU Member States (EU MS); five country-specific Trainings of Trainers (ToTs) in Croatia, Greece, and Italy; and, roll-out training sessions in Croatia, Greece, Italy, Malta and

[1] For all reports please visit http://equi-health.eea.iom.int/

Portugal. Overall 990 people were trained over the period March 2014 to June 2016, amongst who 133 trainers and 857 trainees. They were trained at 5 ToTs and 34 roll-out sessions, a number that significantly surpassed the set project target. The update and adaptation of the training materials, as well as the national roll-out training sessions benefited from the active collaboration of national trainers, representing different national bodies from Public Health Institutes to educational institutions: in Croatia, the Croatian Public Health Institute (CHPI) and the Croatian Institute for Health Protection and Safety at Work (CIHPSW) were involved as trainers, co-funding for the training was provided by the Swiss Embassy in Croatia; in Italy training was co-funded by the Italian Ministry of Health and support was provided by CEFPAS Regional Training Centre for Health Professionals in Caltanissetta, and SIMM (Italian Society of Migration Medicine); in Portugal, IOM partnered with the Center for Research in Anthropology, the Institute for Hygiene and Tropical Medicine (IHMT) and the National institute for Public Health, whilst co-funding was provided by the Portuguese Directorate General of Health and the Calouste Gulbenkian Foundation, and in Greece with the National School of Public Health) with contributions from MSF, the NGO Almasar, a psychologist from the Greek Unit for the Psychological Health of Migrants (BABEL), and the Hellenic Centre for Disease Control and Prevention.

The ToT organized in Athens, Greece, in September 2015 and the subsequent 12 roll-out sessions held with first line practitioners from many sectors from January to June 2016 in Athens and Thessaloniki, and the Aegean islands of Kos, Leros, Lesvos, Chios and Samos hosting a large number of migrants and refugees, supported the finalization of the Equi-Health training package and served as the backdrop for the elaboration of this guide.

The baseline PHBLM materials were initially organized in two packages, albeit modules I and II were the same, for health professionals and for law enforcement officers. However, during the situational analyses interviewed health professionals and law enforcement officers identified collaboration and coordination among actors working with migrants and refugees as an important gap, in the course of the piloting process the two groups were brought together for much welcomed joint trainings. Accordingly, the units adapted and developed during the regional ToTs resulted in one training package.. The mixed group trainings were greatly appreciated by both health professionals and law enforcement officers, as demonstrated in post-training evaluations, because this allowed the two groups to exchange information on experiences, good practices and challenges, as well as the responsibilities and roles of each other and overall foster subsequent collaboration per site/setting. It was therefore decided to maintain the mixed group approach and recommend this for any future training based on the present training package.

Overall Objective

The principal objective of the training on "Migration and Health" is to improve the knowledge of "first line responders", specifically health professionals and law enforcement officers, on the public health implications of migration and strengthen the responsiveness of health services to migrants' needs.

Learning Objectives

By the end of the training, it is expected that participants will:

- ✓ Have a better understanding of the links between public health and migration;
- ✓ Recognize the migration as a social determinant of health;
- ✓ Be able to recognize the main symptoms of and implications of communicable diseases;
- ✓ Be able to apply basic First Aid measures;
- ✓ Have a better understanding of the psychosocial implications of migration and the importance occupational health and the provision of psychosocial support to both migrants/refugees and professionals working with them;
- ✓ Have a better understanding of how cultural aspects affect health perceptions and the importance of bridging cultural differences between migrants/refugees and professionals working with them.

Target Groups

The training package is tailored to first line responders, in particular health professionals and law enforcement officers, conducting search and rescue operations and working with migrants and refugees mainly in first reception centres, and open and closed reception centres.

The specific target group was selected in view of the findings of the six situational analyses conducted within the framework of IOM's Equi-Health project, the findings of which pointed to a deficit of knowledge among these professionals with regard to migration and health, occupational health and intercultural competence and the need for closer coordination and collaboration among actors working with migrants and refugees.

Terminology

Migrant

IOM defines a migrant as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is. IOM concerns itself with migrants and migration-related issues and, in agreement with relevant States, with migrants who are in need of international migration services.[2]

Irregular Migrant

A migrant who lacks authorization to reside in the country where she/he is living. Unauthorized residence can result either from unauthorized entry, or (more frequently) from infringement of the conditions on which residence was authorized (such as overstaying a visitor's visa or violating conditions regarding work).[3]

Refugee

A person who, "owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country. (Art. 1(A)(2), Convention relating to the Status of Refugees, Art. 1A(2), 1951 as modified by the 1967 Protocol). In addition to the refugee definition provided for in the 1951 Refugee Convention (Art. 1(2)), the 1969 Organization of African Unity (OAU) Convention defines a refugee as any person compelled to leave his or her country "owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country or origin or nationality." Similarly, the 1984 Cartagena Declaration states that refugees also include persons who flee their country "because their lives, security or freedom have been threatened by generalised violence, foreign aggression, internal conflicts, massive violations of human rights or other circumstances which have seriously disturbed public order."[4]

For the purpose of this document, a refugee is a person who has been granted international protection, in accordance with international refugee law.

[2] http://www.iom.int/key-migration-terms
[3] https://publications.iom.int/books/mrs-no-52-summary-report-mipex-health-strand-and-country-reports
[4] http://www.iom.int/key-migration-terms

Asylum Seeker

A person who seeks safety from persecution or serious harm in a country other than his or her own and awaits a decision on the application for refugee status under relevant international and national instruments. In case of a negative decision, the person must leave the country and may be expelled, as may any non-national in an irregular or unlawful situation, unless permission to stay is provided on humanitarian or other related grounds.[5]

Methodology

As mentioned above, during research conducted in Bulgaria, Croatia, Greece, Malta, Portugal and Spain within the framework of the situation analysis reports, the need for training of health professionals (HPs) and law enforcement officers (LEOs) working with migrants and refugees on migration and health issues, as well as coordination among actors, was identified as a major gap in all six countries.

In line with the findings from the situation analysis reports and based on the training materials produced as part of the PHBLM project, a methodological approach was adopted to review and update the materials, including expert peer review at regional level, adaptation at country level and subsequent translation and piloting of the training through roll-out sessions.

The below-described process is the recommended approach for any future training sessions on the Equi-Health training package, based on the experience acquired through the piloting of the material over a period of three years, from 2013 to 2016. On the whole, the main recommendation is to keep the training as practical as possible, providing opportunities for questions and discussions, including asking participants to provide information on cases from their professional experiences, during the entire training. It is important to note that the training package is not a clinical training for health professionals but rather a training to increase the understanding of the relation between migration and health, working with vulnerable groups and intercultural competence, and as such can easily be provided for and understood by non-health staff.

The present package is based on the adaptation and roll-out of trainings in Portugal, Malta, Italy, Croatia and Greece, building on the initial materials revised and updated during the two regional ToTs in Lisbon and Rome. As the roll-out in Greece was done over a period of six months, the longest out of all five countries, it represented the final update of the materials.

[5] http://www.iom.int/key-migration-terms

As mentioned in the background section of the document, while initial PHBLM packages , were divided into separate packages, although Modules I and II were the same, for health professionals and law enforcement officers, and additional units were elaborated by the experts participating in the ToTs, during the piloting process and based on the need for better coordination and collaboration among actors working with migrants and refugees identified during the situational analyses, it was decided to try out bringing together health professionals and law enforcement officers, as well as rescue workers, for joint trainings. This was well implemented in Croatia and Greece. In the remaining countries, aside from medical doctors and nurses, other professionals participating in trainings included social workers, psychologists, community workers, and administration staff. In all instances training evaluations showed that participants very much appreciated the mixed group approach as this allowed them to exchange information related to their work and responsibilities, and learn from each other. It was therefore decided to maintain the mixed group approach, including as regards the finalization of the present training package. This same approach is also recommended for any future training based on the package.

Furthermore, it is recommended that the training materials be continuously updated with the most recent data as well as country-specific information by trainers carrying out training sessions. The training package includes essential content and references, representing the minimum that participants need to know about the topics contained therein. Trainers are responsible for developing their presentations, updating and adding onto this information based on the specific context where the training is taking place, using relevant databases and reports, including the references provided at the end of this document, as well as developing additional and appropriate practical exercises and pertinent information about referents and in country, local service provision .

Development of the training package at country level

IOM implemented a ToT approach in each country in order to:

- ✓ Present the Basic Training Package, comprising three modules and further divided into units, to participants;
- ✓ Discuss the package in working groups comprised of local experts to identify the specific needs based on the country context and propose how to adapt/adjust the training materials accordingly;
- ✓ Select a core group of trainers (7-8 persons) to translate and adapt the Basic Training Package to the local needs and carry out further (roll-out) trainings.

Implementation of Training of Trainers and roll-out training sessions

The ToTs carried out were practical and interactive. Following the training, the participants evaluated the organization of the sessions and the relevance of the content, including the modules, the working group sessions and discussions.

Following the ToT, roll-out training sessions took place in the areas of first reception. These consisted of a two-days training, 7 hours per day. The training is a two way process; the trainers always take under consideration the evaluation results of the previous training. Each roll-out session was followed by an evaluation report (see Annex III) and, when applicable, identification of points for further development/ improvement. The team members then discussed these points and adjusted the training material accordingly. A Facebook page open to comments was created, disseminating information about previous and future training sessions. Presentation material from the training was given out to the participants in electronic format, following the end of each session.

Teaching resources

The following teaching tools are an essential part of the training package:

- ✓ Provided herewith indicative PowerPoint slides for each module, and units including references for further elaboration and adaptations to local context by the trainers;
- ✓ Equipment – laptop, projector, flip chart (or white board) and coloured markers; disposable gloves and red food colouring; CPR training mannequin;
- ✓ Activity sheets outlining recommended exercises (each activity is presented briefly below; activity sheets for exercises other than group video projections, discussions or brainstorming can be found in Annex II).

Training Duration

It is recommended that the training package be delivered over a period of two to three days, for a total of 15 hours, as this is just an introduction training on migration and health. Based on discussions with training participants and evaluations, as well as discussions with national counterparts on specific needs related to the local context, certain topics can be presented more in-depth in additional training sessions.

Overview of the Training Sessions

Module I: Migration and Health

- **Unit 1: Public Health and Migration/ Communication and Mass Media**
- **Unit 2: Migration and Health**
- **Unit 3: Communicable and Non-communicable Diseases**
- **Unit 4: First Aid**

Module II: Mental Health and Psychosocial Support

- **Unit 1: Mental Health and Psychosocial Aspects of Migration**
- **Unit 2: Occupational Health and Psychosocial Support**
- **Unit 3: Coping with Grief**
- **Unit 4: Identification of and Support for Victims of Trafficking**

Module III: Intercultural Competence

- **Unit 1: Cultural Competence and Intercultural Communication**
- **Unit 2: Intercultural Mediation in Health Care**

Module I: Migration and Health

Unit 1: Public Health and Migration/ Communication and Mass Media

Unit Learning Objectives

- ✓ To understand why people migrate
- ✓ To become familiar with the concept of public health and it's links to migration
- ✓ To understand the basic principles of communication and the mass media on health issues
- ✓ To recognize how the mass media influences public opinions on migration

Duration 1 hour

Resources PowerPoint presentation, laptop, projector, activity sheet and newspaper article

Activities

Activity 1: Brainstorming on the main causes for migration

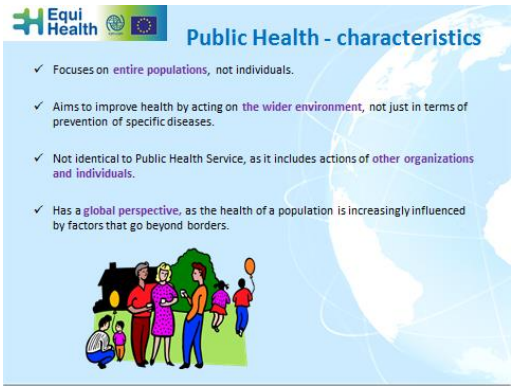
The trainer should carry out a brainstorming exercise on what participants think are the main causes for migration.

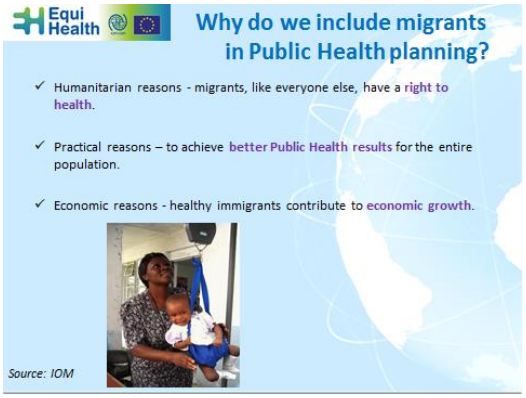
Activity 2: The Communication Game

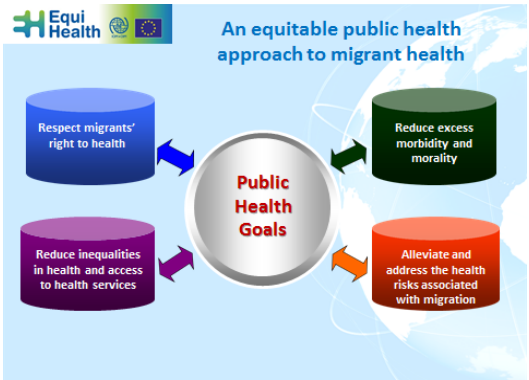
The objective of this exercise is to demonstrate to participants that, usually, when information is passed on from one person to another and then another, the meaning is often distorted (for more details, see the activity sheet in Annex II).

Summary

This unit introduces public health and it's relation to migration. After a short commentary on public health, the unit focuses on migration and why it should be included as an essential part of a country's public health policy (see sample slides). Particular emphasis is given to the stereotypes associated with migration in relation to public health and to the way these issues are portrayed by the mass media. Basic principles that should govern the relationship between media and health are provided, as well as communication techniques (see sample slides). Data on global and European migration trends is also presented and should be regularly update by trainers carrying out trainings based on this material.







Unit 2: Migration and Health

Unit Learning Objectives

- ✓ To understand some key facts on migration
- ✓ To deconstruct myths related to migration and health
- ✓ To recognize migration health as a scientific field
- ✓ To recognize migration as a social determinant of health
- ✓ To understand the right to health
- ✓ To understand what are some barriers to accessing health care for migrants

Duration 1.5 hours

Resources PowerPoint presentation, laptop, projector, flip chart and coloured markers

Activities

Activity 1: Group discussion – pre-conditions for health

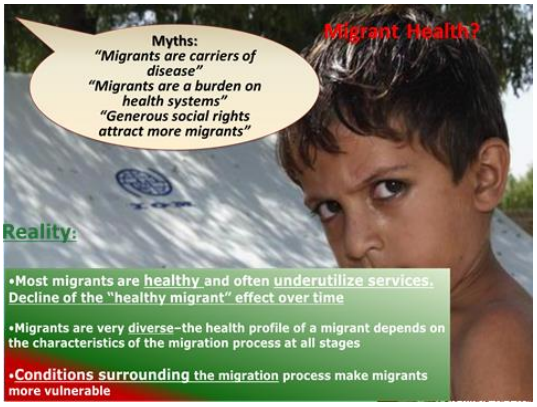
The group discussion should focus on what participants think are the necessary pre-conditions for (good) health.

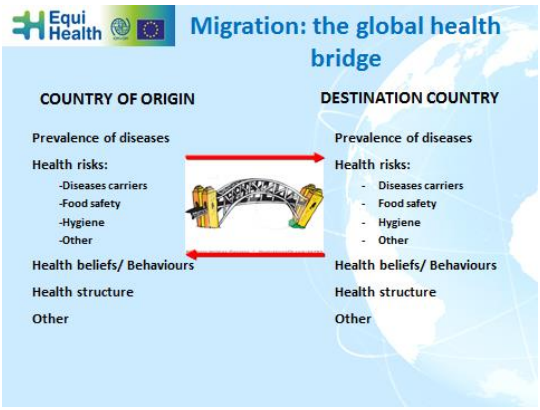
Activity 2: Group discussion – Main obstacles and barriers to health care access

The group discussion should focus on what participants think are the main obstacles and barriers to accessing health care for migrants, especially vulnerable migrants such as those with an irregular status.

Summary

Media at times portray issues related to migration and public health from a negative perspective, claiming that the health of the local population is threatened by people coming from developing countries in Africa and Asia, especially. Such arguments are based on popular myths, oversimplification and misguided approaches. Incorrect assumptions, such as "an open public health and social care system attracts many people from third countries" and "migrants are carriers of infectious diseases" constitute some of the most widespread and recurrent views. They lack, however, logical proof and documentation (see sample slides).

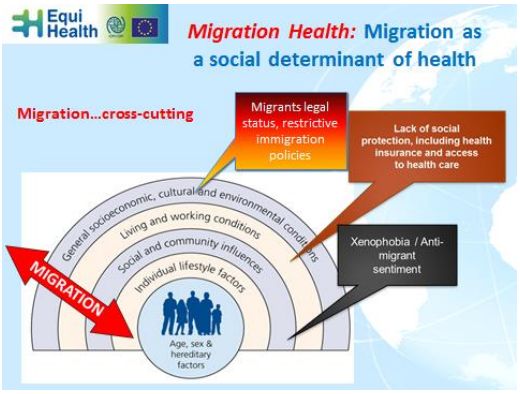


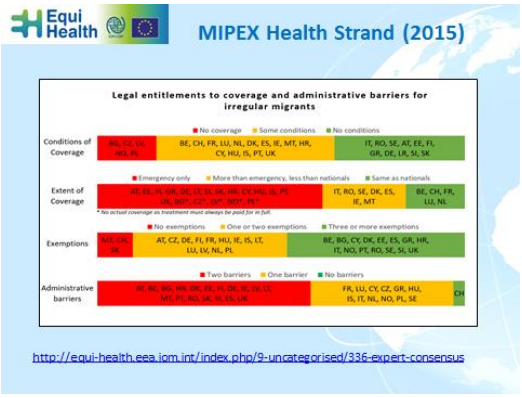


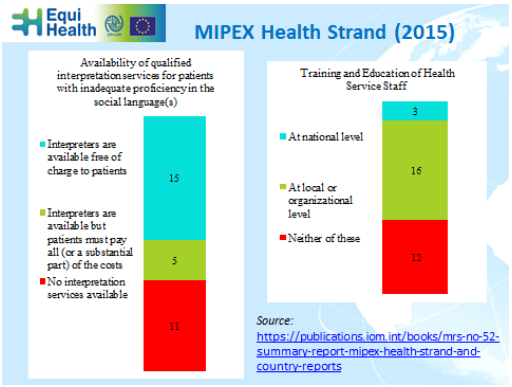
In this context, we can use concrete evidence to dispel the myth that "migrants are carriers of diseases", by stressing that migrants are generally healthy and often make little or no use of the health services during transit and/or at arrival at the destination country. It is the conditions associated with displacement that make people more vulnerable and that lead to deterioration in their health status, and therefore migration is considered a social determinant of health (see sample slides). This unit also presents the international and regional legal framework of the right to health. Trainers should update this information with national legal frameworks. Access to health care services as well as barriers to access for migrants and especially irregular migrants are discussed, particularly through the prism of the recently published Summary Report on the MIPEX Health Strand and Country Reports[6]. Country-specific information on issues related to migrant access to health services and migrant-friendly health systems should be updated by the trainers using data from relevant databases and reports, including the MIPEX Health Strand[7], the Summary Report on the

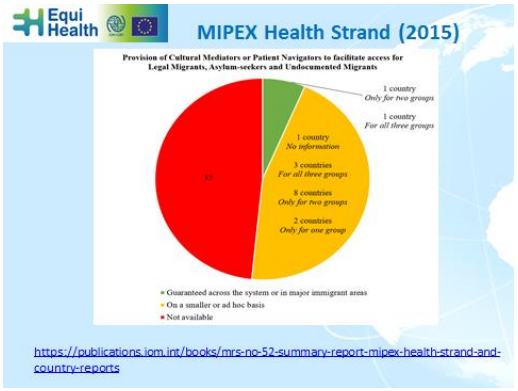
[6] https://publications.iom.int/books/mrs-no-52-summary-report-mipex-health-strand-and-country-reports
[7] http://www.mipex.eu/health

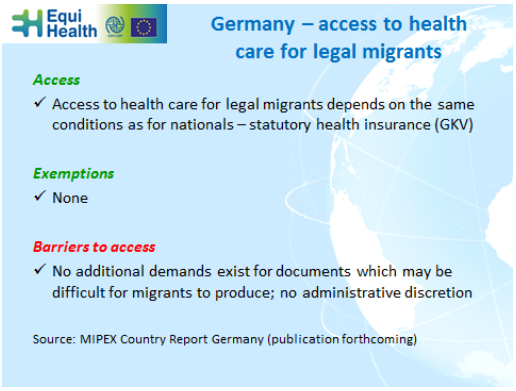
MIPEX Health Strand and Country Reports and the individual MIPEX country reports (publication upcoming).











Unit 3: Communicable and non-communicable diseases

Unit Learning Objectives

- ✓ To gain a better understanding of the socio-economic disparities between migrants and local populations
- ✓ To recognize the links between communicable and non-communicable diseases and migration
- ✓ To gain knowledge on key concepts related to communicable diseases and related preventive measures
- ✓ To recognize non-communicable diseases as responsible for the majority of deaths worldwide
- ✓ To understand what policy measures should be implemented to tackle the health determinants of migrants

Duration 1.5 hours

Resources PowerPoint presentation, laptop, projector, flip chart, coloured markers, disposable gloves and red food colouring

Activities

Activity 1: Brainstorming – communicable and non-communicable diseases

It is recommended that a brainstorming exercise be carried out to evaluate the participants' understanding of what are communicable and non-communicable diseases, including examples of each.

Activity 2: Discussion on Occupational Health and Safety practices at participants' workplaces

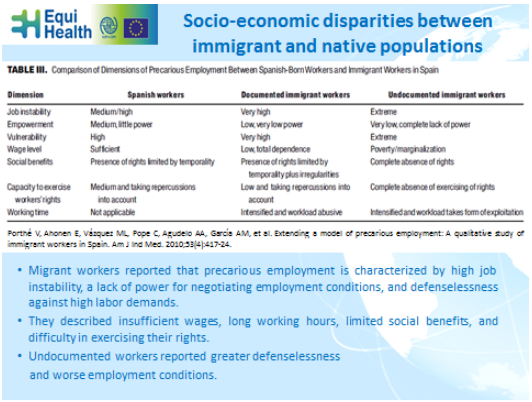
Discuss with participants whether their employers implement any Occupational Health and Safety policies/practices at their workplaces. Examples include vaccination programs for staff (e.g. flu, hepatitis A and B, etc.), training for staff on occupational health and safety, incident reporting and investigation, emergency procedures, first aid kits, health and safety rules, etc. Also, if such programs are not present, ask participants to share whether they undertake any such practices on their own time and funding.

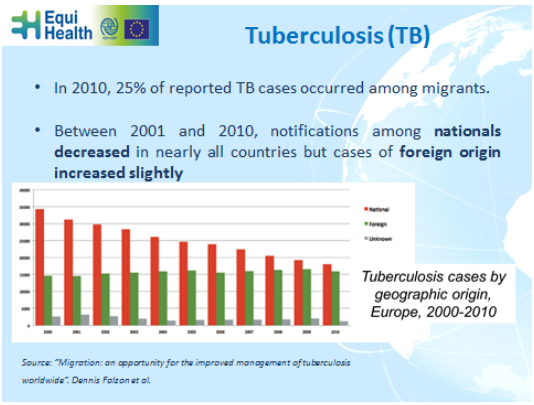
Activity 3: How to Safely Remove Disposable Gloves

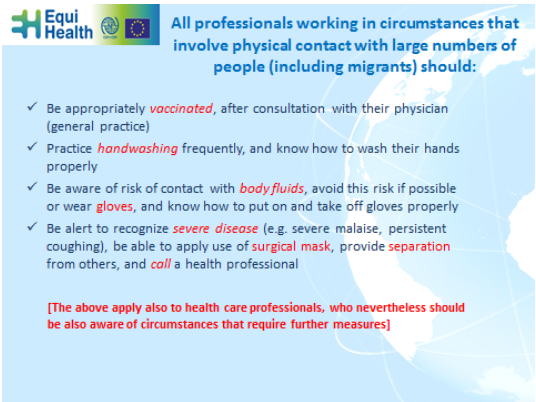
Show the following video: https://www.youtube.com/watch?v=S4gyNAsPCbU, and carry out a practical exercise with all participants by giving them disposable gloves, pouring some red food colouring on the gloves and asking them to take them off following the instructions they have watched and listened to.

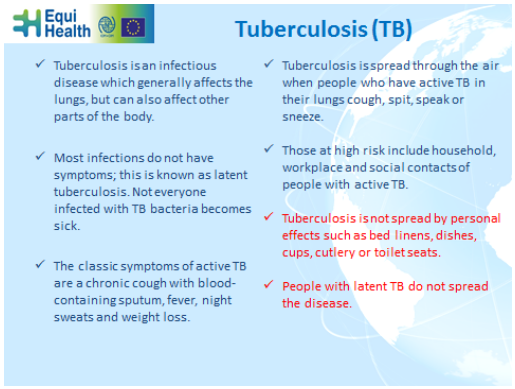
Summary

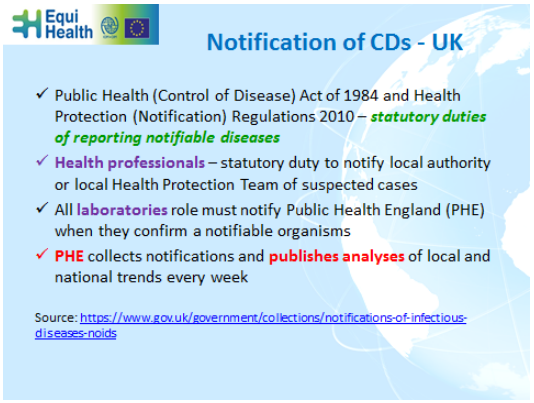
Socio-economic disparities between migrants and local populations affecting the health status of the former are presented here. Furthermore, this unit is dedicated to the most common communicable diseases and to their prevention. Knowledge of how diseases are transmitted contributes to the protection of a country's population and dispels myths that spread panic in the community. The contact with people of different nationalities, customs or religion should not create anxiety and fear. Particular emphasis is placed on the practical application of precautionary measures and to ensuring the understanding that, as long as a few simple preventive measures are taken, professionals working with migrants will be able to protect their health and the health of others (see sample slides). Non-communicable diseases and their relationship to migration are also presented in this unit including minimum standards on the provision of services to migrant patients suffering from NCDs (see sample slides). Trainers should include slides on country-specific obligations regarding notification on communicable diseases, as well as information on EU legislation concerning notification on communicable diseases based on the resources provided and relevant reports and databases (see sample slides).

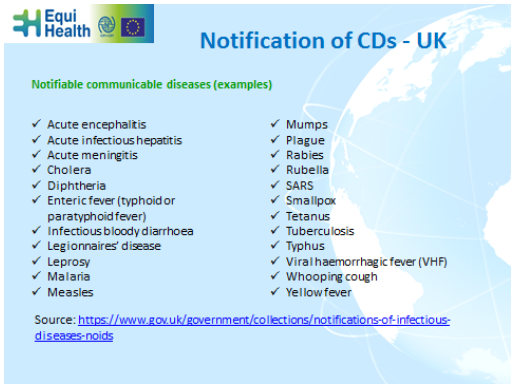












Unit 4: First Aid

Unit Learning Objectives

- ✓ To learn basic concepts and methods of First Aid

Duration 1.5 hours

Resources PowerPoint presentation, laptop, projector, CPR mannequin

Activities

Activity 1: CPR simulation

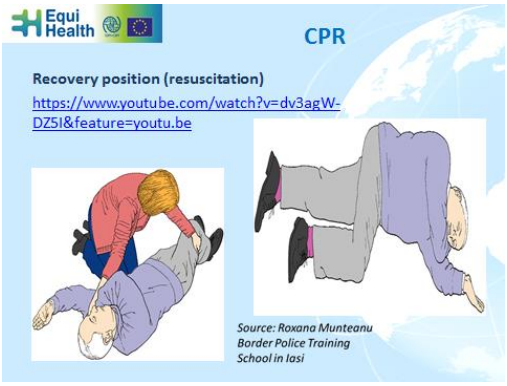
The recommended exercise for this unit is a mouth-to-mouth CPR simulation performed by one of the training participants using a CPR training mannequin following the projection of this video: https://www.youtube.com/watch?v=6uR3w1omoQQ&feature=youtu.be

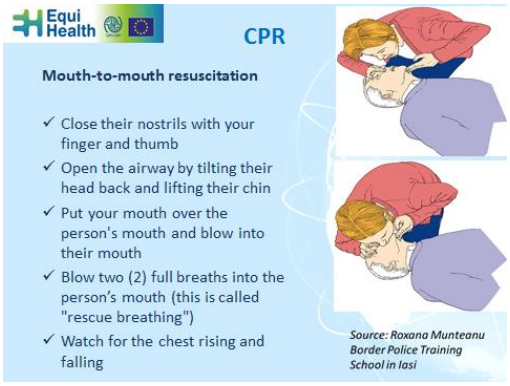
The following are other videos recommended for this unit:

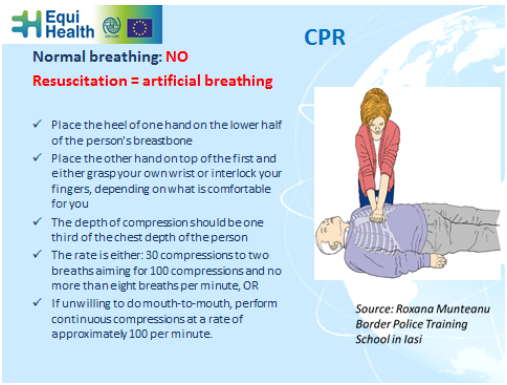
Recovery position: https://www.youtube.com/watch?v=dv3agW-DZ5I&feature=youtu.be
Fainting – First Aid: https://www.youtube.com/watch?v=LIiuqzvX4vs
Burns – First Aid: https://www.youtube.com/watch?v=Ns1DPvXVO6I&feature=youtu.be
Bleeding – First Aid: https://www.youtube.com/watch?v=BQRqUxB5pn0&feature=youtu.be

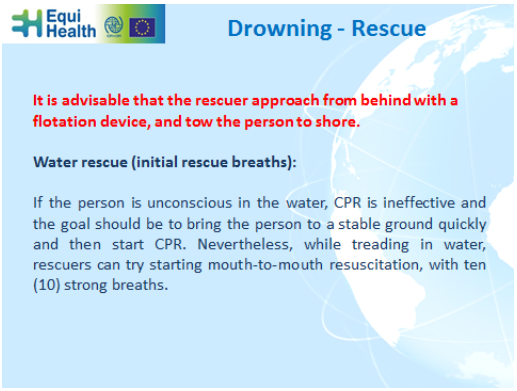
Summary

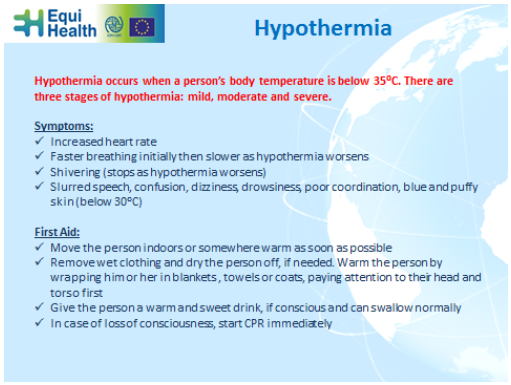
First aid is the emergency and provisional aid or treatment given to someone injured or fallen suddenly ill, before regular medical services arrive or can be reached. This unit presents information relative to the provision of first aid in a number of cases, including hypothermia, sunstroke, drowning, burns, and cardiac arrest. Trainees are given an introduction to Cardiopulmonary resuscitation (CPR), including a practical training exercise on mouth-to-mouth resuscitation with the use of a CPR mannequin (see sample slides).

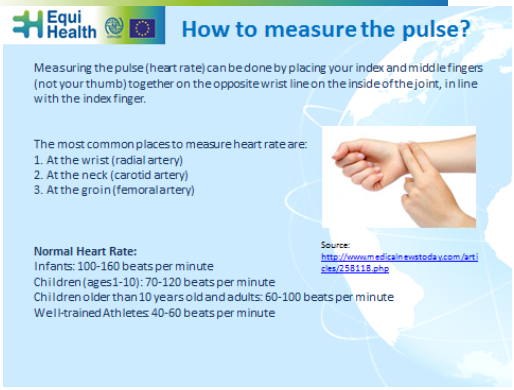












Module II: Mental Health and Psychosocial Support

Unit 1: Mental Health and Psychosocial Aspects of Migration

Unit Learning Objectives

- ✓ To recognize migration as a phenomenon of everyone's concern
- ✓ To recognize the importance of the identity concept in relation to the well-being of migrants
- ✓ To gain a better understanding of the relationship between migration and mental health

Duration 2 hours

Resources PowerPoint presentation, laptop, projector, flip chart, coloured markers

Activities

Activity 1: Similarities and differences between migrants "then" and "now"

It is recommended to show the video "The Immigrant's Journey to Elli Island", https://www.youtube.com/watch?v=HaLHjY0p4fg, or part of Maria Iliou's film "The Journey: The Greek American Dream". Following the projection, the trainer should lead a discussion on what are the similarities and differences between "then" and "now", "here" and "there", with an emphasis on the mental health/psychosocial needs of migrants.

Activity 2: Discussion – factors that affect mental health

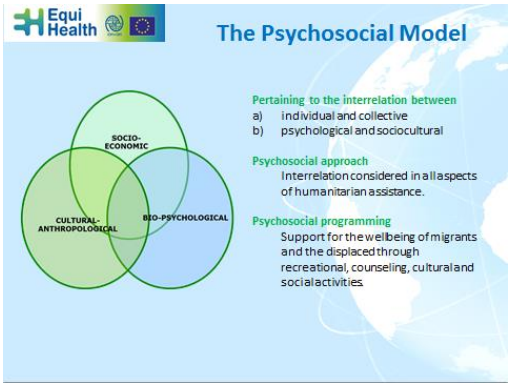
The trainer should lead a discussion with the participants on what they think are some factors that affect mental health and how we should approach migrants with mental health issues.

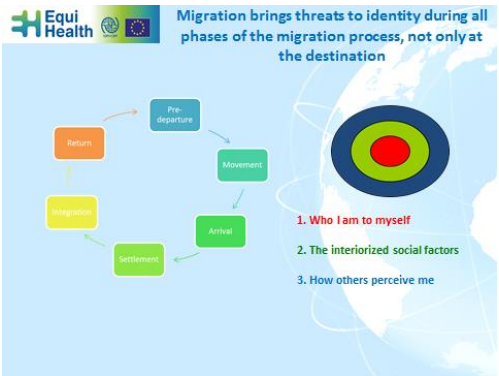
Activity 3: The Concept of Identity

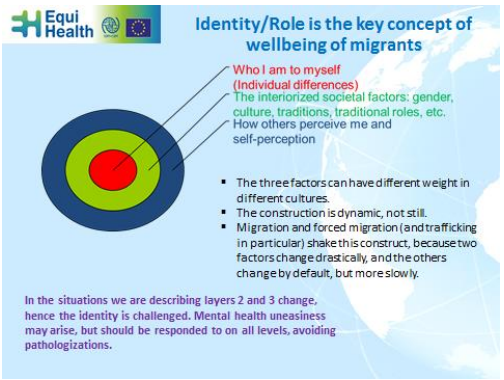
It is also recommended to show all or part of Chimamanda Ngozi Adichie's lecture "The danger of a single story": https://www.youtube.com/watch?v=D9Ihs241zeg. Discuss the risk of single stories and the unidimensional identity.

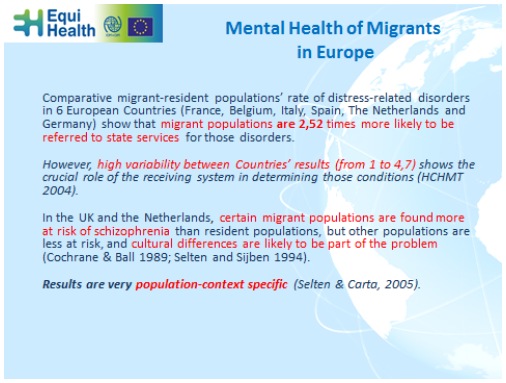
Summary

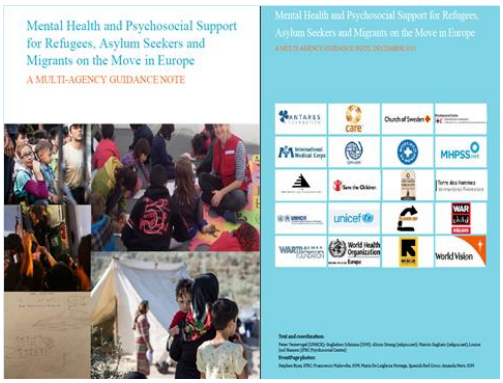
The relationship between migration and mental health has been an object of studies since the 1930's. The migration condition constitutes a highly complex reality to live in, therefore an approach aiming to research and treat relevant mental health issues should be of corresponding complexity. This unit identifies, inter alia, the factors whose presence may play a protective role in the migration process, and whose absence could bring negative effects. It also analyses the basic principles for the promotion of mental health and psychosocial well-being for people on the move (see sample slides). The multi-agency Guidance Note on Mental Health and Psychosocial Support for People on the Move in Europe is also presented in detail.











Unit 2: Occupational Health and Psychosocial Support

Unit Learning Objectives

- ✓ To gain a better understanding of how our work affects us emotionally
- ✓ To recognize the main signs of stress and learn what are some stress-relieving techniques
- ✓ To recognize the importance of both individual and team care

Duration 1 hour

Resources PowerPoint presentation, laptop, projector, flip chart and coloured markers

Activities

Activity 1: What makes our job stressful?

Ask the participants to list everything that makes their work stressful. Note their answers on the flipchart and discuss similarities and differences between them, as well as the factors that further exacerbate our stress at work.

Summary

This unit focuses on the fact that to take care others we need to take care of ourselves and sometimes we also need others to take care of us. The principal signs of stress at the workplace are presented as well as measures to take to relieve stress (see sample slides).

To care for others I need to care for myself

Common features among who try to help in crisis situations:

- ✓ Commitment
- ✓ Idealism
- ✓ Solidarity
- ✓ A deep desire to "correct what goes wrong"
- ✓ A deep desire to "do the right thing"

Many try to cure not only the others but themselves or parts of themselves.

Prevention of stress related negative consequences

Need for the adoption of strategies:

- ✓ Focused on the individual at staff level
- ✓ Focused on the individual at administration level
- ✓ Focused on the structure of the professional activity
- ✓ Focused on the organization

Signs of high work stress

- ✓ Excessive tiredness
- ✓ Inability to concentrate
- ✓ Symptoms of illness (e.g. stomach problems, headache)
- ✓ Loss of interest/enthusiasm
- ✓ Sleep difficulties
- ✓ High use of tobacco/drugs
- ✓ Inefficiency
- ✓ Extreme cases: Grandiose beliefs about one's own importance, reckless behavior
- ✓ Mistrusting others
- ✓ Neglecting personal safety and physical needs

Practice self and team care

Before:
- – Are you ready to help?

During:
- – How can you stay physically and emotionally healthy?
- – How can you support colleagues and they support you?

After:
- – How can you take time to rest, recover and reflect?

Source: WHO, PFA – Guide for field workers, 2011

Team Support

It is best for helpers to be connected with an agency or group to ensure safety and good coordination.

Tips for peer support or "buddies":

- ✓ Use good listening skills
- ✓ Show concern and empathy
- ✓ Be respectful
- ✓ Don't blame or judge
- ✓ Have clear boundaries
- ✓ Be available when needed
- ✓ Help your colleague regain control and help themselves
- ✓ Maintain confidentiality
- ✓ Appreciate each other

Source: WHO, PFA – Guide for field workers, 2011

Self-help techniques

- ✓ Know the normal reactions to stressful events
- ✓ Be aware of your tension and consciously try to relax
- ✓ Take breaks (tea, sleep)
- ✓ Take hot showers
- ✓ Relaxation techniques
- ✓ Spend time with your friends and relatives
- ✓ Humor
- ✓ Reading (e.g. paper) or watching TV
- ✓ Extra sleep

Unit 3: Copying with Grief

Unit Learning Objectives

- ✓ To gain a better understanding of the determinants of grief
- ✓ To recognize what are normal reactions to grief
- ✓ To learn to be supportive to people who grieve
- ✓ To understand the difference between reactions to grief and trauma

Duration 1.5 hours

Resources PowerPoint presentation, laptop, projector, flip chart, coloured markers

Activities

Activity 1: Sensitization on personal attitudes towards death and dying

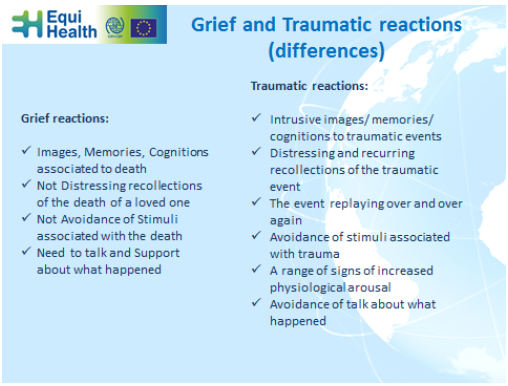
The objective of this exercise is to make participants aware of their own personal attitudes towards death and dying, and how loss affects them (for more details, see the activity sheet in Annex II).

Activity 2: Determinants of Grief

The objective of this exercise is to reflect on what are the main determinants of grief and to make the participants aware of their own determinants of grief (for more details, see the activity sheet in Annexe II).

Summary

Grief and the experience of loss and grieving are often intense among first line responders. No matter how well trained they are, coming in contact with mass human losses on a daily basis affects them on both personal and professional levels in relation to the way in which they are called upon to manage loss. In this unit, grief is treated as a universal phenomenon. Not as an illness, but rather as a completely natural and healthy process that helps us to learn to live with loss and to integrate it in our lives. It is a long and dynamic process, without a customary form, duration and end. Trainees learn to identify the grieving process and the factors affecting it, the usual natural responses and the way children experience grief. They are also given some basic guidelines on how to manage their daily contact with the loss of human lives (see sample slides).



Unit 4: Identification of and Support for Victims of Trafficking

Unit Learning Objectives

- ✓ To gain a better understanding of what is human trafficking
- ✓ To understand the social dimension of human Trafficking
- ✓ To understand the role of health professionals in the identification of and support to victims of trafficking
- ✓ To understand the role of border guards in the identification of and support to victims of trafficking
- ✓ To be able to address stereotypes and prejudices in relation to human trafficking

Duration 1.5 hours

Resources PowerPoint presentation, laptop, projector, flip chart, coloured markers

Activities

For this unit it is recommended that each trainer come up with case studies from their own experience that s/he will then discuss with the participants.

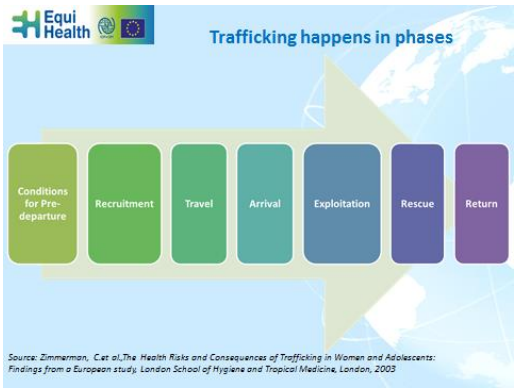
Activities 1 & 2: Videos on Human Trafficking

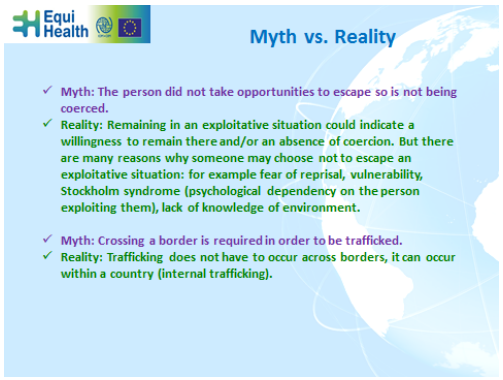
The following short videos should be projected and discussed afterwards (the first at the beginning of the presentation and the second at the end):

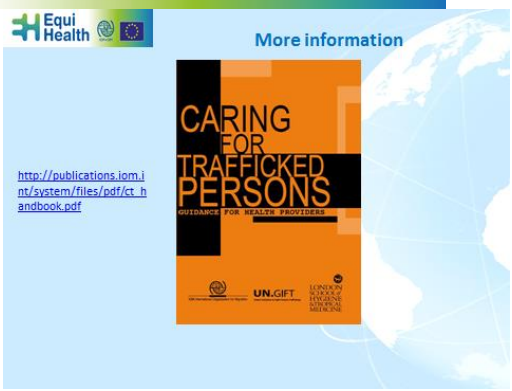
Damaged Goods (Stop the Traffik): https://www.youtube.com/watch?v=L-MXhY7vVqI
So you think you will dance (Stop the Traffik):
https://www.youtube.com/watch?v=AswsfwoYtQk

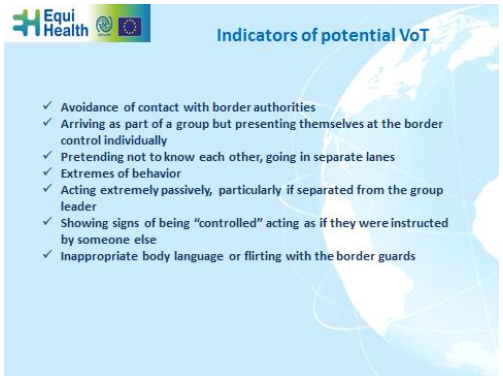
Summary

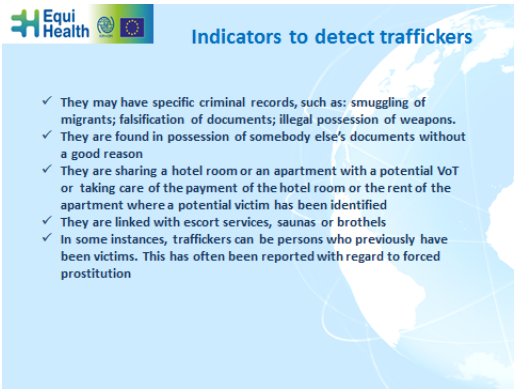
The phenomenon of human trafficking is as old as civilization. This unit focuses on analysing the various forms of human trafficking and providing a practical guide to the identification and protection of victims. First line responders are taught the importance of a personal contact list for referrals (i.e. a referral system), and how one is created and used in human trafficking cases. The myths and truths of human trafficking are presented and the importance of early detection of victims is stressed (see sample slides). The materials used in the preparation of this unit were IOM's Caring for Trafficked Persons: Guidance for Health Providers, and FRONTEX's Anti-Trafficking Training Guide for Border Guards.











Module III: Intercultural competence

Unit 1: Cultural Competence and Intercultural Communication

Unit Learning Objectives

- ✓ To recognize the influence of culture on a person's life
- ✓ To understand the meaning of cultural competence
- ✓ To develop intercultural communication skills

Duration 2 hours

Resources PowerPoint presentation, laptop, projector, flip chart, coloured markers

Activities

Activity 1: Our Body

The objective of this exercise is to create awareness among participants about the way different social and cultural phenomena influence our body (for more details, see the activity sheet in Annex II).

Activity 2: Role Play

The objective of this exercise is to observe difficulties and shortcomings during clinical intercourses between health professionals and immigrants (for more details, see the activity sheet in Annex II).

Activity 3: The Iceberg of Culture

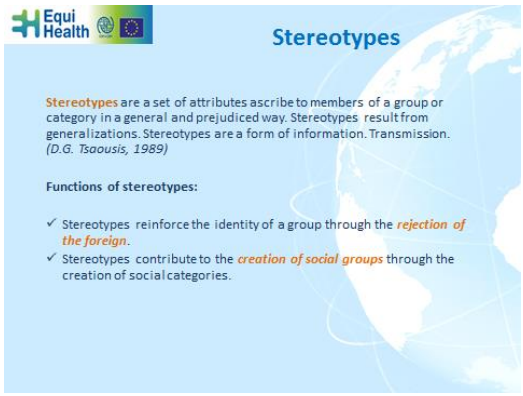
The objective of this exercise is to create awareness among participants on the parts of a culture that are observable and those that are not (for more details, see the activity sheet in Annex II).

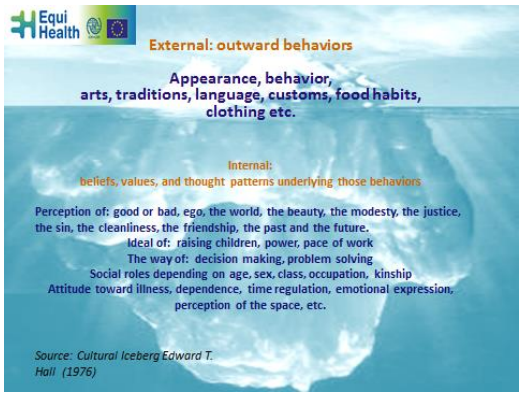
Activity 4: Intercultural Experience/Misunderstanding

The objective of this exercise is to create awareness among participants that our behaviour is determined by culture, and therefore people from different cultures act differently in similar situations (for more details, see activity the sheet in Annex II).

Summary

This unit focuses on the process through which professionals try to master the ability to work effectively within the cultural context of the individual, family or community. The fact that culture influences our evaluation of whether something is right or wrong is emphasized. Culture itself is not evident – what we see is actions and behaviour, not their cultural roots. It is important to understand that there are no superior and inferior cultures, only intercultural communication or misunderstanding; tips for ensuring a more effective intercultural communication are provided (see sample slides).





Unit 2: Intercultural Mediation in Health Care

Unit Learning Objectives

- ✓ To understand the aim of intercultural mediation in health care
- ✓ To gain a better understanding of communication in a triadic context
- ✓ To recognize the positive aspects of the presence of intercultural mediators and gain a better understanding of their role
- ✓ To gain a better understanding of the role of health professionals during a clinical encounter with a patient and an intercultural mediator

Duration 1.5 hours

Resources PowerPoint presentation, laptop, projector, flipchart and coloured markers

Activities

Activity 1: Perceptions of illness and disease

It is recommended that the trainer lead a discussion in plenary at the beginning of the presentation on the examples of the different perceptions between illness and disease in different cultural and geographical contexts: the EU, Africa, Asia, etc. The trainer should do some background research on how illness and diseases are perceived in different cultures around the globe (please see References for more information).

Activity 2: Cultural Awareness

The objectives of this exercise are to raise awareness among participants about their own culture, the subconscious notion of "them/the others", how to work with a cultural mediator and overcome the "us and them", and how culture has an impact on how we communicate (for more details see activity sheet in Annex II).

Activity 3: Whose Role is to do what?

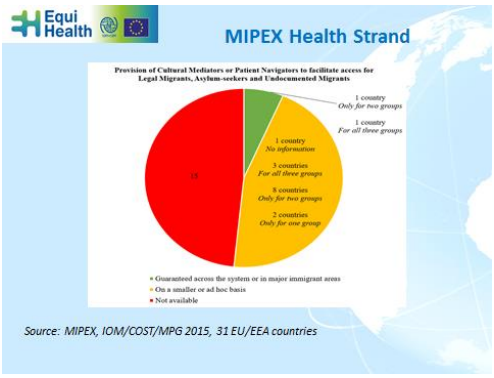
The objective of this exercise is to familiarize participants with the role of the cultural mediator and to prepare them for issues that may be raised during the triadic encounter (for more details see activity sheet in Annex II).

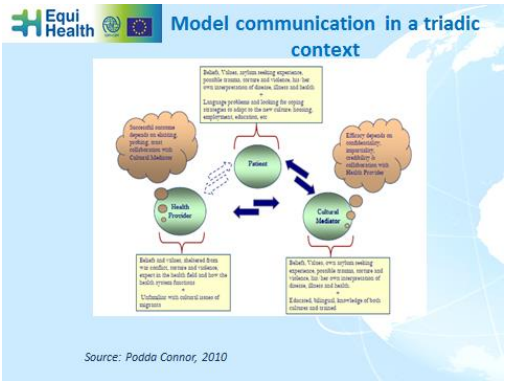
Activity 4: Getting familiar with the challenges of the role of a cultural mediator

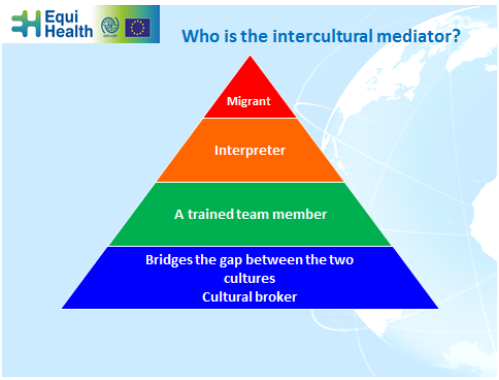
The objectives of this exercise are to become aware of the boundaries when working with a cultural mediator, to empathize with the latter's role and to recognize the positive aspects of working with a cultural mediator (for more details see activity sheet in Annex II).

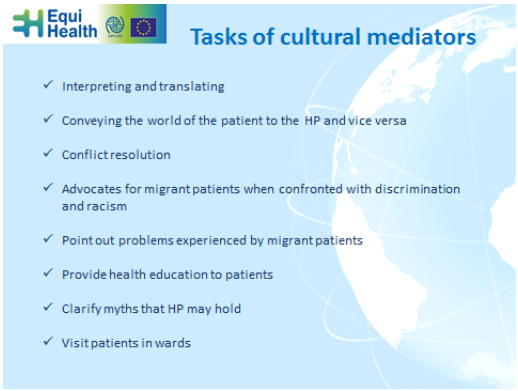
Summary

The development of intercultural skills and the contribution of intercultural mediators are essential tools for successful and effective health care (and general) service provision to migrants and refugees. The intercultural mediator forms a bridge between the health professional and the migrant in a triadic communication relationship fundamental to culturally sensitive and culturally adjusted health care services. In this unit, professionals are taught the importance of intercultural mediation and how to work effectively with the mediators. The trainer should use tools, such as the MIPEX Health Strand and MIPEX country reports, to illustrate the availability and use of intercultural mediators in the country where the training is being carried out (see sample slides).









Evaluation

As mentioned previously, evaluations were carried out at the end of each ToT and roll-out training session and this is the recommended approach for any future trainings based on the Equi-Health materials in order to provide for the opportunity to continuously update and

adapt the materials in accordance with identified needs and country-specific contexts. Evaluations carried out following mixed group trainings (health professionals and law enforcement officers) showed that participants highly appreciated the approach of bringing the two groups together as this allowed them to learn about and understand better the responsibilities of each group, to discuss challenges and best practices, to get to know each other and how to improve coordination in the field. Based on these evaluations it is therefore recommended that this approach be applied to trainings based on the present package.

In general, participants in the trainings conducted in Croatia, Greece, Italy, Malta and Portugal expressed an overall satisfaction regarding the training methods and the content of the material. They referred to the training as a positive space for reflection and participation, including a dynamic relationship between the trainers and trainees. Participants also found that the topics covered during the training sessions were very pertinent as regards their work and the situation in their respective countries.

Suggestions for improvement put forth by participants included providing more time for discussions, decreasing the theoretical aspects included in the units in exchange for more practical ones, and going more in depth on certain topics.

Regarding the roll-out of the training materials in Greece in 2015 – 2016, evaluations conducted at the end of each session were very positive and encouraging for the continuation of the training. In many areas, such as the island of Leros, participants expressed their gratitude saying that this had been the only training course they had received, since most of the seminars and courses on these issues are usually conducted in Athens. In one of the sessions held in Thessaloniki, participants noted that they had never heard of many of the issues discussed during the sessions.

Conclusion

The development of this training package arose from the need expressed by health professionals and law enforcement officers to increase their knowledge on topics related to their work with migrants and refugees, namely migration and health, occupational health, psychosocial support, working with victims of trafficking, and intercultural mediation, among others. The main objective of the Equi-Health training is to improve the knowledge of “first line responders” on the public health implications of migration and strengthen the responsiveness of health services to migrants’ needs. During the process of updating, adapting and piloting the training materials from 2013 to 2016 it has become clear, including based on the evaluations of participants, that the provision of such a training to first line

responders is key in terms of improving their capacity to better respond to the needs of migrants and refugees (e.g. migration and health, and cultural competence and intercultural communication units) but also of providing them with the necessary knowledge to protect and take better care of themselves (e.g. occupation health unit).

The materials produced within the framework of the Equi-Health project represent a basic training package, building on materials developed as part of the PHBLM project and revised and adapted through an extensive process including ToTs and roll-out sessions in five countries. It is recommended that the package should be continuously evaluated and revised and updated as necessary based on the constantly changing context, identified needs and situation at country-level.

References – Additional reading material per unit

Module I: Migration and Health

M1 Unit 1: Public Health and Migration/Communication and Mass Media

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EU Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted

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M1 Unit 3: Communicable and Non-communicable Diseases

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NHS Cancer Screening Programmes/ Public Health England (Translated cancer awareness information sheets for the Muslim community): http://www.cancerscreening.nhs.uk

Promovax (Promoting vaccination among migrant population, toolkit): http://www.promovax.eu/toolkits/HCW_english_web.pdf

WHO/Europe: http://www.euro.who.int/en/about-us/whd/world-health-day-2014; Fact sheets - World Health Day 2014 - Vector-borne diseases

WHO Global Alert & Response: http://www.who.int/csr/resources/publications/en/index.html

Multimedia

How to Safely Remove Disposable Gloves: https://www.youtube.com/watch?v=S4gyNAsPCbU

M1 Unit 4: First Aid

Multimedia

Adult CPR: https://www.youtube.com/watch?v=6uR3w1omoQQ&feature=youtu.be

Recovery position: https://www.youtube.com/watch?v=dv3agW-DZ5I&feature=youtu.be

Fainting – First Aid: https://www.youtube.com/watch?v=LIiuqzvX4vs

Burns – First Aid: https://www.youtube.com/watch?v=Ns1DPvXVO6I&feature=youtu.be

Bleeding – First Aid: https://www.youtube.com/watch?v=BQRqUxB5pn0&feature=youtu.be

Module II: Mental Health and Psychosocial Support

M2 Units 1 & 2: Mental Health and Psychosocial Aspects of Migration/ Occupational Health and Psychosocial Support

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M2 Unit 4: Identification of and Support for Victims of Trafficking

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VITA - Victim Translation Assistant Tool, www.ungift.org

Multimedia

Ante la trata de personas, reaccionemos en cadena - IOM/MFA Colombia: https://www.youtube.com/watch?v=9Fw-ZgKH90c

Damaged Goods (Stop the Traffik): https://www.youtube.com/watch?v=L-MXhY7vVqI

One Life, No Price: https://www.youtube.com/watch?v=Ggv5ZKQpww0

So you think you will dance (Stop the Traffik): https://www.youtube.com/watch?v=AswsfwoYtQk

Trading Lives: https://www.youtube.com/watch?v=3yGUs-F_4cE

Module III: Intercultural Competence

M3 Unit 1: Cultural Competence and Intercultural Communication

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Area Health Education Center (Cultural Competency Activities – tools): http://dcahec.gwumc.edu/education/session2/activities.html

Multimedia

Il professorone: https://www.youtube.com/watch?v=SJoXcGV1Yho

M3 Unit 2: Intercultural Mediation in Health Care

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Multimedia

A Physician's Practical Guide to Culturally Competent Care Video Page: https://cccm.thinkculturalhealth.hhs.gov/videos/index.asp

Caring for Kids New Canada - A guide for health professionals working with immigrant and refugee children and youth:

Culture and Health: http://www.kidsnewtocanada.ca/culture

Cultural Competence: Tools & Resources: http://www.kidsnewtocanada.ca/culture/tools

Medical Interpreter Training: A Clear Voice for Those in Need (Part 2) https://www.youtube.com/watch?v=hAkwN3jQgdA

Medical Interpreter Training: A Clear Voice for Those in Need (Part 3) https://www.youtube.com/watch?v=JAtcisxa8kc&src_vid=hAkwN3jQgdA&feature=iv&annotation_id=annotation_887203

Miniature Earth: https://www.youtube.com/watch?v=i4639vev1Rw

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IOM EQUI-HEALTH project: http://equi-health.eea.iom.int/

IOM Re-Health project: http://re-health.eea.iom.int/

ANNEX I: Sample Training Agenda

AGENDA	
Date & Place	
DAY 1:	
09.00-09:15	*Welcome addresses*
09:15-10:15 10:15-11:45	***Module I: Migration and Health*** Unit 1: Public Health and Migration/Communication and Mass Media Unit 2: Migration and Health
11:45-12:00	*Coffee Break*
12:00-13:30	***Module I: Migration and Health (continued)*** Communicable and non-communicable diseases
13:30-14:30	*Lunch*
14:30-16:00	***Module I: Migration and Health (continued)*** First Aid
16:00-16:15	*Coffee Break*
16:15-18:15	***Module II: Mental Health and Psychosocial Support*** Mental Health and Psychosocial Aspects of Migration
DAY 2	
09:00-10:00	***Module II: Mental Health and Psychosocial Support (Continued)*** Occupational Health and Psychosocial Support
10:00-10:15	*Coffee Break*

	Module II: Mental Health and Psychosocial Support (continued)
10:15-11:45	Coping with Grief
11:45-13:15	Identification of and Support for Victims of Trafficking
13.15-14.15	*Lunch*
	Module III: Intercultural Competence
14:15-16:15	Cultural Competence and Intercultural Communication
16:15-16:30	*Coffee Break*
	Module III: Intercultural Competence
16:30-18:00	Intercultural Mediation in Health Care
18:00-18:15	Evaluation

ANNEX II: Activity Sheets

Module Name: Migration and Health

Training Unit: Public Health and Migration/Communication and Mass Media

Activity 2: Communication game

Activity Duration: 30 minutes

Objective:

To demonstrate to participants how when information is transferred from one person to another the meaning can become distorted

Sources:

Newspaper article on migrant/refugee issues

Activity:

The trainer asks approximately 10 participants (depending on the number of people in the group) to step out of the room. Then the trainer tells the participants who remain in the room to pay attention to the information communicated to one of the participants who were asked to step out of the room. The trainer calls one of the persons outside back into the room and reads him/her a text referring to migrants/refugees selected from a newspaper and asks this person to transfer the information to the next person who is called in from outside the room. This is repeated until all 10 persons who are outside are asked to come back into the room, one by one, and listen to the text and transfer the information to the next person who comes in.

This exercise shows that when information is transferred from one person to the next the meaning can be and is usually distorted. Usually, at the end of the exercise, the last person reports to the participants something totally different from the original text. After listening to the information related by the last person to come back into the room, the trainer reads the original text once again.

Module Name: Mental Health and Psychosocial Support

Training Unit: Coping with Grief

Activity 1: Sensitization on Personal Attitudes towards Death and Dying

Activity Duration: 10-15 minutes

Objectives:

1. Sensitization in Personal Attitudes towards Death and Dying
2. Make the participants aware of the effects of losses on themselves

Sources:

A4 papers and markers

Activity:

1. Ask the participants to think about 'death'.
2. Ask the participants to express all of these things (feelings, cognitions, behaviours) in relation to death on the A4 paper (e.g. they could write a poem, words or paint something).
3. Stimulate discussion of personal attitudes towards death among group members based on their thoughts and produced material.

Note that not everyone experiences have the same consequences. Everyone has a unique way to cope with loss and death.

Finalization:

Review the main topics of the meeting. Ask the following questions:

1. What did you learn today about yourself in relation to death
2. Did something of what you learn today surprise you

Ask if anyone wants to add something before finishing the exercise.

Module Name: Mental Health and Psychosocial Support

Training Unit: Coping with Grief

Activity 2: Determinants of Grief

Activity Duration: 15 minutes

Objectives:

1. Clarify the determinants of grief
2. Make the participants aware of the determinants of grief for them.

Sources:

Flip chart and coloured markers

Activity:

4. Divide the participants into 3 or 4 groups.
5. Ask them to think about the determinants of grief.
6. Explain that if you were to try and predict how a person would respond to loss, what you need to know?
7. Stimulate discussion.
8. Write all the ideas on the board.

Note that not everyone experiences have the same consequences. Everyone has a unique way to cope with loss and death.

Finalization:

Review the main topics. Ask the following question: Did something of what you learn today surprise you?

Ask if anyone wants to add something before finishing the activity.

Module Name: Intercultural Competence

Training Unit: Cultural Competence and Intercultural Communication

Activity 1: Our body

Activity Duration: 5-8 minutes

Objectives:

Create awareness among participants about the way different social and cultural phenomena influence our body

Sources:

PowerPoint presentation

Activity:

1. Explain to participants that our body is not just a biological mechanism and it can be influenced by physiological processes, psychological processes, social phenomena and cultural dynamics.
2. Ask participants if they can think of situations where social and cultural phenomena influence psychic and biological processes, producing decisive consequences on the functioning of the body.
3. Use PowerPoint presentation to discuss different examples

Module Name: Intercultural Competence

Training Unit: Cultural Competence and Intercultural Communication

Activity 2: Role playing

Activity Duration: 30 minutes

Objectives

To observe difficulties and communicational shortcomings in clinical intercourses with immigrants

Sources

None

Activity

1. Ask for two volunteers. If it is possible one of them should be from another culture or at least should speak a non-European language
2. One of them should play the migrant patient and the other should play the physician. They have to dramatize a medical consultation with an immigrant who does not speak your language. Ask them to leave the class for a few minutes and to think about their roles
3. Divide the rest of the participants in two groups. One group should observe the behaviour of the physician and the other group the behaviour of the migrant. They should:
    - notice how the communication flows in general
    - identify the obstacles and the shortcomings of the communication
    - identify the elements that made communication easier
    - pay attention to both verbal and non-verbal communication
4. Explain to the participants that they should not criticize the two volunteers but only to focus on their behaviour.
5. Ask the two volunteers to come in and to play their roles for 5-6 minutes
6. Ask the two volunteers to explain how they felt, what facilitated the communication and what were the barriers
7. Ask the two groups to present the results from their observation
8. Discuss the facilitative factors and possible solutions for the shortcomings

Module Name: Intercultural Competence

Training Unit: Cultural Competence and Intercultural Communication

Activity 3: The iceberg of culture

Activity Duration: 5-8 minutes

Objectives

Create awareness among participants about the parts of culture that are observable and those that are not observable

Sources

Flipchart and coloured markers

Activity

1. Ask participants to write down the main parts of a culture
   or
2. Ask participants to number the elements that help them to identify another culture
3. Ask someone to write on the flipchart the different propositions
4. Underline the cultural elements
   Some participants may mention things like “skin colour” or the name of a continent or “education”.
5. Most of the propositions referred to the obvious parts of culture like food or dance or music or clothing, etc.
6. Explain that this is only a small part of culture. The main part is not obvious. Usually it comes out of our own and others awareness and we see only its manifestations
7. Go to the slide “The iceberg of culture” and discuss the different elements of culture and deep culture

Module Name: Intercultural Competence

Training Unit: Cultural Competence and Intercultural Communication

Activity 4: Intercultural experience/misunderstanding

Activity Duration: 10-20 minutes

Objectives

Create awareness among participants that our behaviour is determined by culture. Therefore people from other cultures act differently in similar situations.

Sources

None

Activity

1. Explain to participants that intercultural communication is a form of communication that aims to share information across different cultures. Intercultural communication concerns our attitude towards people from different cultures, minimizing the possible misunderstandings and broadening the possibility of establishing effective and strong relationships.
2. Ask participants to take a few minutes to reflect upon an intercultural experience they have had.
3. Encourage participants to describe to the rest of the group their personal experience about an intercultural misunderstanding.
4. Ask them to try to explain the reasons behind the misunderstanding
5. Discuss the different cultural perspectives relative to the same situation

Module Name: Intercultural Competence

Training Unit: Intercultural Mediation in Health Care

Activity 1: Cultural Awareness

Activity Duration: 10 minutes

Objectives

1. Raise awareness about our own culture
2. The subconscious notion of 'them / the others'
3. How to work with a cultural mediator and overcoming the 'us and them'
4. How culture has an impact on how we communicate

Sources

Flip chart, coloured markers

Activity

1. Ask participants to say what comes to mind when hearing the word culture
2. Does it pose any problems? Why?
3. Is it changing my way of working? How?

Module Name: Intercultural Competence

Training Unit: Intercultural Mediation in Health Care

Activity 3: Whose role is to do what?

Activity Duration: 15 minutes

Objectives

1. To maintain responsibility in professional roles
2. To familiarize participants with the role of the cultural mediator
3. To be prepared for issues that may be raised during the triadic encounter

Sources

Internet

Activity

Watch video clip (https://www.youtube.com/watch?v=pVm27HLLiiQ) and discuss

Module Name: Intercultural Competence

Training Unit: Intercultural Mediation in Health Care

Activity 4: Getting familiar with the challenges of the role of a cultural mediator

Activity Duration: 20-25 minutes

Objectives

1. To understand the whole picture of cultural mediation
2. To make clear boundaries when working with a cultural mediator
3. To empathize with the cultural mediators role
4. To be aware of the advantages of working with a cultural mediator

Sources

Group work: flip chart, paper sheets, pens, coloured markers

Activity

1. Split the participants into groups
2. Ask participants to identify challenges within the cultural mediator's role
3. Ask participants to identify challenges within their role

ANNEX III: Sample Evaluation Report

EVALUATION SHEET
"Migration and Health" training for Health Professionals and Law Enforcement Officers XXX (Date) XXX (Location) **Organised by** **International Organization for Migration, Migration Health Division, Regional Office in Brussels** **and XXX (partner/co-organiser)** **Co-funded by EC Directorate General for Health and Consumers**
Please indicate your views about the training by ticking the appropriate box:

Organization: How would you rate the following?

	VERY GOOD	GOOD	AVERAGE	POOR	N/A
Training venue					
Overall organization					
Balance between presentations and discussions					

Content of the meeting: How would you rate the following?

	VERY GOOD	GOOD	AVERAGE	POOR	N/A
DAY 1					
Public Health and Migration/ Communication and Mass Media					

Migration and Health					
Communicable and Non-communicable Diseases					
First Aid					
Mental Health and Psychosocial Aspects of Migration					
DAY 2					
Occupational Health and Psychosocial Support					
Coping with Grief					
Identification of and Support for Victims of Trafficking					
Cultural Competence and Intercultural Communication					
Intercultural Mediation in Health Care					

Further comments and/or suggestions (on this or future trainings)

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