



# Operational framework

for involvement in migrant  
health and care services

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# Operational framework for involvement in migrant health and care services

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. With our 190 member National Red Cross and Red Crescent Societies worldwide, we are in every community reaching 160.7 million people annually through long-term services and development programmes, as well as 110 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by *Strategy 2020* – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to saving lives and changing minds.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development, and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.



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# Purpose and audience for the framework

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Migration is set to be one of the defining features of the 21st century. People migrate for many reasons, ranging from armed conflicts, persecution and poverty to the hope for a better future or to be reunited with their family. Many people who are forced to flee their homes face significant danger and hardship, and this is also sometimes the case for those who choose to leave. This is especially true for people with particular vulnerabilities, such as children, women, the elderly, and people with disabilities.

The International Red Cross and Red Crescent Movement works along migratory routes around the world to support migrants in need. All along the routes, the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), and National Societies seek to provide essential services, information and protection.

This document, developed by the IFRC, provides guidance as to whether and how a Red Cross Red Crescent National Society should get involved in contributing to the health of migrants. In addition, the framework provides direction for the development of the country-specific plan of action that would be required of each National Society were it to decide to get involved. The framework can be used in separate health programmes, as well as closely integrated into general migration programmes where health is addressed among other priorities. Note that the recommendations contained in the document are evolving and further lessons and experiences will be assimilated over time.

The framework should be considered in conjunction with other relevant IFRC, World Health Organization (WHO) and International Organization for Migration (IOM) documents (see references).

The Movement is committed to addressing the needs and vulnerabilities of migrants. We do all we can to support vulnerable migrants and offer them humanitarian assistance, regardless of their legal status. We urge governments throughout the world to respect migrants' rights. Access to health is one of the fundamental human rights and a key objective for IFRC and other components of the Movement. Migrants should not be excluded from this right.

In recognition of the vital importance of access to health, the Migration Task Force, created in November 2015 to assist in the development of the IFRC's global strategy on migration and enhance global coordination, has given priority to the development of a framework to guide National Societies in their provision of health services to migrants.

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The Task Force is composed of representatives from National Societies in all five regions plus IFRC representatives from Geneva and regional offices. In highlighting access to health, the Task Force is building on the foundations laid by the Policy on Migration, endorsed by the 17th General Assembly of the IFRC in Nairobi, Kenya in 2009, and strengthened by the adoption of Resolution 5 - Health care in danger: Respecting and protecting health care at the 31st International Conference of the International Red Cross and Red Crescent Movement, Geneva, Switzerland, 2011.



Gerald Bikombi/Central African Red Cross Society

## Migration policy

Each National Society and the International Federation shall take into account and adopt the following approach on migration:

1. **Focus on the needs, capacities and vulnerabilities of migrants**
2. **Include migrants in humanitarian programming**
3. **Support the aspirations of migrants**
4. **Recognize the rights of migrants**
5. **Link assistance, protection and humanitarian advocacy for migrants**
6. **Build partnerships for migrants**
7. **Work along the migratory trails**
8. **Assist migrants to return**
9. **Respond to the displacement of populations**
10. **Alleviate migratory pressures on communities of origin**

# 1. Introduction

## 1.1 Challenges

In 2015, the number of international migrants increased to an all-time high of 250 million, as people crossed borders in a search for survival, protection, and economic opportunity.

The top 10 migrant destination countries were the United States, Saudi Arabia, Germany, Russia, United Arab Emirates (UAE), the United Kingdom, France, Canada, Spain and Australia. The top 10 migrant source countries were India, Mexico, Russia, China, Bangladesh, Pakistan, the Philippines, Afghanistan, Ukraine and the United Kingdom.

In 2015, there were 14.4 million refugees (excluding 5.1 million Palestinian refugees), accounting for six per cent of international migrants. About 86 per cent of the refugees were hosted by developing countries, with Turkey, Pakistan, Lebanon, Iran, Ethiopia, Jordan, Kenya, Chad and Uganda the host countries with the largest numbers. In contrast, the number of refugees in advanced countries was 1.6 million.

Asylum seekers form a special cadre of migrants as they are not yet recognized as refugees according to the 1951 Refugee Convention<sup>1</sup>. They do not therefore always have a formalised right to receive services from the national health system as refugees do<sup>2</sup>.

Emerging threats and risks which expose public health vulnerabilities are linked to global processes, such as economics, trade, transportation, environment and climate change, and civil security. Many of these processes affect migrant populations. At the same time many of these processes are influenced by the migration. A variety of factors, including status, location and stage of the migratory trail, all impact upon the availability of health services. The flow of populations between locations with widely different health determinants and outcomes creates situations in which locally defined public health threats and risks assume global relevance.

Migrants, including refugees and asylum seekers, often faced war, persecution and extreme hardship in their countries of origin. Many also experienced displacement and hardship in transit countries. Lack of information, uncertainty about immigration status, potential hostility, changing policies, and undignified and protracted detention all add additional stress. Forced migration erodes pre-migration protective supports – such as those provided by the extended family – and may challenge cultural, religious and gender identities<sup>3</sup>.

1. *Convention and Protocol Relating to the Status of Refugees*, 28 July 1951, United Nations, available at [www.unhcr.org/3b66c2aa10](http://www.unhcr.org/3b66c2aa10)

2. *Protecting Refugees: questions and answers*, UNHCR, 1 February 2002. See: [www.unhcr.org/publications/brochures/3b779dfe2/protecting-refugees-questions-answers.html](http://www.unhcr.org/publications/brochures/3b779dfe2/protecting-refugees-questions-answers.html)

3. *Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe: A Multi-Agency Guidance Note* (December 2015) p3. See: [www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/2016/mental-health-and-psychosocial-support-for-refugees.-asylum-seekers-and-migrants-on-the-move-in-europe.-a-multi-agency-guidance-note-2015](http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/2016/mental-health-and-psychosocial-support-for-refugees.-asylum-seekers-and-migrants-on-the-move-in-europe.-a-multi-agency-guidance-note-2015)

Migrants, including refugees and asylum seekers, may:

- feel overwhelmed, confused or distressed
- experience extreme fear and worries or outbursts of strong emotions such as anger and sadness
- suffer from nightmares and other sleep problems

Initially, on immediate arrival, some may be elated. Many are affected by multiple losses and are grieving for people, places and lives left behind. They may feel fearful or anxious, or numb and detached. Some refugees and migrants may have reactions that affect their functioning and thinking capacities and therefore undermine their ability to care for themselves and their families and cope with dangers and risks on their path. Additionally, migrants may suffer accidents or serious illness, which, if left untreated, can heighten existing vulnerabilities.

## 1.2 The opportunity

National governments, UN agencies and international organizations, non-governmental organizations (NGOs) and IOM are playing a leading role in addressing health issues among migrants. Still, as is proved by experience, active involvement of other partners, civil society and the general population, as well as of the migrants themselves, plays an important role in making the response more efficient and successful. Today all possible actors are needed to ensure migrants have access to health services. Pre-existing social, physical and mental health problems can be exacerbated by becoming a migrant. Importantly, the way refugees and migrants are received and how protection and assistance are provided may induce or aggravate problems, for example by undermining human dignity, discouraging mutual support and creating dependency.

This framework explains the justification for getting involved in health activities among migrants from a Movement perspective, and describes the Red Cross Red Crescent experience and lessons learnt from current programmes worldwide. Advice is provided on how best to get involved in health activities among migrants and how to choose areas of focus. National Society context, human resources, finances and partners are discussed in separate sections.

## 2. Red Cross Red Crescent programmes: case studies

The following examples of Red Cross Red Crescent initiatives in the area of migrant health are included in the global study on [Smart practices that enhance the resilience of migrants<sup>4</sup>](#), a wide-ranging database of practices that address the needs of migrants across their journeys.

### Health care for irregular migrants, Switzerland

The **Swiss Red Cross** runs health centres for undocumented migrants in Bern and Zurich. According to Swiss Law, irregular migrants have the right to health insurance and therefore access to public health care. Furthermore, providing health care to irregular migrants is not illegal if it does not contribute to an extension of their stay in Switzerland. The Swiss Red Cross therefore provides medical support to individuals who cannot afford the high cost of health insurance. The centres provide health counselling, health insurance information, primary health care, psychiatric support and preventive care. They also support irregular migrants to access specialists, hospitals or dentists, and receive assistance from a network of disciplinary specialists and donors of medical equipment. Furthermore, the Swiss Red Cross has published a booklet with information on the right to health care, how to access health care and insurance, and recommendations to health practitioners on how to care for migrants who do not have health insurance.

### Community-based health and first aid training programme, Jordan

The **Jordan National Red Crescent Society** provides basic knowledge of community health to vulnerable populations in the country including Iraqis, Jordanians and Syrians. The influx of migrants into Jordan has placed a burden on the health system. Pre-existing conditions, poor living conditions and lack of information contributed to increase health issues among migrant populations. For example, Syrian adults have generally higher rates of coronary conditions and diabetes. Furthermore, there is limited capacity to manage these diseases at primary health care level. In addition, poor quality housing, overcrowded living conditions and limited access to water are contributing to disease.

To help combat these issues, the community-based health programme empowers volunteers and communities with simple tools adapted to local contexts to take charge of their health. Community members are provided with knowledge and skills to improve their understanding of health and are encouraged to engage in behavioural change to reduce health risks. Information is also provided to prevent and manage minor health issues in the household, and to understand when and where to seek medical assistance.

4. [media.ifrc.org/global-review-on-migration](http://media.ifrc.org/global-review-on-migration)

### Red Cross treatment centres, Sweden

Since 1985, the **Swedish Red Cross** has run treatment centres for persons affected by war and torture. Treatment is given to migrants, irrespective of their legal status, who have suffered trauma linked to torture, armed conflict or difficult or dangerous migration journeys. At these specialized centres, professional teams of physicians, psychologists, psychotherapists, physiotherapists, social workers and interpreters work closely with the concerned persons to help them work through their traumas. There are centres in Skellefteå, Uppsala, Stockholm, Skövde, Göteborg and Malmö with a total of around 60 staff. Patients are usually referred to the treatment centres by other health facilities, including primary health care, as the National Society is seen as a leading specialist in the area in Sweden. Once a person arrives in search of care, they are interviewed and assessed to determine whether they are eligible for and willing to receive treatment and support. Once patients are accepted they are provided therapy based on their individual needs and abilities, with a variety of methods available. Duration of treatment varies from a few months to several years.

### Assistance to migrants with physical disabilities, Mexico and Central America

The **ICRC**, in collaboration with the **Mexican and Central American National Societies**, provides free assistance to migrants (in transit or returned) who have suffered major illnesses or injuries during their journey (including amputations, spinal cord injuries, etc.). They offer the following services: (1) donation of prostheses (before physical rehabilitation), (2) osteosynthesis materials, wheelchairs and crutches, (3) ambulance transfers, (4) referral to rehabilitation and medical care centres in Mexico and Central America, and (5) reestablishment of family links when necessary.

## 3. Lessons learnt from Red Cross Red Crescent programmes

Migrant populations have very different needs and vulnerabilities, depending on their situation and the reasons for migration. National Society activities have targeted these specific needs, putting the focus where services are most useful and most needed. This might be among undocumented migrants, those newly arrived in a country, or in camps and urban settings. Health provision can also take place beyond the emergency phase once migrants have settled in.

Services provided by National Societies include (non-exhaustive list):

- Providing life-saving emergency and first aid including psychological first aid (PFA)
- Advocating for the access of migrants to health facilities regardless of their legal status
- Supporting better access of migrants to health services through the provision of information and orientation
- Providing basic health services and referral to health institutions
- Increasing the capacity of National Societies and encouraging programme expansion
- Raising awareness of the importance of health among migrant populations during all movement patterns
- Reinforcing relationships with national health systems, other partners and migrant and host communities
- Helping to decrease stigma associated with migrant populations
- Bringing basic health services to migratory routes and near temporary settlements
- Facilitating communication between the health system and the migrants

The services listed here come from those programmes that have been shared, evaluated and reported on.

The achievements of the programmes have to be evaluated against the problems encountered. The main difficulty is when the health systems are not appropriate or not responsive enough to the increased and specific needs of migrant groups. There are other factors (social, environmental, financial) that cannot be addressed by the health sector. For that reason, National Society activities include close work with ministries other than the health ministry, such as interior, labour and social affairs.



## 4. Criteria to consider before getting involved

The following policies, conventions and resolutions should guide National Societies in their involvement in migrants' health:

- Health is the collective responsibility of both society and the government, in accordance with Health 2020: the European policy for health and well-being.<sup>5</sup>
- The UN International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, Articles 28, 43(1) and 45 (health-related).
- The WHO Resolution on the Health of Migrants was adopted by all WHO Member States, including all 10 ASEAN Member States, at the 61st World Health Assembly in 2008.
- Domestic Workers Convention (ILO No. 189) – Article 13: Member parties to ensure the right to a safe and healthy working environment for domestic workers.
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Expands on the rights of women migrant workers, providing recommendations relating to safe migration and access to health services, including reproductive health care.
- ASEAN Declaration on the Protection and Promotion of Migrant Workers' Rights was adopted by all ASEAN Member States in 2007. Although legally non-binding, it contains obligations for both sending and receiving states to enhance protection of human rights and the welfare and dignity of migrant workers. In addition, the ASEAN Declaration of Commitment: Getting to Zero New Infections, Zero Discrimination, Zero AIDS-Related Deaths, which was adopted by all 10 ASEAN Member States in 2011, commits to addressing access barriers to HIV treatment for migrant and mobile populations.
- At a global level, the UN General Assembly's Political Declaration on HIV/AIDS 2011, endorsed by all ASEAN Member States, includes a specific commitment to "address, according to national legislation, the vulnerabilities to HIV experience by migrant and mobile populations and support their access to HIV prevention, treatment, care and support". Similarly, the International Labour Organization (ILO) Recommendation 200: Recommendation Concerning HIV and AIDS and the World of Work, endorses the prohibition of mandatory testing, screening or disclosure at any stage of migration, as well as the prohibition of discrimination in, or exclusion from, migration on the basis of real or perceived HIV status.

5. [www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being](http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being).

Note that legal status of migrants can vary from one country to another and while travelling. However, whether a migrant is considered as a regular or irregular migrant should not affect his/her health rights.

Health needs of migrants can be addressed more easily if the services are placed close to their route or their settlement. However, their need for health services is also present whether they are in transit, have arrived by sea or land, or are detained at borders. Respect for the right to health of migrants in detention must also be ensured. In all cases, management of communicable and non-communicable diseases has to be considered.

The Red Cross Red Crescent programmes should not attempt to duplicate the efforts of the health authorities or of other stakeholders but should have a clear auxiliary role. Health entitlement and provision of services through existing networks, non-governmental organizations or civil society is the responsibility of national authorities.

Even if the National Society is unable to provide direct health assistance, it will advocate to ensure that health services are provided, especially to those who are most vulnerable.

Health authorities should:

- Recognize the right to health for migrants regardless of their legal status
- Ensure health system preparedness to meet the needs of large numbers of migrants
- Ensure political commitment and guarantee entitlement and access of migrants to health services
- Ensure the health services are migrant-friendly and sensitive, and tailored to specific needs along migratory trails.
- Optimize services provision, especially through primary health care, including effective prevention and care
- Follow internationally recognized policies
- Have experience and capacity to provide all necessary services or accept support from other partners
- Understand and accept the role of Red Cross Red Crescent National Societies in the country in the area of health/migration
- In cases where the health services are divided into different governmental agencies, ensure cooperation between those services

In any intervention with migrants the National Society should:

- Ensure respect for the Fundamental Principles of the Red Cross Red Crescent Movement, acting on the basis of need and embracing the 'do no harm' principle of humanitarian assistance.
- Treat all persons with dignity and respect and support for self-reliance
- Respond to people in distress in a humane and supportive way
- Provide information about services, supports and legal rights and obligations
- Always bear in mind the importance of maintaining family unity in the provision of health care.
- Ensure that interventions are culturally relevant
- Advocate for the governments and other entities to respect migrants' rights

6. *Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe: A Multi-Agency Guidance Note (December 2015) pp4-7. See: [www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/2016/mental-health-and-psycho-social-support-for-refugees,-asylum-seekers-and-migrants-on-the-move-in-europe.-a-multi-agency-guidance-note-2015](http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/2016/mental-health-and-psycho-social-support-for-refugees,-asylum-seekers-and-migrants-on-the-move-in-europe.-a-multi-agency-guidance-note-2015)*

As an organization, the National Society should also:

- Ensure that it does not work in isolation but coordinates and cooperates with others<sup>6</sup>
- Work in line with its own policy and budget, and the country's legal framework, as well as with the IFRC's migration policy
- Supply dedicated staff and volunteers within a strong, well-managed organization, which has human resource policies that include targeted recruitment, training and management
- Supply professional staff and/or highly motivated and trained volunteers to work closely with health institutions
- Monitor and manage the well-being and security of staff and volunteers in all circumstances
- Identify any gaps in services, and seek to fill them according to its capacity
- Use the health mobile teams, consisting of delegates, to undertake health checks for migrants and support the health work carried out in health centres

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## 5. IFRC involvement and coordination

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Whenever there is a situation that requires a quick assessment and/or response to which the National Society or IFRC country office cannot respond alone, the IFRC's global emergency response tools can be used. These include:

**Field Assessment and Coordination Team** or **FACT** is a vital part of the International Federation's global emergency response tools. FACT is made up of experienced Red Cross Red Crescent disaster managers and technical specialists who support National Societies and IFRC field officers to respond effectively to crisis and disasters.

FACT team members have technical expertise in relief, logistics, medical services, nutrition, public health and epidemiology, psychosocial support, water, sanitation and hygiene, finance and administration, as well as language capabilities. FACT is on standby and can be deployed anywhere in the world within 12–24 hours, for a period of two to four weeks.

**Emergency Response Units (ERUs):** FACT works closely with ERUs. The ERUs are part of the Federation's disaster response tools and provide a specific support or direct service function when local facilities are either destroyed, overwhelmed by needs, or do not exist. They are used in emergency situations to cover a gap only until the function is no longer required, or until either the Federation delegation and/or the host National Society can take

over. In population movement contexts the ERU can be used when migrants are detained at places that are not organized (e.g. at closed borders) to provide health care without overloading the existing health facilities.

**Medical ERUs:** A Red Cross Emergency Clinic can provide immediate curative and preventive health care for a population of approximately 30,000—50,000 for three months including:

- basic outpatient services
- maternal and child health (including uncomplicated deliveries)
- community health outreach
- immunization
- nutritional surveillance

It needs a mechanism for referral of patients for hospitalization, i.e. a hospital within reasonable distance, plus transportation (ambulance) services.

This medical ERU also requires the availability of local health staff and interpreters to support services and should have the agreement of the local health authorities (Ministry of Health) for the ERU expatriates (doctors/nurses) to provide health care.

**Red Cross Emergency Hospital:** The Emergency hospital functions as a secondary level inpatient facility, providing multi-disciplinary care to a population of up to 250,000 people. The inpatient capacity is adapted to the needs and ranges between 20 and 180, providing surgery, traumatology, general anesthesia, internal medicine, gynecology, obstetrics and pediatrics.

It consists of one or two operating theatres, a delivery room, inpatient wards and treatment areas, x-ray facilities and a laboratory. It also provides an outpatient department and an emergency room to ensure the treatment of casualties. It is designed in a modular way to be adaptable to a given situation in the field and to best integrate into the existing local health system and structures.

The unit is self-sufficient and therefore includes supporting modules such as administration, information technology and telecommunications, water and power supply, staff accommodation and vehicles. The set-up can be in tents or move partly or entirely into existing buildings, and the unit works on the basis of an agreement with the National Society and the health authorities of the country affected, whose national health staff receive in-service training in the ERU and work in an integrated way alongside expatriate staff.





LOGISTICA

American Red Cross

## 6. Focus areas in Red Cross Red Crescent programmes

The physical health problems of migrants might be similar to those of the rest of the population, although some groups may have a higher prevalence of specific diseases based on their place of origin. The most frequent health problems of those who have newly arrived are related to the journey. Conditions during the trip and at the arrival point can generate vulnerability, engender a peak in chronic diseases and can render critical some physiological states (e.g. pregnancy or psycho-social conditions – e.g. PTSD, depression). The key issue with regard to many communicable and non-communicable chronic conditions is the interruption of continuous treatment and care (diabetes, HIV, TB, Hepatitis C). These issues may require immediate first aid and/or emergency assistance or specialized care (e.g. amputation in non-controlled diabetes).

Other conditions may include gastrointestinal illnesses, cardiovascular events, pregnancy and delivery-related complications, diabetes and hypertension. Female migrants frequently face specific challenges, particularly in maternal, newborn and child health, sexual and reproductive health and care for violence-related issues. Migratory journeys also present the danger of sexual abuse for both men and women and the consequent exposure to sexually transmitted diseases. The risks associated with population movement may also lead to drug abuse, alcoholism and higher newborn mortality rates.

Other health problems are related to the fact that migrants may be moving from a zone with a specific health profile that differs from the zone they are entering, whether on a temporary basis or not. It should be noted, therefore, that they are unlikely to have developed protective immunity to the endemic diseases present at the new location, unlike the indigenous population. They are therefore vulnerable to those diseases. Conversely, they may be arriving with conditions that are endemic in places of origin and not present at destination (e.g. malaria, parasitosis) which makes diagnosis more difficult.

The mental health of migrants also needs to be considered and supported. Migrants may have lived through armed conflict for years, subjected to direct threats to their lives, attacks from armed forces or groups, or witnessing the death or abuse of close family and friends. If migrants have experienced detention and torture or other forms of ill-treatment, this creates the risk of additional trauma.

The migratory route is often dangerous in itself, exposing migrants to insecurity and abuse. For some migrants, mental health problems may be so severe – causing depression or post-traumatic stress disorder (PTSD) – that specialized trauma treatment is needed. Children and youth are particularly

vulnerable and the special needs of children, also those unaccompanied, should be addressed.

In this context, the main operational directions for Red Cross Red Crescent National Societies are:

1. health education, promotion and prevention
2. first aid
3. mental health and psychosocial support (MHPSS)
4. basic health care including referral

In the context of migration, the four operational directions have specific meaning. The information that follows gives a definition of each term in that context.

## 6.1 Health education, promotion and prevention

*Health information (what to do), promotion (how to do it) and prevention (how to protect yourself against disease).*

Health education is needed not only to increase migrants' knowledge of important health issues, but also to improve the monitoring of their health-seeking behaviours and access to and utilization of health services. It is also required to increase the collection of data related to health status and outcomes for migrants. Priority health education target groups are migrants themselves, as well as staff and volunteers of the National Society and communities. Information about possible health threats and precautions for migrants and Red Cross Red Crescent personnel needs to be widely disseminated.

The stigma associated with migrants should be strongly addressed among the general population, and within health institutions, to ensure full access of migrants to health services.

Providing accurate information is a key activity for staff and volunteers working with migrants and refugees. However, this is a demanding task, given the rapidly changing environment and the language barriers which make communication extremely difficult. An information-sharing system is recommended so that materials which have been developed or translated can be shared. It is furthermore recommended to advocate for funding for translators that can support the operation.

Health education materials are produced extensively by Red Cross Red Crescent Societies as well as other partners. To avoid duplication of effort, it is recommended to search for and screen available material before embarking upon the production of new publications. Information might include details of important laws concerning health, such as the need for notification of infectious diseases, the right of migrants to access health services, referral pathways for victims of violence, including sexual violence, and relevant local health issues, such as endemicity, hygiene, etc.

The IFRC materials on community-based health and first aid (CBHFA) are a valuable resource that can be used as a basis for health education.

For implementation, to ensure rapid acceptance by migrants and to avoid language and cultural barriers and make the system sustainable, it is sug-

gested that peer to peer methodology is used, using migrants specially trained for the purpose.

## 6.2 First aid

*First aid: Emergency care or treatment given to an ill or injured person before regular medical aid can be obtained, e.g. rescue actions, putting bandages on simple injuries, immobilizing a sprained ankle.*

The number of casualties and deaths among migrants has increased rapidly. The most frequent problems requiring immediate assistance include accidental injuries, trauma, environmental exposure (hypothermia, heat and sun stroke) and chemical burns.

The Red Cross Red Crescent Movement provides a unique, worldwide network of first aiders who are active when dealing with everyday physical injuries and psychological traumas. Well-trained first aiders can often be ahead of all other health professionals in a crisis situation. Most National Societies have well-developed standard training curricula for staff and volunteers, using the guidelines of the IFRC and ICRC.

Experience has shown that prompt life-saving and stabilizing measures can prevent medical complications, ease surgical procedures and reduce risk and disability. It has been shown that appropriate first aid training helps communities and organizations to prepare for crises and deal with them effectively.

7. *It is important to realize that many stress responses are natural ways in which body and mind react to stressors and should not be considered abnormal in such highly demanding circumstances. The effects of stress can be buffered by basic services, safety and social support. Rates of disorders related to extreme stress, such as post-traumatic stress disorder (PTSD), are higher in refugees than in people who are not forcibly displaced. However, for most refugees and migrants, potentially traumatic events from the past are not the only, or even most important, source of psychological distress. Most emotional suffering is directly related to current stresses and worries and uncertainty about the future. Being a refugee or a migrant does not, therefore, by itself, make individuals significantly more vulnerable for mental disorders, but refugees and migrants can be exposed to various stress factors that influence their mental wellbeing. World Health Organisation Regional Bureau for Europe. Policy brief on migration and health: mental health care for refugees. Copenhagen: WHO-EURO, 2015.*

In a first aid setting, Red Cross Red Crescent-trained first aiders offer a medical intervention; any administration of treatment should be considered as basic health care (in emergency) even if the patient is not referred to a hospital or a medical post.

The first aid skills can also be provided to migrants themselves, helping to acquaint them with basic life-saving knowledge and skills to ensure an effective response should domestic incidents occur in the current dire and challenging environment. In centres where migrants are placed, it would be possible to provide information in the form of leaflets and posters in different languages that demonstrate basic first aid skills.

## 6.3 Mental health and psychosocial support (MHPSS)

*MHPSS: Range of activities to prevent distress and development of more severe conditions to help people to better cope with, and become reconciled to, everyday life.*

The Red Cross Red Crescent recognizes that the migration process generates vulnerability and stress. Migrants and their families are particularly vulnerable and may need mental health and psychosocial support. The consequences of the journey and the pressure to move forward from transit countries, the worry about death, separation from family, and a sense of loss and feeling of helplessness all contribute to vulnerability<sup>7</sup>.

MHPSS activities support people after an emergency situation, where there are lingering effects caused by disruptive events. Mental health and psychosocial support can be adapted in particular situations to respond to the psychological and physical needs of the people concerned, by helping them to accept the situation and cope with it.

MHPSS for the assistance of migrants should consider the need to overcome linguistic and cultural barriers. It is recommended to consider in the training of volunteers how to approach migrants. Supervision of all the personnel assisting migrants is recommended.

Red Cross Red Crescent National Societies promote psychosocial wellness and intercultural communication and mediation through psychological first aid, discussion groups, counselling sessions and referrals. Training for health providers and volunteers is delivered to promote understanding of the emotional experience of emergency displacement and the impact of cultural differences on concepts of distress. The Red Cross Red Crescent package of interventions includes the promotion of community-based activities including youth activities, as well as the strengthening of the mental health system, promotion of socio-cultural stabilization and capacity building for psychological health. Provision of mental health and psychosocial support should be in place along the migratory trail.

Mental health and psychosocial support responders can play a proactive and important role in this context, by advocating for services to be delivered in a safe and dignified way that promotes rather than undermines dignity and well-being. It is also important to advocate for communal areas where migrants, including refugees and asylum seekers, can gather, socialize, exchange information and support each other, as well as dedicated spaces for religious observance e.g. setting aside a space for prayer.

### **Provide relevant psycho-education and use appropriate language**

It can be important to help refugees and migrants to understand the sometimes overwhelming feelings that naturally arise from the many stressors they face. For example, people may experience changes in sleep and eating habits or be quickly in tears or easily irritated. It can be helpful to reassure people of the normality of many of these reactions and provide simple ways to cope with distress and negative feelings. Given the high mobility of this population, providing brief and practical information in languages that people can understand is helpful.

### **Restoring family links (RFL)<sup>8</sup>**

People on the move are at high risk of family separation. It is essential to continue capacity building of RFL service providers and to further integrate psychosocial support in RFL trainings and enhance supervision of staff and volunteers to respond to RFL needs.

### **Psychosocial activities for children**

It is very important for children to maintain a sense of safety, normalcy and routine in a chaotic world and to give them an opportunity to play and express themselves. Child friendly spaces usually fulfil this role and depend on a minimum level of staff and volunteers. Where this is not possible, however, it is recommended that two psychosocial delegates are deployed to implement psychosocial activities. It is essential that delegates, staff and volunteers are trained in violence prevention, child protection and minimum standards for setting up child-friendly spaces.

8. *Broken Links: Psychosocial Support for people separated from family members: A Field Guide*, IFRC Reference Centre for Psychosocial Support, (2014).

9. *Community-based psychosocial support: Participant's book*, IFRC Reference Centre for Psychosocial Support, (2009), p64.

### Psychological first aid (PFA) and supportive communication<sup>9</sup>

PFA is a cornerstone of the support offered by the Red Cross Movement. It can be the starting point for many other forms of support. It is about being “on the spot” and offering basic human support, giving practical information and showing empathy, concern, respect and confidence in the abilities of the affected person.

### Mental health services

For migrants suffering from severe mental health problems and who are in need of specialized treatment services, such as psychotherapeutic interventions, the Red Cross Red Crescent Movement can provide such services within its auxiliary role, as a support to the national authorities where no such services are available. Services should always be context specific, needs based and developed in dialogue with national authorities, following national legislation linked to the provision of health care.

Migrants benefitting from specialized services could be (but are not restricted to) persons suffering from trauma linked to armed conflict and other situations of violence, torture and ill-treatment, difficult and dangerous migratory routes, gender based violence, or people with pre-existing mental health disorders. Treatment should be provided in a holistic manner and considering the full situation, needs and abilities of the affected person.

In order to identify persons with mental health problems as soon as possible, National Societies can support national authorities with screening and referral mechanisms. In addition, it is recommended that all first responders are trained in providing psychological first aid and that they are aware of referral procedures to specialized services.

### Caring for staff and volunteers<sup>10</sup>

Staff and volunteers are working in a very challenging context. They are witnessing immense suffering and are navigating a constantly changing environment with many different tasks to perform. Priority should be given to developing and implementing a structured system for caring for staff and volunteers that includes briefings, team meetings, peer to peer support, follow-up meetings after mission, acknowledgement of performance and a safe and supportive work environment.

## 6.4 Basic health care

*Provision of basic health care, in the reception area and/or at border, temporary settlement: any activities with provision of medical cure, therapy administration and referral.*

Red Cross Red Crescent should not replace or duplicate the work of national health authorities, which requires high level technical expertise, continuous funding and stable management of the health system. Red Cross Red Crescent works best as an auxiliary to health authorities. The flexibility of National Societies allows for the provision of services in innovative ways, such as bringing basic health care services to the proximity of migrants in order to make access to first aid or medical treatment easy.

Access to healthcare and medication must not be dependent on language, religion, gender, age or social and financial situation. One of the goals of

<sup>10</sup> *Caring for Volunteers: A Psychosocial Support Toolkit, IFRC Reference Centre for Psychosocial Support, (2012).*

the national migration and public health programmes is therefore to ensure that medical care is also easily accessible to the migrant population and that its provision adequately meets their needs. Adequate means that medical treatment provided for a person with a migrant background has an equal chance of success as the same treatment provided for the native population. Any activities should be age and gender sensitive and recognize other vulnerabilities (elderly, reproductive age, chronic and long-term diseases and disabilities).

However, migrants themselves may have a different idea of their medical need. For many migrants it is enough to be enabled to continue the trip and not to wait for complete recovery. However, it is important to provide as comprehensive a system of care as possible – without entering into complex diagnostics and screening, but following accepted clinical care and best practice. The emphasis should be on the following skills and activities:

- Red Cross Red Crescent health teams should be easily identifiable by migrants when they require any assistance.
- The ability to provide immediate life support to respond to typically encountered conditions and to stabilize a person that needs to be transported or referred to hospital. This is only if the migrant agrees; if not then advice about the risk to continue travel should be given.
- The Red Cross Red Crescent health team should be equipped with first aid and/or a health kit. They should be informed about doctors on call. They should also be able to refer the migrant in need to the nearest medical treatment station, and if possible, be able to transport them.
- First glance assessment by a health team should be provided by health personnel. A relevant questionnaire should be filled in, in order to receive a preliminary impression of any potential health problem, particularly if the migrant has a chronic condition that requires uninterrupted treatment.
- Anyone who is moved to a medical centre should be registered. This is important so as to avoid the migrant losing contact with his/her group.
- A medical record that outlines health status should be created for any migrants receiving first aid or basic health care. Those referred to a medical centre should have a record with treatment description and medication received – data protection and the confidentiality of all patient information is essential.
- WHO does not recommend obligatory screening of migrants for diseases, because there is no clear evidence of benefit. Moreover, it can cause additional anxiety in individual persons and the wider community. However, it is strongly recommended that health checks be offered and provided to ensure access to health care for all. Checks should be performed while respecting the human rights and dignity of migrants.
- Red Cross Red Crescent teams should be allowed to quickly identify who is in need of health assistance using a triage system which could be modified according to the circumstances.
- Special enabling environments should be created for pregnant women, women who breastfeed, children, the elderly, etc.

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# 7. Project management

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## 7.1 Human resources

It is important to ensure that there is a clear human resources policy for all staff and volunteers involved in Red Cross and Red Crescent programming. Health workers and Red Cross Red Crescent volunteers should have routine vaccinations and follow the general safety measures for people working in the community and in emergency settings.

Due to the extremely stressful nature of their work, Red Cross Red Crescent volunteers and health personnel could be more susceptible to psychological and emotional stress. Proper occupational health care should therefore be in place, with stress management expertise and psychosocial support. Moreover, it is recommended that work be supervised.

## 7.2 Training

Structured on-going training courses can be successfully implemented for Red Cross Red Crescent programme managers, staff and volunteers. These courses develop planning and implementing skills that are regularly updated with health material from IFRC, IOM and WHO.

Training methodologies must be participatory and problem solving. It is also important to have refresher training programmes.

WHO, IOM, individual ministries of health as well as other international and national organizations have in many countries produced guides and training materials. Some of these can be accessed online.

Training materials produced by particular National Societies can be shared among the region's other branches and National Societies.

Depending on needs, training should include first aid skills and psychosocial support elements as well as safety and precautionary measures.

## 7.3 Monitoring and evaluation

Regular monitoring of health activities among migrants is necessary to ensure quality, enhance programme management, promote a learning culture and ensure accountability. Routine recording and reporting is essential.

Monitoring and evaluation require the use of standard forms and procedures including the compilation of quarterly reports on services provided and referrals.

Red Cross Red Crescent staff can analyse routinely collected data from health programmes and in some cases data collected in special surveys, e.g.

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population-based prevalence surveys. Strengthening monitoring and evaluation can also help develop the general health information system among migrants.

In order to report on activities, a minimum set of indicators should be used for each service. Many countries have active surveillance and/or epidemiological programmes to which the data collected should be transferred. Operational research is a very useful tool to improve programme performance.

Topics worthy of research are:

- barriers to migrants' access to health services
- prevalence of infectious diseases and/or non-communicable diseases among migrants
- the impact of health education and advocacy

Evaluation can be done midway and at the end of the project cycle. Different donors may have different evaluation requirements. A base-line survey on the different programme areas is recommended before any programme is implemented.

## 7.4 Financial sustainability

Interventions that provide health services to migrants can be long term. Even if interventions are short term, it is important to secure relevant funding commitments from the outset.

It is increasingly necessary for National Societies to take the initiative in mobilizing in-country, non-Red Cross Red Crescent donor funding. National programmes, the European Union and the World Bank are examples of major donors that target countries directly. The role of the IFRC is to support National Societies in mobilizing resources and to coordinate and advise on these initiatives. It is therefore important to install a programme manager and financial manager early, especially if the programme's start-up funding is short-term.

Fundraising activities increase the capabilities of National Societies, volunteers and communities. Efforts should be made to encourage enterprises to make financial or in-kind donations to health and migration projects.

Increasing the level of financial support from relevant authorities is essential to building a strategy and securing long-term sustainability of activities. A development plan for up to five years should be negotiated with the respective authorities in the early phases.

## 7.5 Partnerships and coordination

Coordination of health activities among migrants is crucial at national and international levels. Within the Movement, the IFRC, ICRC and National Societies are working together to ensure the right to access healthcare is safeguarded throughout the migratory journey. The basic and important communication starts at grassroots level, i.e. between the Red Cross Red Crescent and local health authorities. It is very important that dialogue be-

tween these two actors is well established from the beginning and that the Red Cross Red Crescent does not duplicate activities.

The main external partners for the Red Cross Red Crescent are the following relevant authorities:

- Ministries of Health and Migration – overall responsibility for migrants and their health (in some countries, migrants' health might be a separate entity)
- Public Health services and Primary Health Care – may cover aspects of migrants' health
- Infectious disease centres – coordination of related activities
- Maternity and mother and child centres – coordination of mother and childcare activities
- Research institutes for migrants' health – advocating for relevant policies, important for evidence generation and international advocacy

The partners may also include WHO country and regional offices, IOM country and regional offices, NGOs and international organizations working on migrants' health in the same country/region.

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# The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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