
# RE-HEALTH

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

## Deliverable 4 Internal Evaluation Summary Report

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## A. Introduction: Background Information

The RE-HEALTH project was launched in February 2016 by the Migration Health Division of the IOM Regional Office in Brussels and was concluded in May 2017. Co-funded by DG SANTE, through the Consumers, Health, Agriculture and Food Executive Agency (Chafea) under the amended European Union (EU) Third Health Programme (2014-2020).

The project aimed at:

(1) Expanding the use of the established Personal Health Record (PHR) and the accompanying Handbook for Health Professionals (HPs) to evaluate the health status and needs of refugees and migrants arriving in Europe;

(2) Guaranteeing that data initially collected through the PHR is stored in a database so that it is available to transit and destination countries.

(3) Establishing links between key reception areas for refugees and migrants and national health systems; and

(4) Ensuring that health assessments and preventive measures are implemented, taking into account the needs of children and other vulnerable groups;

The project contributes to EU objective of improving the capacity of its Member States under migratory pressure to address health-related issues faced by migrants arriving in Europe.

IOM is the UN Migration Agency, since 2016, an intergovernmental organization with 165 member states (www.iom.int), and works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration issues, and to provide humanitarian assistance to migrants in need, including refugees and internally displaced persons. Within IOM, the Migration Health Division (MHD crf. www.iom.int/migration-health) has regional offices, following the IOM's own structures. The RO Brussels MHD European section works closely with European institutions and along with the RO Vienna, MHD co-ordinates with the regional office of WHO (the World Health Organization).

The total budget of the action was 1.127.925,65 euro, with an IOM MHD Co-Funding of 225.585,13 euro and a European Commission- Directorate General for Health and Food Safety (EC-DG SANTE) Co-Funding of 902.340,52 euro.

This report represents an internal evaluation summary report, as provided for in the amended action agreement with the EC/DG SANTE. Taking into account main operational deliverables and related milestones and in line with a SWOT analysis, it has the following objective to consider for each element the following components:

- Strengths
- Weaknesses
- Opportunities
- Threats

Guiding principles and issues which the evaluation was required to consider included:

Relevance

Efficiency

Effectiveness

Sustainability

Outcomes

Unanticipated effects

European and Societal Added Value

## B. Methods of the Evaluation

The evaluation has been drafted considering as base the Amended Direct Grant Agreement (DGA) Re-Health, between IOM and DG SANTE/Chafea and its further operational milestones and related deliverables. These components will be assessed using quantitative and qualitative evidence produced during the action by IOM and other stakeholders (private and public contractors, training participants etc.), this to avoid as possible bias related to the internal nature of the report.

## C. Deliverables of RE-HEALTH

### D-1: Technical and financial report to CHAFEA/European Commission

Submitted to Chafea as per calendar. Feedback will be provided by the donor.

### D-2: Project visibility materials (poster, banners, website, and stationery) have been provided

- Project visibility materials designed and produced and have been made available to Chafea in the final report.
- Project website online: http://re-health.eea.iom.int/
- News & press releases have been consistently listed in the website in the news section: http://re-health.eea.iom.int/news_events
- Final dissemination event took place on May 15, representative from Chafea and DG SANTE directly related to the action and in charge of the field of Health Migration attended the event as well as involved Member States and key stakeholders. A detailed note on the event is available (C-Annex I)
- Final public report has been shared with Chafea as per contractual expectations.

**Strengths:**

- IOM was able to produce the visibility material partially thanks to the use of a contractor, hence the quality of the work was in high definition and aligned with the message IOM wanted to share with it.
- During the implementation and dissemination activities IOM received in different occasions verbally and in written (i.e. by email during the collaboration with UNFPA) extremely positive feedback on the likability of the visuals.
- The website has been as per email exchanges number within which was listed: over 100 a powerful tool of dissemination and information on the action for future partners and wider audience. Together with the previously developed (before the action) link of the Handbook for Health Professionals and the paper PHR:
- The Personal Health Record (PHR) is available in EN/AR
  The Handbook for Health Professionals is available in 9 European languages - BG, DE, EL, FR, HR, HU, IT, RO and SL
- Further to the dissemination via email of the website link and the above material a limited number of question followed, which allowed IOM to act effectively.
- The final event was also widely disseminated through the communication channels and ensured the participation of 65 individuals from EC, NGOs, Member States and other civil society representatives. Evidence of the success of the event and action is that besides

retaining the commitment to join the further action RE-HEALTH [2] it ensured the formal commitment of two new countries: Serbia and Cyprus.

- Dissemination thanks to the visibility tools was also promoted via IOM and IOM MHD twitter and Facebook with over 20 communications in place related to events and specific actions at European level and in country ( Via HQ, EU and IOM Missions accounts : i.e. https://twitter.com/search?q=Re-health&src=typd and https://www.facebook.com/IOM/ ).
- As well as in a wide number of conferences as included in main final report.

**Weaknesses**

- The website did not have the option to verify the number of users.
- The budget line for this and other visibility actions was quite limited.
- Overall communication within projects has an implementation span which is limited and cannot be institutionalized, especially when the action RE-HEALTH communication was set up the project implementer did not have a sense of how the action will have developed and especially that a second grant for further development was going to be made available.
- Limited budget also did not allow to ensure that a wide number of stakeholders could attend the final event from outside Brussels, disseminating mostly among civil society actors at Brussels level.

**Opportunities**

- The limited budget in the line for dissemination ensured that key resources have been attributed to actions which directly improved the ultimate beneficiaries of the actions, the migrants, at field level.
- The establishment of communication channels and the development of part of the dissemination materials in house, i.e. website allowed expanding the activities within the limited budget and strengthening in house capacity [PR1]
- It exposed IOM MHD to a wide variety of media outlets increasing the number of interviews on the subject directly requested to IOM MHD RO. i.e. http://www.dw.com/en/world-health-summit-eu-migrant-policy-a-contradiction-creating-mental-uncertainty/a-35986019
- Overall the dissemination tools supported Re-Health actions also allowing to elucidate issues and facts on migration health and e-health. Evidence is in the continuous interest in the action by media outlets.
- Beside and thanks to the action the topic of migration health and its core concepts has been included and widely disseminated in relevant internet pages included the EC itself.

**Threats:**

- Dissemination activities if not continuously monitored and promoted by IOM can give room to false communications and believes which IOM continuously approached and dismissed, also thanks to the support received by the Chafea and DG SANTE involved officers.
- Limited budget did not allow an ideal extensive dissemination campaign, due also to the innovative nature of the action, the so called "emergency" frame under which was developed and the constantly changing scenario, funds were also allocated to other milestones.

## D-3: Final public report and D-4: Internal evaluation report

Have also been submitted to Chafea as per calendar.

## D-5: Summary account

- Exploratory missions, including LSCs and visit to pre-selected implementation sites
- Summary account

IOM MHD RO continuously reported to Chafea/DG SANTE through a different series of means: bilateral meetings, conference calls, and within the 4 Interco-ordination meetings organized by Chafea which also took place under different settings.

A summary of the overall communications and exploratory missions for Croatia can be found in Annex C-II, Italy Annex C-III, Greece Annex C-IV, and Slovenia Annex C-V.

The related section for the development, implementation and update of the e-PHR and its data set will be also analyzed under the specific deliverables. However continuous summary account has been given to Chafea and DG SANTE in that regard.

Outside the scope and milestones of the DGA, but as per informal further to the signature agreement with the donor, IOM became the focal point for the implementation of the Personal Health Record (PHR), tool which has been implemented in different ways in other four action also supported under the Third Health Program, WP 2016-2017:

- EUR-Human (EURopean Refugees – Human Movement and Advisory Network)
- 8 NGOs in 11 countries (8 NGOs for migrants/refugees' health in 11 countries)
- CARE (Common Approach for Refugees and other migrants' health)
- SH-CAPAC (Supporting health coordination, assessment, planning, and access to health care and capacity building in Member States under particular migratory pressure

A series of meetings and email exchanges took place among IOM and the Projects' Coordinators, as well representatives at National level involved in the action.

**Strengths:**

- IOM has been able to consistently report to the EC/Chafea and to follow up to ad hoc requested in brief time.
- IOM Missions have been extremely helpful in providing feedback on the actual field developments which have been numerous during the brief time of the action. I.e. changes at border level (open and closed), numbers and needs assessed through continuous field visits and technical advisory to national authorities.
- IOM expertise in the field of e-health and management of migration health data has been extremely helpful also in the set up and development of actions at ground level.
- The extended collaboration in place between IOM MHD RO and DG SANTE/Chafea extremely facilitated a fluid collaboration.
- IOM MHD within the action facilitated the implementation of the PHR for other four consortia
- Avoided overlapping in the four actions and facilitated synergies
- Provided Technical advisory where requested, editing documents, Ppt and ensuring that that reporting took place in the frame of the PHR implementation.
- SH-CAPAC included the PHR in his training package.
- The number of implementation countries and sites has been overachieved and reporting has been also affected by it. However this increased effectiveness and relevance of the action, producing more e-PHR, assisting more migrants and consequently allowing IOM to submit more evidence.

**Weaknesses**

- A more extensive and elaborate reporting was expected before amendment, the extreme and continuous changing situation at ground level, the limited staff resources engaged in direct support, did not allow a more extensive format.
- Only MdM reported on the use of the PHR on the field. The consortia CARE and EUR-Human did not provide any quantitative evidence. If not some qualitative notification.
- Communication and coordination with the other consortia took some time to be established as not listed in any official frame. Use of the PHR was as per Agreement.
- Misbeliefs and lack of knowledge by different actors involved of the validation mechanism within the European Union, i.e. Health Security Committee, Third Health Program etc. promoted some difficulties in the communication, which requested extensive engagement of project staff to address the matters, rather than focusing on the action itself

**Opportunities**

- Thanks to the support received by Chafea and DG SANTE coordination ensured the establishment of broader stakeholders' consultations, within and not only through the National Consultation Committees (NCCs) and other meetings at national level as per attachments C II, III, IV, V.
- This experience in reporting served as base for further reporting within new actions. As it involved a wide number of actors (National Country Coordinator, NFPs at MoH and MoI level, Universities, other NGOs etc.), which due to political instability in some countries changed along the action as well.

**Threats**

- Reporting indirectly and overall implementation have been affected by continuous political change especially for countries as Greece and Croatia, which during the action experienced changes in leadership.
- Reporting with a short notice can lead to un-accurate sharing due to time constraint and misunderstanding.

## D-6: PHR Feasibility report

**Feasibility Report (FS)**

An independent contractor was recruited via public tender to perform the feasibility study in line with the IOM recruitment standards, Terms of Reference (ToR) as per Annex C-VI. The methodology of the study was discussed with the contractor and the donor to ensure as much feedback as possible and reach out through both ultimate beneficiaries and implementers within the action, in quantitative and qualitative manner across the country. The stated objective of the FS was to assess the acceptability, feasibility, impact and transferability of the introduction of the e-PHR.

**Strength:**

- As per initial proposal the feasibility study was limited to two countries, further to the changes on the ground and as per exchange with the contractor it was expanded to all the four implementation countries.
- The study allowed for the collection of anonymous direct feedback from user and migrants as well as provided an independent and external view on the topic
- Results were extremely positive and reinforced the positive feedback received by local national counterparts.

**Weaknesses:**

- Budget did not allow for an additional retroactive study on the exploratory phase, , which would have also been useful in retrospect I to include reflections on the lengthy process, which reflected some commonalities across countries, to obtain the commitment from Member States specific to the action and usage of the e-PHR at field level.

- The very short piloting time of the e-PHR on the ground lead to respectively limited feedback on the platform in terms of established users, and also short time frame for the study completion

**Opportunities**

- To reach, once disseminated, in an independent way the public that is interested or skeptical towards the e-PHR and overall e-health.
- To confirm that the action feedback is in line with what experienced with successful e-health tools as per evidence within literature [1]
- The study's conclusions in terms of the achievements are a reflection on the overall Re-health project, i.e its "external evaluation "not otherwise provisioned. But one example as to the role of health mediation, implicitly reflecting on the training and mentoring they were provided with and confirming the usefulness of the model of care provision advanced within Re-Health.
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**Threats**

- The FS needs contextualization
- The study is specific to the E PHR piloting and its settings where eventually HPs presence was ensured, actual reality in reception process is that often on the ground HPs are lacking and consequently not only the e-PHR cannot be performed, but moreover migrants do not receive any type of Health Assessment (HA) as evidenced also within the action Equi-Health[2] and several other projects and reports since.

## D-7: Health promotion materials & campaign

- Training for HPs and health mediators/interpreter to support the piloting of PHR
- Health promotion materials & campaign

The training of the HPs and health mediators included also training for Law Enforcement Officers (LEOs) on duty in the sites of implementation and senior national officers from MoH and MoI, it

[1] "New directions in eHealth communication: Opportunities and challenges" Patient Education and Counseling Volume 78, Issue 3, March 2010, Pages 329-336
http://www.sciencedirect.com/science/article/pii/S0738399110000224
[2] http://equi-health.eea.iom.int/

synergized and coordinated with developments and needs at national level, also based on the evidence provided by the e-PHR. IOM in the frame of its health promotion activities, in line with the curricula developed within the Equi-Health action, and in collaboration with national and international trainers, developed and implemented a face to face training in health mediation.

Some examples related to the training material please see Annex IX and for evaluation and reporting in Annex X.

Participants from the four implementing countries were over 150.

In addition Building on the comparative advantage of each entity, IOM and United Nations Population Fund- UNFPA established cooperation in Greece, and piloted a project of capacity building of SRH and GBV within IOM supported programs. IOM implementing partners, health mediators, social workers and law enforcement officers were trained by UNFPA for two and a half days. Upon successful cooperation and piloting, the partnership was extended to the IOM country operations in Croatia, Slovenia and Italy. By profession, the groups were composed of medical doctors, guards/police, psychologists, social workers, health mediators and interpreters and IOM professionals. (Annex VII)

60 participants attended the training.

In addition to that Health promotion material has been distributed among participants to assist them during their activities in the health promotion component among which also the IOM "Self-Help Booklet for Men facing crisis and displacement" developed by IOM and available in Arabic, English and Slovenian and a "Psychological first aid: Guide" for field workers available in English.

Thanks to the engagement of IOM MHD with UNFPA, IOM received an in kind donation of 2000 dignity kits which have been distributed in Greece by United Nation High Commissioner for Refugees - UNHCR.

The dignity kits were specific for man and women and included some tools for personal hygiene, reproductive health and clothing. The kits were distributed in the RE-HEALTH sites in Greece and also in other location where IOM was present.

In Croatia, IOM distributed 487 hygiene kits also here tailored for man and women.

IOM also assessed the need of basic medical devices at field level and equipped medical teams with extensive provision of glows, masks, urinalysis kits, sanitary soap, as well as scales, thermometers and stethoscopes. As per final financial report.

**Strengths:**

- IOM training included a final evaluation which provided accountability and feedback
- Participant lists were collected for both the IOM and UNFPA trainings
- UNFPA conducted a pre and post training test

- The curricula was based on the needs assessed during field visits and in close coordination with National Authorities and other partners
- Specific attention to national developments in term of response and legislation were taken into consideration and included.
- Among the trainers we involved senior representatives from MoH or National Institutes of Public Health as per agendas
- Number of participants exceeded what recommended and expected.

**Weaknesses:**

- As per evaluation a longer and more articulated training was suggested
- Budget was not sufficient to extend the length or repeat the training for additional participants
- Although the specifics needs and profiles of the mediators involved in the Re-health activities were well identified, only an overall idea of the profiles to be trained was available; assess properly in advance needs the was not possible within the project , when extending the training to the numerous organizations interested
- Time and E-PHR piloting priorities did not allow for extensive production of promotional material.
- Language barriers were encountered by some participants especially in Syracuse and Athens.

**Opportunities:**

- The action allowed to consolidate partnerships and collaborations: inter agency as well as local partnerships, namely with UNHCR in Greece and UNFPA, cooperation with MSF, MdM , ESDY, Hellenic Center for Disease Control & Prevention (KEELPNO) etc. .
- The trainings covered HPs, Mediators population that was in high need of training and prompted as done with EH a unified approach to training in health mediation.
- The training allowed national authorities to be close to the mediators and the field reality, having MSs Authorities as trainers.

**Threats:**

- No major threat was evidenced.

## D-8: Electronic PHR

- Development of the E-PHR and platform
- Piloting of PHR
- Recruitment of health mediators/interpreters to support piloting of PHR

Within the action Re-Health the paper PHR was adapted and integrated in an electronic platform, along the implementation of the action it experienced 3 major updates, based on the feedback

received by a wide number of stakeholders. Evidence as per links for demonstration and implementation:

http://rehealth.westeurope.cloudapp.azure.com/

https://ephr.eec.iom.int

Implementation on the field took place across the 4 countries in different moments depending from different environmental factors as listed above.

The recruitment of Health mediators to ensure the implementation of the PHR has been conducted in two cases through a direct partnership (service agreement) between IOM and the national authorities (Italy: local health authority, Slovenia: National Institute of Public Health), which directly implemented the action, or via IOM while supporting the national HPs, this due to administrative and legal barriers that did not allow MSs to recruit directly mediators. In this case, in parallel IOM engaged with the MS in revising possible options to ensure that health mediators could be hired under the national system.

**Strengths:**

- Health Mediators for the most represented languages within the specific sites served have been recruited.
- By promoting the recruitment within the national system IOM promoted a best practice and facilitated their integration and set the base for future sustainability.
- IOM assisted the MSs in considering adjusting the terms to recruit within the National System health mediators.
- The e-PHR has been built thanks to the expertise of IOM and its contractors in the field of e-health and data management.
- The coordination with the EC and the MSs specific to the national and European legislation and work done to develop the platform and comply with it.

**Weaknesses:**

- Limited time to develop the e-PHR and pilot on the ground.
- The e-PHR FS and overall the implementation did not allow for extensive field assessment as sites for piloting were still extremely few and numbers, however statistically relevant. Having operated on a larger scale would had ensured a broader perspective and commitment towards effectiveness and sustainability.

**Opportunities**:

- Fostering access to and continuity of care through the e-PHR.
- Better local management and linkages among different providers i.e. point of entry, hospitals, and reception centers.
- Safe data management and ownership of PHR for the migrant.

- Health Promotion campaigns can be conducted systematically by professional figures that are acknowledged (health mediators) by the national health system.
- Cost effectiveness through ensured care and continuity.

Threats:

- Cyber security
- Unprofessional behaviors
- False myths behind the e-PHR, i.e. in pre-removal centers expedites return

## D-9: Online platform and data sets / D-10: Training on the utilization of the PHR and data collection requirements

- Platform/Database set up and training of users
- Regional technical meeting to present the results of the piloting of database
- Implementation of the electronic database in minimum 3 EU MS under migratory pressure

Once the paper PHR has been adopted to an online platform, the tool has been presented to a wide number of stockholders which provided initial feedback, this before the e-PHR was implemented at field level, and further to it and continuous feedback while implemented, the tool underwent 3 major upgrades. (Annex VIII)

The training for user has been implemented for all the registered users of the platform through webinar modality (Annex IX), no post-test evaluation was requested, but participants were informed that if any question or need for further training was needed, the IOM mission was available to support. No further follow up have been recorded from the missions and the data collection started in a proficient way. All the users have been also provided with a user manual developed by IOM (Annex X). As per feasibility study the likability of the tool is quite high.

Data sets are available to the donor as per Annex XI and evidence the major medical trends among the migrant population served with the e-PHR.

**Strengths:**

- Once the platform has been set up the maintenance costs are minimal
- The online training modality can reach users across Europe and can train simultaneously big groups.
- The platform does not require a specific software, is fully operational on desktops, laptops, tablets and is accessible through an URL link
- The tool is extremely intuitive and very few fields are mandatory

**Weaknesses:**

- All the commissioned updates for the platform were not delivered by the contractor as per agreement, due to a series of bugs, which did not allow progress i.e. off-line mode
- This delay did not ensure full usage of all the funds allocated within the action for the platform upgrade.
- The platform language is English, all the member states in the action acknowledged that having access to it in their national language will facilitate the HPs.
- At this point internet was needed to use the tool, while in some setting there was no wifi available and the issue was temporarily solved with USB keys.

**Opportunities:**

- The platform is designed to become fully interoperable with national systems, where present.
- At the moment in the sites where the action was piloted no e-health system was identified.
- The platform does not intend to substitute the future national e-health system, rather to fill a gap in provision.

**Threats:**

- If the tool is not widely or consistently disseminated duplication of similar actions at local level may jeopardize the work and commitment of the MSs.
- Despite having a medical record on file for the migrant, MSs may decide not to take further action in providing adequate care, as the national legislation may only ensure emergency care.

# D. Conclusions

The consolidated need of standardized health assessment and secure data collection; the appreciation that the e-PHR received by both users and beneficiary at field level; the best practices in migrant health governance which the action RE-HEALTH provided, they all represent evidence of the positive impact and perception towards the action and its operational deliverables.

The time spam and the resources available did not allow IOM to extensively pilot the action, however in coordination with other organizations and consortia IOM strived to ensure the best usage of resources and human capital in a constantly changing environment at political and often field level. The coordination with the EC and Chafea, deeply facilitated this work.

## E. Annexes

(C-Annex I) Final Event and Regional Conference summary report

C-Annex II Summary by country Croatia

C-Annex III Summary by country Italy

C-Annex IV Summary by Country Slovenia

C- Annex V Summary by Country Greece

C- Annex VI Feasibility Study

C-Annex VII List of Participants to trainings in HR, IT, SL and EL

C- Annex VIII : Platform major upgrades

C- Annex IX: Evidence of training on platform and participation

C- Annex X: E-PHR platform user manual

C- Annex XI: Data sets