



Hochschule für Angewandte Wissenschaften Hamburg
Hamburg University of Applied Sciences

Hamburg University of Applied Sciences

Faculty of Life Sciences, Health Sciences Department

Master Thesis

Sustainability of REFUGIUM Programme in Refugee Camps

Name: Marina Linet

████████████████████

██████████

Matriculation Number: ██████████

Master Health Sciences

1st Supervisor:

Prof. Dr. Christine Färber (HAW-Hamburg)

2nd Supervisor:

Wiebke Bendt (HAW-Hamburg)

Submitted on February 10th 2018

Acknowledgement

First and foremost, I would like to thank the almighty God for guiding me throughout the research period.

Special thanks to my 1st supervisor and mentor Prof. Dr. Christine Färber for always believing in me even at the times I did not believe in myself. Her encouragement and support throughout my studies is a gift that I will always be thankful of.

I cannot forget my 2nd supervisor Dipl. Gs. Wirt. Wiebke Bendt, Msc. Who gave me useful ideas on methods of conducting a good qualitative study.

Many thanks to Monicah Onyancha for her support and my family for always praying for me. To all my friends who always motivated me during the writing phase, God bless you so much.

Abstract

Background: An increasing number of refugees came to Germany in the year 2015. With over a million refugees in the country, the temporary accommodation camps became overcrowded and refugees exposed to massive health challenges. During this period, REFUGIUM health promotion programme was developed to promote refugees health in accommodation camps. Using a peer to peer approach, REFUGIUM offers health workshops to refugees in different languages such as Arabic, Dari/Farsi, Bulgarian, English among others.

Objectives of the Study: This research aims to find out how to make the REFUGIUM programme sustainable in refugee camps as well as how to make a sustainability recommendation plan that is not only beneficial to the REFUGIUM programme, but also to other health promotion programmes.

Research Methodology: Data was collected within a period of 3 months. The indicators used to explain the concept sustainability were: health workshops, women outreach, collaboration between stakeholders and required resources for the programme to achieve its goals. 12 qualitative interviews, 3 focus groups and observation were conducted with the Local Health Authorities, Social Management and REFUGIUM Team Members.

Results: 27% of all the participants were male and 73% female. The gender distribution in the case the Social Management was unequal with 99% being female and only 1% male, showing that there are more female than male social workers in Hamburg refugee accommodation camps. A total number of 53 codes were formed in all the cases, and from these, 6 themes were formulated. The results showed that women-only workshops and related topics such as pregnancy is an effective strategy of reaching refugee women. For an effective collaboration of REFUGIUM Team Members and the stakeholders, a Top-Down Approach is required. Lastly, there is a pressing need for the programmes publicity through networking and advertisements; and a high need for financial resources among others.

Outlook: The multiple case study portrayed the importance of using peer to peer approach to overcome cultural barriers in offering health promotion and other relevant services to the hard-to-reach vulnerable communities. This research is significant for organizations and institutions working with migrants especially the refugees. The sustainability plan developed in this research study can be implemented in any health, social or economic programmes.

Table of Contents

Acknowledgement	2
Abstract.....	3
List of Tables	6
List of Figures.....	6
List of Appendices.....	7
List of Abbreviations	8
1.0 Introduction.....	9
2.0 Background.....	10
2.1 Refugee’s Health.....	12
3.0 Asylum Seekers in Germany.....	13
3.1 Registration, Biometric Identification and Dublin Check.....	14
3.2 The Asylum Process.....	15
4.0 Peer to Peer Education Concept	17
4.1 Peer to Peer Health Programmes.....	17
4.2 REFUGIUM Peer to Peer Health Programme	18
4.3 REFUGIUM Team.....	18
4.4 Competency of REFUGIUM Peer Facilitators	19
5.0 REFUGIUM Workshops	19
5.1 REFUGIUM Workshop-Nutrition Module	20
5.2 REFUGIUM Workshop-Mental Health Module.....	21
5.3 REFUGIUM Workshop-Physical Activity Module	22
5.4 REFUGIUM Workshop-Hygiene Module	23
5.5 REFUGIUM Workshop-Oral Health Module.....	24
5.6 REFUGIUM Workshop-Health Care.....	24
6.0 Sustainability	25
7.0 How to make REFUGIUM Programme Sustainable.....	26
7.1 Research Agenda & Study Design	26
7.2 The Recruiting Procedure.....	27
7.3 Formation of Interview Guideline.....	27
7.4 Pretesting.....	28
7.5 Ethical Considerations.....	28
7.6 Data Collection.....	29
8.0 Data Analysis.....	30
8.1 Transcription	30

8.2 Coding.....	31
8.3 Intercase Analysis	36
9 .0 Results	38
10.0 Results Local Health Authority Workers	39
10.1 Challenges to Sustainability	39
10.2 Steps to Sustainability	40
10.3 Recommendations	41
11.0 Results REFUGIUM Team Members	42
11.1 Demographics	42
11.2 Challenges to Sustainability	44
11.3 Steps to Sustainability	46
11.4 Resources	48
11.5 Women Outreach.....	49
12.0 Results Social Management	50
12.1 Demographics	50
12.2 Women Outreach.....	50
12.3 Steps to Sustainability	52
13.0 Discussion of the Methods	53
13.1 Interviews.....	53
13.2 Observation	54
13.3 Focus Groups	54
14.0 Discussion of Results	55
15.0 Sustainability Plan REFUGIUM.....	57
16.0 Conclusion and Recommendations	59
References	61
Appendices	68

List of Tables

Table 1: Asylum Application 1995-2016	11
Table 2: Inclusion Criteria	27
Table 3: Codes Tallying-LHA	33
Table 4: Codes Tallying SM	34
Table 5: Codes Tallying RTMs	35
Table 6: Intercase Analysis	37
Table 7: Results Summary	52

List of Figures

Figure 1: Main Countries of Origin Registered in EASY, 2015	14
Figure 2: Initial Codes for the Interview Questions	31
Figure 3: Specific Codes	32
Figure 4: Example of Code Tallying	32
Figure 5: Themes LHA	34
Figure 6: Themes SM	35
Figure 7: Themes RTMs	36
Figure 8: Interview Requests and Correspondents	38
Figure 9: Gender Distribution	39
Figure 10: Collaboration between Stakeholders	41
Figure 11: Participants RTMs	42
Figure 12: Demographics SM	50

List of Appendices

Appendix 1: Interview Materials.....	68
Appendix 2: Examples of Interview Transcripts.....	77
Appendix 3: Data Analysis.....	102
Appendix 4: Example of Codes Case LHA.....	102
Appendix 5: Example of Codes Case RTM.....	103
Appendix 6: Example of Codes Case SM.....	104
Appendix 7: Example of Codes in Alphabetical Order.....	105
Appendix 8: Example of Codes Tallying.....	108
Appendix 9: Case Study Presentations by Public Health Students.....	110
Appendix 10: Examples of the REFUGIUM Flyers.....	112
Appendix 11: Examples of an Invitation Letter.....	116

List of Abbreviations

AASW:	Australian Association of Social Workers
AEIDL:	The European Association for Information on Local Development
AIDA:	Asylum Information Database
AIDS:	Acquired Immuno Deficiency Syndrom
AOK:	Allgemeine Ortskrankenkasse, a statutory health insurance
BAMF:	Bundesamt für Migration und Flüchtlinge
GMDAC:	Global Migration Data Analysis Centre
EPRS:	European Parliament Research Service
HAW:	Hochschule für Angewandte Wissenschaften
HIV:	Human Immunodeficiency Virus
LHA:	Local Health Authority
REFUGIUM:	German acronym meaning R at mit E rfahrung: F lucht U nd G esundheit - I nformation U nd M ultiplikation (Advice through Experience: Refuge and Health - Information and Multiplication)
RTMs:	REFUGIUM Team Members
SM:	Social Management
UNDESA:	United Nations Department of Economic and Social Affairs
UNHCR:	United Nations High Commissioner for Refugees
UNODC:	United Nations Office of Drugs and Crime
WHO:	World Health Organization
WIR:	World Resources Institute

1.0 Introduction

This study explores how to make the REFUGIUM programme sustainable in refugee accommodations. REFUGIUM is a Latin word meaning refuge. The acronym stands for: **Rat mit Erfahrung: Flucht Und Gesundheit-Information Und Multiplikation**, meaning: Advice through Experience: Refuge and Health-Information and Multiplikation. REFUGIUM is a peer to peer health promotion programme on Refugee Health. The programme aims at promoting health in refugee accommodation camps and other settings in Hamburg-Germany. It also strengthens the health resources of refugees by activating their potential in health promotion and health education.

The major focus of the programme is empowerment and transfer of health information by educating refugees as peer facilitators on the following topics: Nutrition, Physical Activity, Hygiene, Oral Health, Health Care and Mental Health. Peer facilitators are the men and women with refugee background who are trained in the university on the above mentioned topics. The peer facilitators who successfully complete the training as well as the extra training sessions on conducting workshops in the camps are awarded certificates, which permit them to train other refugees on health topics in refugee accommodations using different languages that are offered by the programme. These languages include: Albanian, Arabic, Bulgarian, Dari/Farsi, English, German, and Russian. Urdu is currently developed alongside French and Spanish. The programme REFUGIUM was developed in 2015 at a time when many refugees migrated to Hamburg, Germany. During this period, the World Health Organization (WHO) reported that refugees are exposed to many health risks ranging from psychological disorders to non-communicable diseases as well as poor hygienic conditions (WHO Europe, 2016). As a result of these health risks, information about health, and competences to maintain and regain health, such as offered by REFUGIUM programme is vital. In the first and the second training phase of REFUGIUM programme, namely within a period of one year from April 2016 to July 2017, the peer facilitators managed to conduct ninety workshops in different refugee accommodations reaching over nine hundred refugees directly and over 2700 refugees indirectly (REFUGIUM, 2016). In order to reach more refugees in accommodation camps, sustainability of the REFUGIUM programme is required. If cooperation partners work together to make REFUGIUM programme sustainable, it has a potential of reaching a large number of refugees living in accommodation settings. According to (Schnell et. al., 2013), public health programmes can only deliver benefits if they are able to sustain activities over time. For sustainability to become a reality for the

REFUGIUM programme, sustainable collaborations are needed with local health and social authorities, as well as social workers who work in refugee accommodations and providers who manage the accommodations. This is why this paper aims to find out how to make the REFUGIUM programme sustainable, while the specific aim is to make a sustainability recommendation plan for REFUGIUM programme, which will not only be beneficial to the REFUGIUM programme, but also to other health promotion programmes in Hamburg and in Germany as a whole.

This research report is divided into different sections. Chapter two gives the background of the topic Refugee Health in Germany and details on asylum seeking procedure. Chapter three describes the asylum process in Germany. The peer to peer education concept of the REFUGIUM programme is described in chapter four. An overview of REFUGIUM workshops is presented in chapter five. In chapter six, the concept of sustainability is explored. The methods used in the empirical part of this study are described in chapter seven. Chapter eight to twelve shows the data analysis and results of the interviews with the social workers, local health authority and REFUGIUM research team members, and alludes to the statistics of some of these interviews. Discussion of the methods and results is portrayed in chapter thirteen to fourteen. The research paper ends with a conclusion as well as a recommendation on the research study.

2.0 Background

Refugees are individuals forced to flee their countries for various reasons for instance war, persecution and violence. They have no option of making a conscious, voluntary choice to leave their country and return safely (Reeves et. al., 2006, p. 306). Due to various reasons for instance political, religious and racial issues, many of them are afraid to return home (UNHCR, 2014). They are separated from friends and family, and face massive health challenges. Those who live in overcrowded camps for a longer period develop health issues such as depression and anxiety (Kirmayer, et. al., 2011, p. 959).

After the end of the Second World War, refugees and displaced persons created the largest groups of immigrants to Germany. Both West and East Germany had to manage the settlement of the immigrants (Bundesministerium des Inneren, 2014). In 2015, an increasing number of refugees made their journey to Europe to seek asylum (Kickbusch et.al, 2017, p. 907). The United Nation High Commission for Refugees (UNHCR) reports that the majority of asylum seekers were Syrians, who were fleeing from military advances by the Islamic

state as well as their government, followed by the Afghanistans. Most of the EU Member States started closing their borders by the end of 2015. During this period, Germany welcomed over a million refugees. Chancellor Angela Merkel pledged that the country would offer temporary residence to all incoming refugees (Hockenos, 2015). In Germany, refugees are allocated to all 16 federal states or “Länder”. The responsibility for housing and choosing social services during integration process is taken by the local government, who ensures that refugees settle in all regions to distribute the burden on the social spending evenly. The German government uses a formula known as the “Königsteiner Schlüssel” to determine how the asylum seekers are distributed across the Länder. This formula enables the distribution of funds accordingly, especially the housing funds, which are shared among the federal, state and local government (BAMF, 2015). However, the high number of refugees in 2015 has created pressure on the system and municipalities are sometimes given a short notice to create accommodation to hundreds of refugees (AEIDL, 2016). The following table shows the development of annual asylum applications in Germany from 1995 to 2016. The total number of initial applications in 2016 is 722.370 (BAMF, 2016, p. 4):

Table 1: Asylum Application 1995-2016

Year	Asylum Applications			Year	Asylum Applications		
	Total	Initial	Following		Total	Initial	Following
1995	166,951	127,937	39,014	2006	30,100	21,029	9,071
1996	149,193	116,367	32,826	2007	30,303	19,164	11,139
1997	151,700	104,353	47,347	2008	28,015	22,085	5,933
1998	143,429	98,644	44,785	2009	33,033	27,649	5,384
1999	138,319	95,113	43,206	2010	48,589	41,332	7,257
2000	117,648	78,564	39,084	2011	53,347	45,741	7,606
2001	118,306	88,287	30,019	2012	77,651	64,539	13,112
2002	91,471	71,127	20,344	2013	127,023	109,580	17,443
2003	67,848	50,563	17,285	2014	202,834	173,072	29,762
2004	50,152	35,607	14,545	2015	476,649	441,899	34,750
2005	42,908	28,914	13,994	2016	745,545	722,370	23,175

Source: (BAMF, 2016, p. 4)

Further statistics show that ca. 74% of refugees who migrated to Germany in 2016 were under 30 years old of age with a total number of ca. 65% being men and 35% women (BAMF,

2016, p. 7). The migration process has various health challenges, below are the effects of migration to the health of the refugees.

2.1 Refugee's Health

As large numbers of refugees, asylum seekers and migrants arrive in Europe, it is important to address the Public Health challenges they face. According to the Public Health dimension of the European migrant crisis, migrants including refugees tend to be in relatively good health at the beginning of their journey. However throughout their migration process, several aspects play a role in influencing their health negatively, for instance the torture they go through, the mode of transport they opt for, going long distance by foot, boat, lorry among others, the harsh weather conditions they endure without any health necessities and on arriving in Europe, the bad living conditions they are faced with in accommodation camps (EPRS, 2016). The World Health Organization reports different health problems faced by the refugees and migrants, for instance accidental injuries, burns and cardiovascular diseases. The most vulnerable group among the refugees are women, children and elderly people. Women mostly face challenges in maternal, newborn and child health as well as sexual reproductive health. Due to poor living conditions and hygiene in accommodation camps, refugees are faced with more health challenges such as communicable or infectious diseases (WHO, 2017). These are diseases that are transmitted from one person to another via contaminated water, food or a vector (EPRS, 2016). A participatory study on refugees health showed that refugees experience different skin infection issues and oral health issues, due to poor sanitation in their accommodation camps. In a study conducted by Dr. Aboelyazeid on “The Benefits and Challenges of Health Promotion and Awareness Programme “REFUGIUM” for Refugees Living in Camps in Hamburg, Germany”, refugees shared some of the day to day experiences in accommodation camps. Many of them live in congested accommodations with limited toilets rooms, which are mostly used inappropriately. Thereby increasing the risk of acquiring infectious diseases (Aboelyazeid, 2017, p. 70). Many also face nutritional health problems, due to the kind of diet they have in accommodation camps (REFUGIUM, 2016). Apart from infectious diseases, refugees are at risk of developing non-communicable diseases, which are diseases that progress slowly and last for a long period of time for example cancer and diabetes. According to the European Parliamentary Research Service, many Syrian refugees have been observed to have hypertension (EPRS, 2016).

One of the most important and sensitive health topics among the refugees and asylum seekers population is mental health (Li et. al., 2016). According to the Australian Human Rights Commission (2014), mental illnesses, are those that affect how a person feel, think, behave and interact with others. Different types of mental health illness include mood disorders for instance, depression and bipolar disorders, anxiety disorders and psychotic disorders such as schizophrenia and some forms of bipolar disorders. A refugee suffering from mental health challenges experience difficulties in concentration and face challenges in recalling events and detailed information in a temporally sequenced manner (UNHCR, 2017). Others are faced with symptoms of nightmares and sleeplessness, due to emotional and physical trauma they are exposed to (Silove et. al., 2017). Assistance from the Public Health sector is needed, in order to help refugees improve their mental health. In many cases, they are unable to express feelings and emotions associated to mental health due to cultural barriers. In case of women, for instance, disclosing sexual violence experience can be a taboo (WHO, 2011) and therefore scientists need a better understanding in matters pertaining to psychological effects of humiliation and how to overcome these (Torres & Bergner, 2010). According to the results of Dr. Aboelyazeid's study, many refugees living in accommodation camps are referred to a psychologist or therapist day by day due to mental issues and trauma. Further research shows that refugees suffer from a lot of pressure and stress due to beaureaucracy and the long waiting hours of the asylum application. The asylum seeking procedures are tedious and contribute to the mental problems of the refugees and asylum seekers. Refugees worry about being deported back to their home countries (Aboelyazeid, 2017, p. 70). The prolonged detention, non-resolution of refugee status as well as uncertainty about the future, subject them to anxiety, depression and mental deterioration (Neumann & Dudley, 2013, p. 316). Apart from that, most of them are not allowed to work, others who have a temporary work permit face "double-stigmatisation" in the job market, therefore decreasing their self esteem and increasing their social isolation (Easton, 2014, p. 5). These and more factors play a role in deterring the sustainability of refugee programmes in the accommodation camps.

3.0 Asylum Seekers in Germany

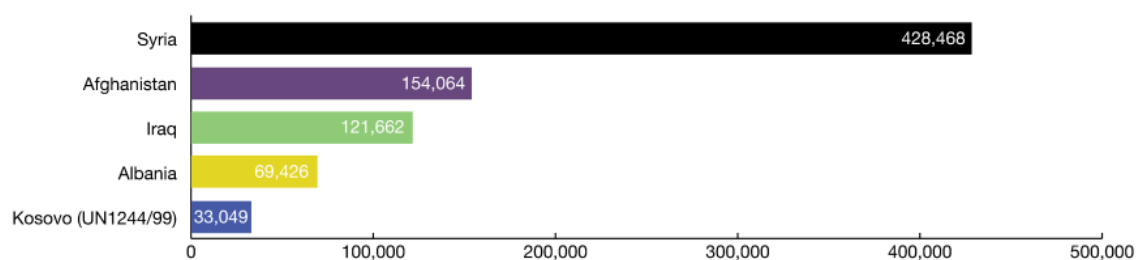
The term asylum seeker and refugee is often used interchangeably. An asylum seeker is someone who is seeking international protection, but whose claim as a refugee has not been officially determined (Bridging Europe, 2014). In Article 14 of the 1948 Universal Declaration of Human Rights, everyone has the right to seek asylum and there is no penalty imposed to individuals entering a country illegally from a place where their freedom of life

is threatened (United Nations, 2015). According to the Euro-Statistics, Syrians are the largest group of first time asylum applicants with increasing numbers monthly throughout the year. Due to the arrival of millions of refugees in Germany, major challenges in the public administration at the federal, state and local levels were created. In order to combat these challenges, the Federal Office for Migration and Refugees implemented a structure for refugee management at the arrival centres. During the process of arrival in Germany, asylum seekers are required to report for registration immediately. The registration is conducted directly at the border with the help of the boarder authority or later within the country. The boarder authorities are responsible for transferring the asylum seekers to the nearest initial reception center, where asylum seekers are registered so as to begin the asylum procedure (BAMF, 2017).

3.1 Registration, Biometric Identification and Dublin Check

During the registration, the data of the asylum seeker is entered into a centralized Germany-wide computer system to enable public authorities to access information they need for their particular responsibilities. Once the data is entered, it is available at all times for checking and processing. At this point, asylum seekers are allocated to one of the 16 German Länder. They are required to state their country of origin and their data is entered anonymously into the “EASY” system, which stands for “first allocation of asylum seekers” translated from the German word “Erstverteilung von Asylumbegehrenden” (BAMF, 2017, p. 9). The following figure shows the main countries registered in EASY from January to December 2015.

Figure 1: Main Countries of Origin Registered in EASY, 2015



Source: (BAMF, 2016)

The information given in the EASY system is necessary for the selection of the specific competent reception facility for each asylum seeker (BAMF, 2017, p. 7). For biometric identification, the asylum seeker is required to provide personal data, a photograph and fingerprints. Afterwards, the authorities check whether an asylum seeker is a “Dublin Case”,

that is to establish whether Germany is responsible for the asylum procedure or has already claimed asylum in another EU member state. Individual issues and security is taken into account, previous criminal records are investigated before an official document, known as the “Ankunftsnachweis” is offered. This document is the proof of arrival, it enables the asylum seeker to have access to different social services like food, shelter and medical care. The asylum seekers are classified into four different categories (BAMF, 2017, p. 12).

Category 1: High rate of protection

Category 2: Low rate of protection

Category 3: Complex profiles

Category 4: Dublin cases

3.2 The Asylum Process

The Asylum process is a long and a tedious one for most asylum seekers. It includes the application filing, interviews with authorities, where further necessary information are gathered and prepared for the delivery of asylum decision. The asylum process for the 1st and the 2nd category takes place at the location of settlement, while the process for the 3rd and the 4th category are sent to the responsible field office of the Federal Office for Migration and Refugees (BAMF, 2017). The decision to stay or to be deported lies in the hands of the administrators, who after receiving all the necessary information, decide whether to grant or deny asylum. Individuals whose application results are positive are given support to integrate in the society. The Federal Office of Migration and Refugees offers them an opportunity to learn the German language and culture. German courses are also offered to applicants whose applications are pending, but have good chances of receiving a long term residence in Germany (AIDA, 2015). Those who are obliged to leave Germany are offered a “temporary suspension of deportation document” known as “Duldung”. This means that the allocation to a community persists and the limitation of freedom of movement can be intensified (Flüchtlingsrat Leverkusen, 2017). In this stage asylum seekers can take a legal action through the help of a lawyer, although deportation can take effect regardless of a legal remedy unless the court suspends such a deportation (AIDA, 2015, p. 68). For Dublin Cases, asylum seekers are relocated to the EU countries accountable for their application (BAMF, 2017).

3.3 Types of Accommodation for Asylum Seekers

The types of accommodation for asylum seekers can be categorized into three namely:

- Initial reception centre (Aufnahmeeinrichtung)
- Follow-Up accommodation : Collective/ local accommodation centres (Gemeinschaftsunterkunterkünfte)
- Decentralized accommodation (Appartments)

After asylum applications have been filed, asylum seekers are obliged to stay in an initial reception centre for up to three months according to section 47 of the Asylum Procedures Act. These reception centres are established and maintained by the federal state. Their branch offices are located either on the initial reception grounds or nearby. Once the requirement to stay in the reception ends, asylum seekers are accommodated in Follow-Up accommodations such as collective accommodation or local accommodation. The federal Länder can choose between collective accommodation, where a large number of asylum seekers are accommodated centrally or local accommodations where the asylum seekers are placed in individual houses or flats (Federal Office for Migration and Refugees, 2013, p. 13). These are normally located within the same federal state. The establishment and maintenance of decentralized accommodation proved challenging, therefore many decentralized accommodations were closed between 2002 and 2007 (AIDA, 2015, p. 56-57). There are also special facilities for vulnerable groups such as persons subjected to sexual violence, unaccompanied minors and traumatized asylum seekers (Federal Office for Migration and Refugees, 2013, p. 5)

3.4 The Social Management in Accommodation Camps

Social management is a term used in Germany in the field of refugees work to describe social workers engaged in supporting refugees and asylum seekers in resettling in a new society. Their communication skills are valuable, due to the diverse refugee population. The social management ensure that the needs of the refugees are understood in a clear context. At organizational level, the social management promote the safety and rights of refugees and asylum seekers, facilitate the collaboration of different organizations concerned with assisting refugees in different sectors (AASW, 2016, p .6). Within refugee accommodations, they provide case management services that link individuals and families to community networks, work with groups and organizations responsible for improving the refugees well-

being and empower refugees to explore services available to them for instance peer to peer education programmes offered in initial and follow-up accomodations (AASW, 2016, p .8).

4.0 Peer to Peer Education Concept

Individuals belonging to the same peer group can be defined by different characteristics for instance age, gender or class. Peers share same social, linguistic and cultural background among others (Peykari et. al., 2011, pp. 57-62). Peer to Peer health promotion and education strategy is one of the most important strategies of reaching different target groups in the field of Public Health. According to the United Nations Office of Drugs and Crime, Peer Education is the use of the same age or same background educators to convey messages to a target group. Peer facilitators work for instance, by relaying health messages within their own peer group or community and discussing healthy lifestyle habits (Mason-Jones et. al., 2011). Peer to peer education can also refer to other activities for instance, peer mentoring and peer helping as well as counselling. Peer facilitators involve themselves in different activities in order to bring out a positive change in a given community (Youth Drug Summit, 2001, p. 8).

4.1 Peer to Peer Health Programmes

Many refugees in Germany lack sufficient German communication skills and this creates a barrier in accessing the health care services as well as other services offered by the German state. On the other hand the proportion of doctors and therapists for instance, who speak languages such as Arabic, Farsi and Urdu are relatively small (Alpern et. al., 2016, p.178). Some health promotion offers such as mental health are widely unaccepted among the refugee population. Psychiatric problems especially among many Arabic speaking families are solved within the family (Chowdhuri, 2016 pp. 1660-1668). In case of illness, most refugees lack necessary information on persons to contact as well as knowledge of how to access the health care services in Germany. For these and many reasons, peer to peer health programmes are significant in the field of Public Health. In these programmes, peer facilitators are trained to function as part of a support system for their peers (UNODC, 2003, p. 10). Peer to peer health promotion programmes are unique in their own way. While research considers this approach a valuable one, there are some limitations to consider such as time factor. These type of programmes can be time consuming and the target group often lack experienced in the topics offered. The tasks involving programme design, management and evaluation is tedious and requires adjustments in new situations (United Nations

Population Funds, 2005, p. 7). Despite having these challenges, several peer to peer health promotion programmes and projects have been effectively implemented to empower individuals on topics such as drug prevention, crime and violence, HIV/AIDS prevention among others (Advocates for youths, 2010, pp. 1-2).

Well-designed peer to peer health promotion programmes can be successful in improving the health situation of vulnerable population groups such as refugees. Peer to peer health promotion programmes are vital programmes due to the provision of health information from peers to peers. A peer group tends to talk to it's peers about their problems including sensitive health issues. Peer to peer programmes are community based, quite flexible and rooted in the realities of individuals in a certain community (United Nations Population Funds, 2005, p. 9). They can be used in a variety of settings in combination with other activities or programmes (BZGA, 2013, p. 23). They allow direct participation of the target groups in health programmes and promote positive life skills for instance leadership and communication thereby creating opportunities for mentoring and future job or education contacts (United Nations Population Funds, 2005, p. 9).

4.2 REFUGIUM Peer to Peer Health Programme

One of the common problems that affect refugee's entire life in Germany is the language barrier. To combat barriers faced in the field of Refugee Health in Hamburg, Germany, a peer to peer health promotion programme REFUGIUM was developed in different languages. REFUGIUM is a Refugee Health Awareness and Empowerment Programme. It aims to activate the resources of the refugees and empower them to maintain and regain their health. It also offers health information to refugees through health workshops and the distribution of flyers and manuals. The manuals contain points of workshop moderation and are structured into different parts namely: time, goals, theme, information, interaction, activities, materials needed and take home message. These are distributed after each training session at the Department of Health Sciences.

4.3 REFUGIUM Team

The peer facilitator training, which lasts for 16 hours is conducted by the REFUGIUM team members at HAW Hamburg. The research team is supervised by Professor Dr. Christine Färber, the head of the Life Sciences Department and Professor in Empirical Social Research. The team includes three peer facilitator trainers. Mohammed Kalo, a former federal volunteer worker in the field of refugee health. Milad Koshkaran, a guest lecturer and

Niewrowz Junaid, a professional lawyer. The other research team members are: Nita Kama, one of researchers who participated in developing the programme, she graduated from the university with a Bachelor Degree in Health Sciences. Dr. Omar Aboelyazeid, a dentist by profession and a scientist who worked with the first generation Arabic speaking group, and offered a lot of support in training the second and the third generation as well as conducting workshops in various refugee accommodations. He is specialized in handling the topic Oral Health among others. The current student facilitators and researchers include: Sona Sainju, Montaha Shafiq, Sahra Jafari, Rodja Ülgüt and me. The evaluation students of Public Health are also actively involved in supporting the programme. They serve as a link between the refugees and peer facilitators.

4.4 Competency of REFUGIUM Peer Facilitators

The REFUGIUM programme trains peer facilitators on health topics and other skills such as effective communication. These peer facilitators are capable of sharing health information and knowledge in an effective and understandable way to their peers using different languages. They are trained on how to reach the “hard to reach target group” in the field of Refugee Health and due to their ability of understanding the context in which the knowledge they convey can be applied, they are able to convert ‘dry information’ into useful knowledge (UNODC, 2003, p. 11). This is due to the fact that they can identify themselves with the refugee cultural settings and are familiar with the languages spoken in the refugee accommodation camps. The peer facilitators are also capable of learning from their peers as they share the health knowledge with others based on their personal experiences, which enable them to connect better to their peers and this leads to a trustworthy environment of sharing health information. According to the United Nations Office of Drugs and Crime, this type of information sharing can lead to formation of long lasting relationships because of the sense of connection between the peers. Apart from that, it also indicates that it is common for people to listen to individuals who share the same experiences with them during a workshop, since they are able to convey information in an honest way as well as in a way that make sense to their peers (UNODC, 2003, p. 12).

5.0 REFUGIUM Workshops

The following chapter describes the process of conducting workshops in refugee accommodation camps.

A health promotion workshop in the University as well the refugee camps requires a lot of organizational tasks, which is done by the REFUGIUM team members under the supervision of Professor Dr. Christine Färber. Different organizational tasks are undertaken before conducting a workshop for instance updating invitation flyers, manuals and posters, which are used for educational purposes as well as for advertisement of REFUGIUM programme in the university and refugee accommodation camps respectively. The flyers and manuals are prepared in different languages. Rooms for conducting workshops are organized in collaboration with social management. Lastly, communication via text messages and E-mails is vital, in order to remind the participants of the upcoming workshops.

5.1 REFUGIUM Workshop-Nutrition Module

At the beginning of a nutrition workshop, a basket of fruit is presented to all participants, who choose a fruit and inform other participants why they chose that particular fruit. During this exercise, the REFUGIUM team member and the students listen keenly to the information known by the participants about the relationship of diet and health. In a nutrition training, some participants have a health training background and therefore a discussion about nutritional values of different fruits can be raised. In the next activity, the participants rate the healthiness of their nutrition in a scale of 0-5. During this activity, participants reflect on the type of food offered in the refugee camps and the challenges they face regarding nutrition. Since they are not well acquainted with the type of food offered in the camps, most of them mention that they suffer from stomach upset. Typical food types that are commonly mentioned in the workshops include cheese, white bread and chocolate cream for instance. During this phase of sharing negative experiences, the participants are informed how to channel such complains collectively to the social management, because in this way, the participant's experiences and complains are taken seriously and treated with respect. The evaluation of the nutrition workshops by the students show that some refugees avoid taking meals, since they receive the same type of food daily and this food tastes differently to that, that they were used to back in their home countries. Refugees who suffer severe malnutrition are informed about the food components they need, to maintain their health for instance protein, nutrients and liquids. The recommendations of the German Society of Nutrition are used but adjusted to the food they know from home. The peer facilitators use a nutrition flyer with photos to show the effect of junk food to the health and in the final activity of a nutrition workshop, participants estimate the sugar content of various drinks as they are shown nutritional facts on different food packages. At the end of the nutrition workshop, the trainer

distributes nutrition flyers to all participants, and gives a take away message which contains the use of a variety of foods besides, having 5 portions of fruits and vegetables per day.

5.2 REFUGIUM Workshop-Mental Health Module

A mental health workshop starts with a brief introduction on how the participants are feeling. The participants are then asked to talk about their moods. This creates a way through which the term mental health can be defined to the participants. They are then guided to mention different stressors to their mental health for instance, missing home, relatives and friends as well as experiencing challenges in their new home country. During the workshop session, the peer facilitators focus majorly on how to deal with mental health stressors. Through the use of cards with illustrations of different emotions, participants exchange their experiences with mental health issues that they have seen in friends or acquaintances. The trainer purposely avoids any direct question on their mental health problems, as this is likely to cause emotional challenges to them during the training. The peer facilitators also have no training in handling potential traumatising situations. As part of the training activity, participants get informed on where to get help in case of mental health situations and ways of preventing mental health problems are discussed. Afterwards the peer facilitators explain other resources that can help the participants maintain their mental health such as family, friends, religion, arts, active and open temper/ personality, intelligence, humour, and self-help group. During this phase, the peer facilitators channel the participant's attention towards positive experiences on prevention as well as overcoming mental illnesses with the help of a poster. The following three levels of prevention are explained at this stage:

- **Primary prevention:** Taking a walk, integration, education, sports, motivation, social contacts, structuring your day, self-help group with other men or women with refuge experience.
- **Secondary prevention:** Counselling services, refugee mental health support.
- **Tertiary prevention:** Through doctors, psychological or psychiatric therapy.

As take home messages, participants get information that mental illnesses often develop after stressful or threatening situations, but are not signs of weakness. They are preventable to a certain extent and can be treated or improved.

5.3 REFUGIUM Workshop-Physical Activity Module

The introduction to this module is done using a ball. A peer facilitator trainer takes a ball and introduce himself or herself by name, age, homeland and motivation for sports. After this, the ball is thrown to another person who continues with the introduction until all participants take part. The trainer then asks the participants questions on their experiences in sports and if they participate in any physical activities and they are further led to identify the different sports they do in Germany, and relate them to the sports or physical activities they used to do at home. Cards with different pictures of sport types are laid out by the trainer to guide the participants in recognising the type of sports they want to elaborate on. In the next step, a poster is used to describe why physical activity is important. Input about this poster is given. Among the points discussed are the benefits of sport activities in social settings as listed below:

- ✓ Finding new friends (social contacts, integration)
- ✓ Having a good mood and fun (mental health)
- ✓ Being fit and preventing different types of diseases like obesity (physical health)
- ✓ Enjoying fresh air and the sun (Vitamin D, mental health)
- ✓ Experience togetherness in a community (respect, ability to deal with conflicts, community spirit)
- ✓ Creating alternation from the day to day schedule (daily schedule, normality)

The participants then share their experiences on these points too and with the help of a poster and flyer they are introduced to the five dimensions of sports which are: Stamina, strength, co-ordination, flexibility, relaxation. Using posters and cards, participants mention which sports/ physical activity supports which sport dimension. After this, the peer facilitators give different recommendations on physical activity using REFUGIUM flyers. These recommendations are: Regular sports minimum once per week using these five dimensions as a guide (stamina, strength, co-ordination, flexibility, relaxation), preferably outside with fresh air. Minimum sport recommendation for adults per week: 1x150 minutes moderate intensity, (e.g. walking fast) or 1x75 minutes high intensity (running) or 5x30 minutes or 7x20 minutes. After these input, participants get an opportunity to do sports (male and female participants are separated in different rooms due to cultural sensitivity). During sport activities, participants get recommendations on individual sports activities they can do for

example rope jumping, taking a walk, jogging, and strength exercises or group programmes such as city walks and sports clubs opportunities in their housing facility. Participants are also advised to ask friends for opportunities, be proactive by talking to people who are already doing sports or joining dancing groups. The importance of physical activity for the mothers and their children is stressed to all participants. For participants with no money to pay for a fitness studio, simple sport solutions at the accommodation's camps are recommended for instance, in case a participant needs weight lifting training, they are advised to start with lifting one litre water bottle at home, and increasing this gradually depending on the progress made.

5.4 REFUGIUM Workshop-Hygiene Module

A hygiene training begins with an introduction of the participants, who are later on asked to share their experiences with the topic hygiene in their refugee accommodation camps. Participants mention different problems they experience for instance, dirty toilets, bathrooms and kitchen. They also share their experiences with different skin diseases most refugees acquire as a result of the dirty environment they are exposed to. Using a hygiene poster, the participants illustrate vividly the hygienic problems they tackle. In the information phase, a poster on hygiene is presented step by step from top to bottom. After each input, there is a short discussion, where problems at the accommodation settings are discussed. Solutions to these problems and questions discussed are developed by the participants. The following are some of the important sub-topics considered during this module: Hair hygiene, regular washes and information on not sharing brushes as a prevention strategy to getting lice. Oral hygiene: brushing teeth 2-3 times a day, use of toothpaste with fluoride, no sharing of toothbrush, and protecting oneself from caries and gum diseases. Body Hygiene included washing body and clothes regularly, no sharing of clothing, and protection against scabies. Other topics include hand hygiene, kitchen hygiene, and room hygiene. With the use of a glittering powder, participants are taught how germs spread as follows: A peer facilitator spread glitters on his or her hands. Then he/she shakes hands with a participant who is seated next to him/her. This participant also shakes hands with the other participants and at the end of this demonstration, participants check and discuss about the glitters (representing bacteria) in their hands. Regarding toilet hygiene, the members are separated by sex and visit the toilet rooms in separate groups. Here they are shown how to use the toilets appropriately and also how to wash their hands correctly. They also receive gender specific information about toilet use and sexual hygiene. The process of hand washing is facilitated in case of

need until the glitters are totally removed from the hands. At the end of the training, the peer facilitator motivates the participants to start making steps of change regarding hygiene in their accommodation camps.

5.5 REFUGIUM Workshop-Oral Health Module

The module starts with an introduction and explanation of the workshop's intention. Each member is given a chance to share his/her experiences with the topic oral health. A peer facilitator then gives information on oral health and asks questions on plaque, caries and gum diseases. These information include how plaque, caries and gum diseases form. The questions are answered with the help of pictures. In the next part of the module, participants choose different materials used in oral health care for instance tooth paste, tooth brush, dental floss, mouthwash among others, and explain their use as well as how these materials are related to each other. A discussion on the right way of using the above materials follows, thereafter a practical session of the module starts, whereby participants are shown how to brush their teeth properly with a use of a model. They are also shown how to floss properly and educated on the importance of maintaining a healthy oral lifestyle in Germany. A lengthy discussion takes place at this point. Subsequently the peer facilitator uses a poster and a flyer to give tips on maintaining a healthy oral health lifestyle for example, changing brushes every three months, having a healthy diet and no sharing of tooth brushes. The training ends with a take home message.

5.6 REFUGIUM Workshop-Health Care

The session starts by an introduction of the day's schedule. Every participant receives a flyer that explains how the health care in Germany functions. An explanation on how to use the AOK insurance card, authorization certificate/warrant, right to treatment, free treatment, basic medical care and free choice of a doctor is given. The legal framework is explained to them, to give them knowledge on the benefits they have in Germany in case of illness, pregnancy and childbirth. They also receive information on different types of treatment, vaccinations, tooth replacement, first examination on arrival to a refugee camp as well as information whether they have to pay a fee to a prescribed medication or not. After the explanation of the legal framework in Germany, the participants discuss about pathways to health care in home countries. A comparison to Germany is done and an input on where to go in case of illness is given. Using a graph, the German health care system is further explained, the structure of a doctoral visit in participants countries discussed and compared

to that in Germany. In the main part of the module, participants learn how medical examination in Germany looks like, how to make a doctor's appointment in time and organize important documents required. To avoid cultural misunderstandings, a doctoral visit is vividly explained starting from case history, diagnostics and therapy. Participants are offered information on free health services available in different institutions and a pharmacy visit is also explained. This includes drugs sold in the pharmacies and those offered without prescription. Next, the importance of prevention is stressed and the following take home messages given: Participants right to treatment, need to choose the right pathway to treatment and to apply for a health insurance after 15 months of stay in Germany.

6.0 Sustainability

The following chapter introduces the topic sustainability. Health promotion of refugees is no simple task. It takes dedication and sustainability of health promotion programmes to reach this very vulnerable target group. There is need to sustain the REFUGIUM health promotion programme to continue reaching out to this vulnerable group. The term sustainability refers to the ongoing capability to work together to establish, progress and maintain effective plans that continuously improve health and quality of life for all (CDC, 2016, p. 8). It is not just about funding, but creating and building momentum to maintain a programme. Maintaining a health promotion programme can be done by organizing and maximizing programme assets and resources. Sustainability also means involving multiple stakeholders who can develop long-term support for health promotion programmes. The Center of Disease Control (CDC) recommends organizations to link with local groups working outside the public health field for instance transportation departments or recreation departments whose goals compliment their own, in order to keep sustainability tasks clear. According to the CDC, organizations are required to focus their issues, strategies, goals and resources on policies that aim to improve health and well-being (CDC, 2016, p. 8). Even though REFUGIUM programme meets the requirement of improving health and well-being in the refugee community, there are several reasons why it needs to be sustained in the refugee camps. The sustainability of the programme will enable the research team members to develop long term strategies of reaching out to 'hard to reach population' for instance women, thereby increasing the number of women participants in the programme. An enhanced environment for the preparation and publication of materials as well as easy access to refugee camps can be realized following the programmes sustainability. Through the cooperation of different stakeholders in the programme, financial support of the programme

can be improved, thereby creating a chance for more voluntary students and workers to assist in the work of organization and implementation of REFUGIUM health promotion programme. Following is a qualitative study conducted in Hamburg, Germany on how to make REFUGIUM programme sustainable in refugee accommodation camps.

7.0 How to make REFUGIUM Programme Sustainable

Methods

This chapter explores the methods used in the study project. It highlights the step to step process of the multiple case study from the research agenda, identification of the case study, formulation of interview guidelines to the data collection process. The chapter also shows the ethical considerations that were included in the study.

7.1 Research Agenda & Study Design

The first step in the study included problem definition, which began with the assessment of the needs of REFUGIUM programme. The general and specific aims of the study were formulated and through brainstorming, ideas on how to recruit participants were identified. A list of eligible study participants was created and eligible study settings identified. A collective / multiple case study was chosen to answer the research question how to make REFUGIUM programme sustainable in refugee camps. A collective case study enables the researcher to explore differences within and between cases. It also enables the replication of findings across cases (Yin, 2003, p. 46). In this study, three different cases within each setting and across settings were analysed. An advantage of this study design include the comparison and contrasting of results. According to Yin (2003), evidence that is got from a collective case study is regarded as robust and reliable, even though this study design can be expensive and time consuming to conduct. In the beginning of the study, the researcher focused on the research question review, then selected three cases, the REFUGIUM Team, Social Management and Local Health authority to illustrate further the aspect sustainability of the programme in refugee camps. The sustainability characteristics relevant to this study design included:

- Conducting more workshops in refugee camps
- Strategies of reaching more women through the programme
- Effective collaboration between the REFUGIUM programme and the stakeholders

- Resources needed for the programme to effectively achieve its goals

The above mentioned characteristics were identified using these three inclusion criteria as shown in the table below:

Table 2: Inclusion Criteria

Inclusion Criteria	
1	Interest in peer to peer education programmes
2	Prior contact with REFUGIUM programme
3	More than six months work experience with refugees

7.2 The Recruiting Procedure

Participants were recruited in different ways. First, the cases were labelled in three different blocks labelled: Block A, Block B and Block C as shown in *table 6*. The REFUGIUM Team Members were recruited via text messages, Local Health Authority via E-mail and the Social Managers also via E-Mail. 15 different E-Mail addresses of the social workers who have had contact with REFUGIUM team members were randomly selected from the REFUGIUM E-mail platform. A standard E-Mail in German was written for the purpose of requesting the participants selected to participate in the study. The E-mail included the aims of REFUGIUM programme, the modules it offers as well as information about the study for instance, the purpose of the interview, time and place as shown in *appendix 1*.

7.3 Formation of Interview Guideline

The interview guideline was formed with a purpose of providing direction for the data collection process. The guideline was structured into different categories, but suggested no potential responses. Two principles were used to develop the interview guideline. The first principle was arranging general or warm up questions at the top of the guide before the specific questions. The general questions were unstructured in nature unlike the specific questions that were structured and placed near the end of the interview guide. The second principle was the arrangement of the questions according to relevance to the research agenda. The questions of greatest importance such as questions about the REFUGIUM programme as well as the sustainability of the programme were placed earlier than those with lesser significance, which were placed near the end (*see Appendix 2*).

7.4 Pretesting

This is an effective approach of improving validity in a qualitative study (Collins, 2003, p. 229). This process involved identifying problems with regards to the interview information sheet and guideline materials. The methods of data collection were reviewed before the interviews. The discovered flaws of the interview materials were fixed by the researcher, afterwards a feedback on the reviewed materials was given and unclear questions were formed understandably. Pretesting provided an opportunity for the researcher to ensure that proper questions were formed and asked before the data collection process.

7.5 Ethical Considerations

Alongside the interview guideline, an information sheet was offered to all participants. It consisted of the background information about the researcher for instance the name, course, university and programme name as well as the research question. This aimed towards giving the participants a clear view of the researcher. An explanation as to why the study was being conducted was given as well as information of passive participants involved in the study. The importance of participation was stressed and a clear view specified on what would happen before, during and in the interview with the data collected. The information that was given during the interviews was treated confidentially and records of the interviews kept securely only for the purpose of the study. No identification information such as names or work place were used in this study without the permission of the participant. The time frame of the interview was stated before the start of every interview and the participants were informed that they could stop participating in the interview if they felt uncomfortable with the interview process or desist from answering questions they felt uncomfortable with. Even though the information gathered about different opinions on the topic was recorded to be used anonymously, the risks expected by taking part in the interview were explained for instance, loss of privacy. No quotes or other results arising from participation are included in this paper without the participants agreement. The benefits of taking part in the interview were explained and the rights of the participants during the interview reviewed. The participants received contact information in case of question related to the interview or the REFUGIUM programme. The participants were also encouraged to contact the responsible persons in case they did not agree with the quotes or the results that arose from participation in the study. A consent for participation in the research study was signed by both the

researcher and the participants. All participants were allowed to keep a copy of the consent in case of need.

7.6 Data Collection

The data was collected in different locations in Hamburg, Germany. The first location was at the University of Applied Sciences in Hamburg, Bergedorf, the city park in Bergedorf and different refugee accommodations in Hamburg. The methods for data collection included interviews, focus groups and observation. At the beginning of the data collection, the researcher reviewed the aim of the research study and created an atmosphere of trust and openness by assuring the participants of anonymity and emphasizing the value of their opinions to the research study. The participants introduced themselves and afterwards the interview topic was introduced in a general form. The general questions asked were in line with the research topic for instance the participants experience in the field of refugee health. The specific questions followed in different categories. The first category was about the REFUGIUM programme. Participants were asked whether they had ever heard of the REFUGIUM programme, how well they are acquainted with it and if they had ever participated in the programme among others. The second category of specific questions concerned sustainability of the programme. The researcher asked participants of the possible ways they can support the programme to continue promoting health in refugee accommodations, how they can enable the programme to have easy access in the accommodation camps and how to reach more women through the programme. Apart from that, they were asked to recommend institutions and organizations that could support REFUGIUM programme as well as possible external collaboration that would be important for the programme. During the data collection period, the researcher also focused on non-verbal indications such as facial expressions and gestures that the participants used and how they responded to the research questions. The interview was recorded using a mobile phone and direct observation data summarized on the last page of the interview information sheet. The information on the interview summary sheet included the atmosphere and the context of the interview, main points made by the respondent during the interview and comparison of the interviews conducted. Apart from these information, personal views of the researcher were noted after the interview, for instance, surprising issues or messages the researcher acquired and problems encountered during the data collection.

8.0 Data Analysis

There are different ways of analyzing data in qualitative research. Data analysis consists of preparing and organizing data. The interviews are transcribed and the data reduced into themes through coding and condensing the codes. The final step in data analysis is representing the data in form of figures, tables or a discussion (Cresswell, 2007 p.182). In this study, the data was analysed according to the recommendations of Cresswell in the book *Qualitative Inquiry and Research Design* (third edition) among others and the data transcription according to the manual of transcription by (Dressing, et. al., 2015) and (Kuckartz et. al., 2008).

8.1 Transcription

Transcription is the act of transferring audio or video recording into a written form (Dressing, et. al., 2015). The transcription method chosen for this study was a simple transcription method following (Kuckartz et. al., 2008, p. 27). Unlike complex transcription, simple transcription has an advantage that the readers understand the content of the transcripts easily (Dressing, et. al., 2015, p. 27). The transcriptions were done literally and the underlying transcription rules were as follows: dialects were accurately translated into standard language. Informal words such as “wanna” were transcribed into standard language “want to”. The structures of the sentences were retained despite possible grammatical errors. Uncompleted sentences were indicated by a slash / and stutters omitted. The doubling of words was only taken into account if they were used for emphasis. Responses with a pause were indicated by suspension marks in parenthesis (...) and words with special emphasis capitalized. Every answer to each interview question received its own paragraph and non verbal communication for instance laughter was transcribed in brackets. Inaudible words were put into brackets followed by a question mark and speech overlaps marked by //. The following are example of sentences in the transcriptions: (P is an anonymous symbol of participant).

P: *“I think what would be very important is to (...) sensitize the social management about the REFUGIUM programme...”*

P: *“.. “ok, I am here to secure my wife and if she is somewhere alone or the sister or daughter/ (...). So it’s our fault that we are not understanding the cultural differences and we are not able till now to build such functional structures #17:12#”*

8.2 Coding

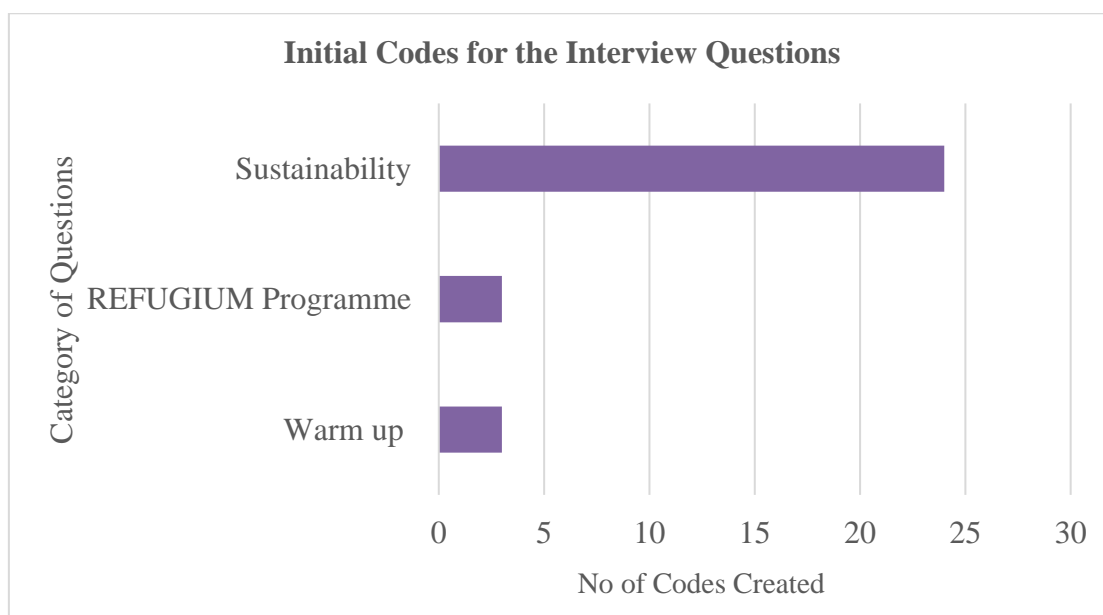
Before the formation of codes, the transcriptions were read out repeatedly line by line and short memos written in the margin of the transcripts as recommended by (Cresswell, 2007, p. 183). The memos are short phrases, ideas or key concepts that occur to the researcher while going through the transcriptions. The data was coded according to Cresswell (2007) and Saldana (2009) recommendations. According to Cresswell, the coding process involves aggregating the data into small categories of information by describing, classifying and interpreting the data (Cresswell, 2007, p. 184). The following is an explanation of how the codes were formed: Each case was coded independently and a comparison within and out of the cases was conducted by the researcher. Note that the codes formed ranged from a single word to short sentences. Each interview question had a specific initial code for instance:

Question: *Are you interested in supporting the sustainability of REFUGIUM programme in accommodation camps?*

Code: *Support*

The following figure shows the total number of initial codes created for all interview questions:

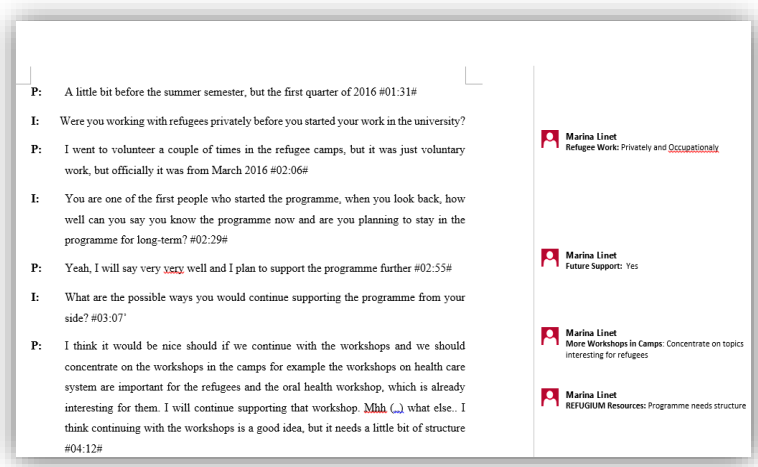
Figure 2: Initial Codes for the Interview Questions



Assigning codes to the interview questions enabled the researcher to organize initial codes in all cases. The important types of coding selected for the data analysis included:

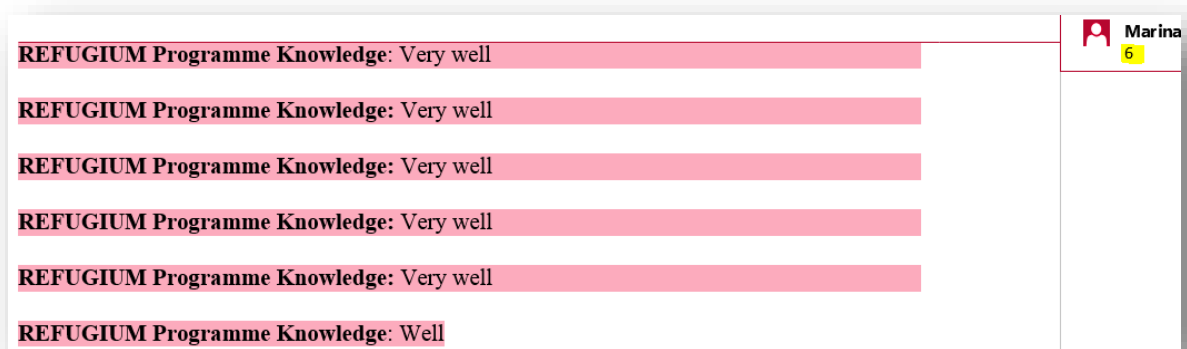
Descriptive Coding whereby topics were assigned so different aspects of the data, In Vivo Coding by using participants own words to create a code as well as Emotional Coding, a process of coding the participants sentiments or feelings as portrayed in the transcripts (Saldana, 2008, pp. 70-86). Using Microsoft Office, significant information in the data was identified and labels assigned to them. The labels were grouped to form specific codes, which were subsequently marked in bold and arranged in alphabetic order in a different file as shown in the figure below.

Figure 3: Specific Codes



The researcher tallied the codes and deleted repeated codes after tallying to avoid a double tallying error. The following figure shows an example of a tallying process of the code REFUGIUM Programme Knowledge among REFUGIUM team members:

Figure 4: Example of Code Tallying



In the next step, themes were generated from the codes. Below are the factors taken into consideration during theme development:

- Total codes tallied
- Relationships among codes
- Frequency of the codes

The codes with a higher frequency than the others are highlighted in bold and italics as shown in the table below.

Table 3: Codes Tallying-LHA

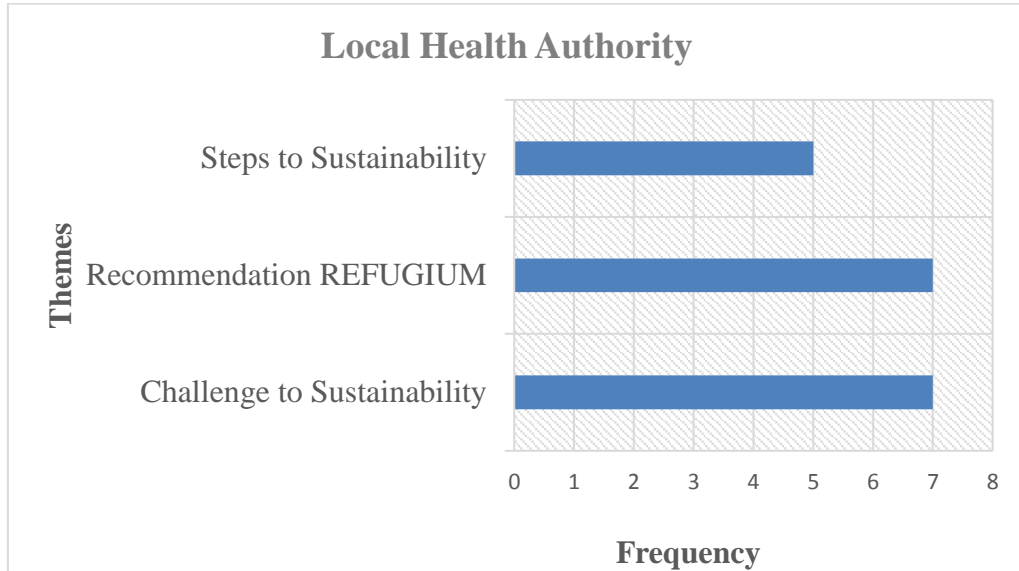
Codes Tallying: Local health Authority	
Codes	Frequency
<i>Challenge to Sustainability</i>	7
Contact with Refugium	1
Convincing Social Management	1
Demographics	1
Effective Collaboration	2
Feedback REFUGIUM	1
Future Support	1
General Support REFUGIUM	1
Important Remarks	2
Workshops in accommodation	1
Opinion Refugium Work	1
Personal Opinion REFUGIUM	2
<i>Recommendation REFUGIUM</i>	7
Refugee Wok Experience	1
Refugee Work	1
REFUGIUM Programme knowledge	1
REFUGIUM Support	1
Relevant Instituions	1
Research Recommendation	1
<i>Steps to Sustainability</i>	5
Women Outreach	1
Total No of Codes	20

The total number of codes in the above case is 20. The top three codes with the highest frequency was used to generate themes. The themes in this case were derived from the following codes:

- Challenge to Sustainability (Frequency: 7)

- Recommendations REFUGIUM (Frequency: 7)
- Steps to Sustainability (Frequency: 5)

Figure 5: Themes LHA



All the codes in the case Local Health Authority have a frequency lower than 10, and 15 different codes have the same number of frequency. The difference between the top three codes tallied is minimum (See Table 3).

Table 4: Codes Tallying SM

Codes Tallying: The Social Management	
Codes	Frequency
Challenge to Sustainability	2
Demographics	4
Effective Collaboration	8
Feedback REFUGIUM	6
Future Support	4
Important Remarks	5
Recommendation REFUGIUM	3
Refugee Work Experience	7
Refugee Work	4
REFUGIUM Feedback	1
REFUGIUM Programme knowledge	6
REFUGIUM Resources	1
Relevant Institutions	6

Social Management Resources	5
Social Management Support	1
Steps to Sustainability	10
Women Outreach	11
Workshops	1
Total No of Codes	18

The total number of codes in this case is 18. The top three codes with the highest frequency used to generate themes included: Women Outreach (Frequency: 11), Steps to Sustainability (Frequency: 10) & Effective collaboration (Frequency: 8).

Figure 6: Themes SM

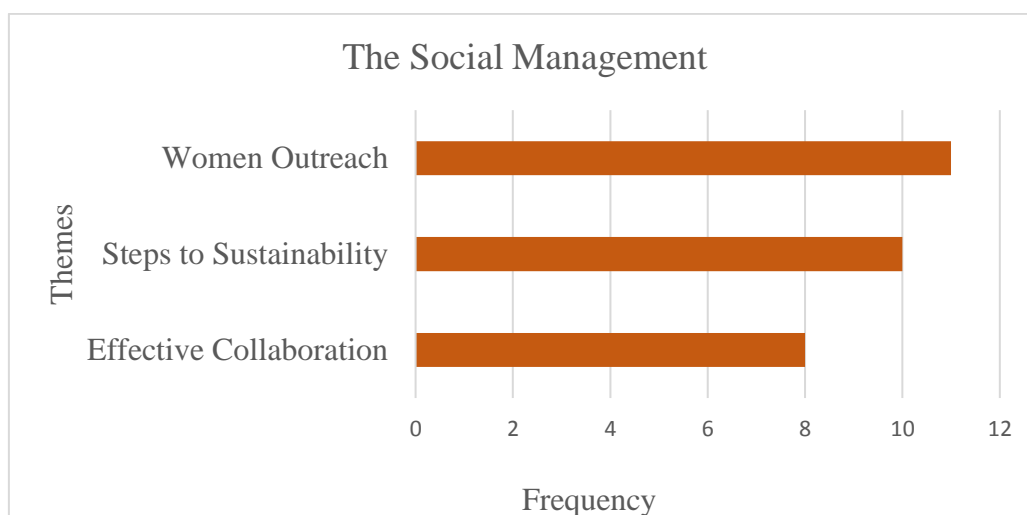


Table 5: Codes Tallying RTMs

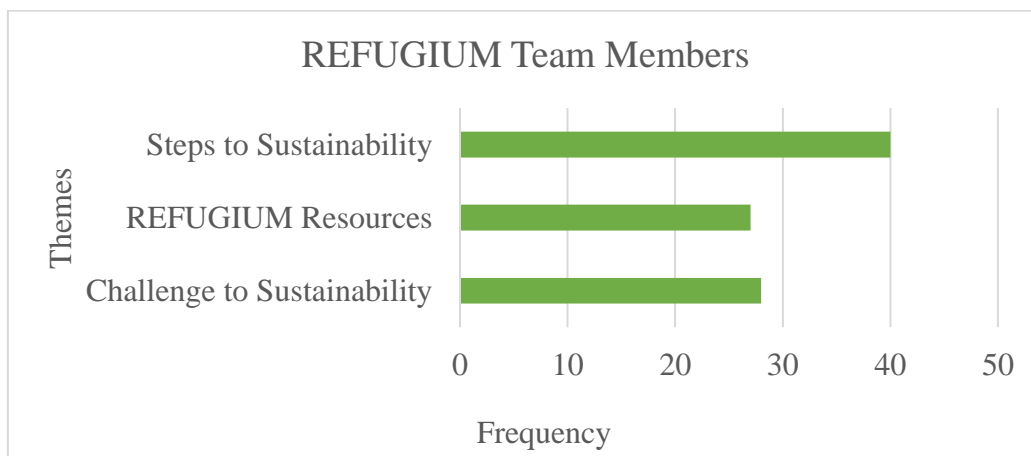
Codes Tallying: REFUGIUM Team Members	
Codes	Frequency
Challenge to Sustainability	28
Contact with Refugium	1
Convincing Social Management	1
Demographics	6
Effective Collaboration	7
Feedback REFUGIUM	6
Future Support	8
Important Remarks	5
More Workshops in accommodation	1
Opinion Refugium Work	3
Personal Opinion	1
Recommendation REFUGIUM	9
Refugee Wok Experience	6

Refugee Work	4
REFUGIUM Programme knowledge	6
REFUGIUM Programme	1
REFUGIUM Reccomendation	1
REFUGIUM Resources	27
REFUGIUM Work Expeience	1
REFUGIUM Work	1
Relevant Institutions	5
Steps to Sustainability	40
Women Outreach	20
Total No of Codes	23

The total number of codes in this case is 23. The top three codes with the highest frequency used to generate themes included:

- Steps to Sustainability (Frequency: 40)
- Challenges to sustainability (Frequency: 28)
- REFUGIUM Resources (Frequency: 27)

Figure 7: Themes RTMs



8.3 Intercase Analysis

The most popular theme in all cases is steps to sustainability, which emerged in all the cases with a frequency of 37.93% , followed by challenges to sustainability mentioned in two cases (LHA & RTM) with a frequency of 24.14%. In Block A, the themes Challenges to Sustainability and Recommendations to REFUGIUM have a similar frequency.

The frequency difference between themes in Block A and B is minimum, whereas there is an enormous difference between the frequency of the 1st theme in Block C as compared to the others. See the table below.

Table 6: Intercase Analysis

	Cases	Themes	Frequency
A	LHA	Challenge to Sustainability	7
		Recommendations	
		REFUGIUM	7
		Steps to Sustainability	5
	Total		21
B	SM	Women Outreach	11
		Steps to Sustainability	10
		Effective Collaboration	8
	Total		29
C	RTMs	Steps to Sustainability	40
		Challenges to Sustainability	28
		REFUGIUM Resources	27
	Total		95
	Sum Total		145

LHA: Local Heath Authority

SM: Social Management

RTMs: Refugium Team Members

The next step in the data analysis was to arrange all themes in alphabetical order. Themes that occurred repeatedly between the cases were tallied and deleted. The rest of the themes were summarized into 6 main themes namely:

- Challenges,
- Collaboration
- Recommendations
- Resources
- Sustainability Steps
- Women-Outreach

9.0 Results

The results are presented in three different categories. These include the Local Health Authority (LHA), REFUGIUM Team Meambers (RTM) and the Social Management (SM).

As illustrated in the figure below, the total number of correspondents was 63 out of 100 of all the interview requests made. The following is an overview of the number of interview requests and correspondents from each case.

Figure 8: Interview Requests and Correspondents

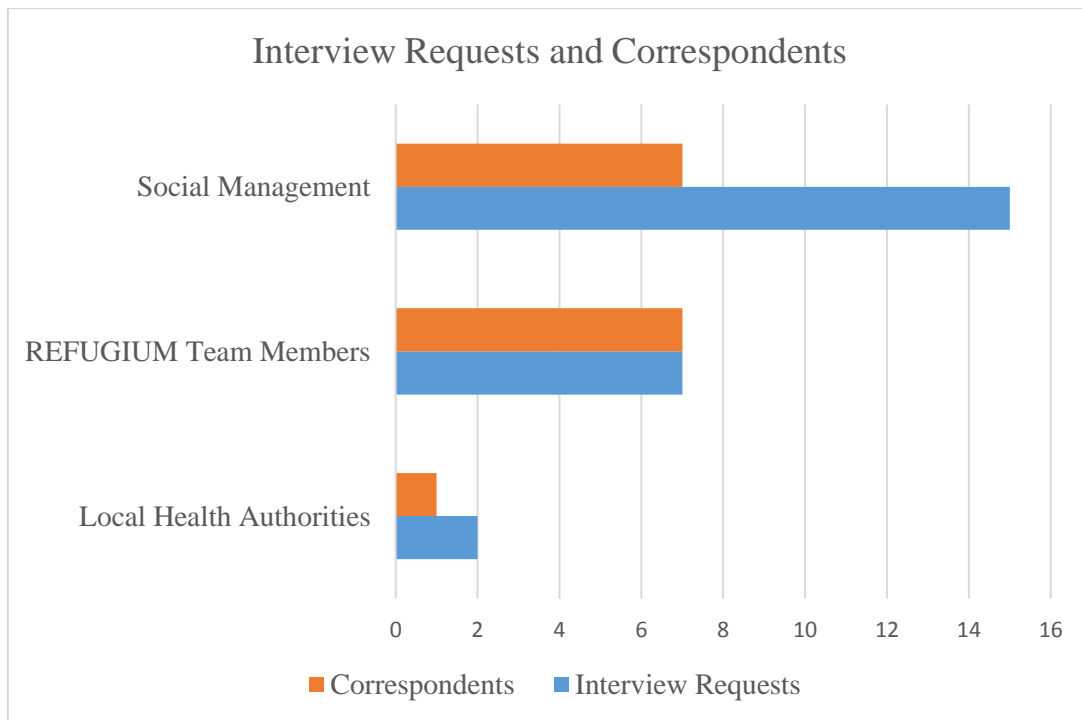
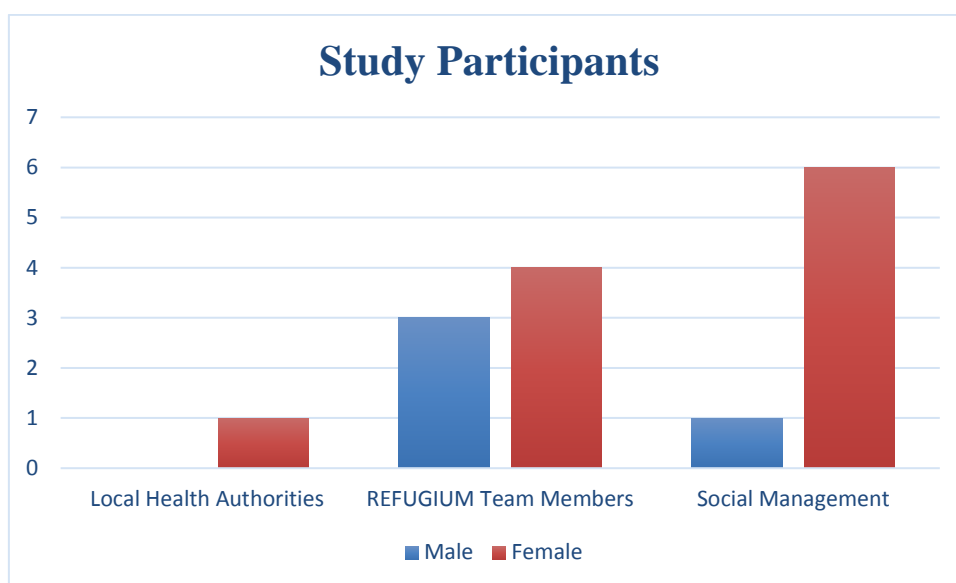


Figure 9 displays the gender distribution among participants in all cases.

According to the statistics displayed in **figure 9**, 27% of the correspondents were male (majority of them from the REFUGIUM Team) and 73% female. The data collected from the Social Management registered 99% of female and 1% male correspondents.

Figure 9: Gender Distribution



10.0 Results Local Health Authority Workers

Demographics

The first interview conducted was with the Local health Authority worker, who was engaged in the field of Health promotion. She was a former nurse and had worked with refugees in different projects such as the Lampedusa Project, which aims to improve the situation of the Lampedusa refugees living in Hamburg. Before her engagement with the Lampedusa Project, the 38 year old health promotion expert was also engaged in a refugee project that aimed at distributing basic necessities like clothing to the refugees who were arriving in large numbers in Hamburg in the year 2015. She started working with refugees officially as an occupation in December 2016. The work with refugees is challenging and interesting at the same time, she says. She stresses that the cultural differences when working with groups of refugees, makes her implement health promotion decisions in a flexible way depending on the culture she is dealing with. The three frequent themes that comes out of the data analysis in her interview are challenges to sustainability, steps to sustainability and the recommendations she provided for the REFUGIUM programme.

10.1 Challenges to Sustainability

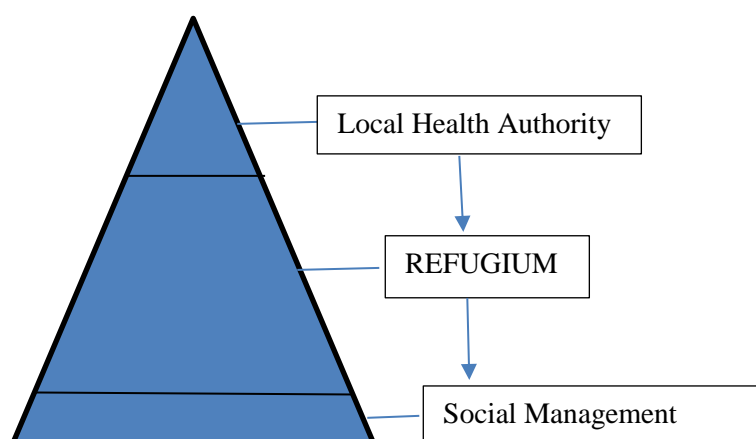
The first challenge she mentions is that health is not a priority for the social management as well as for the refugees living in most camps. Due to the fact that the social management is involved in coordinating different social activities of the refugees as well as helping them

with their daily activities, less time is channeled towards health promotion programmes. *“There are so many refugee programmes in Hamburg, you find a flyer here and there for different programmes, this means too much work on the side of the social workers”* However, she is of the opinion that, despite the several activities the social management are entitled to, they need to create time to understand what health promotion programmes such as REFUGIUM does. She further argues that the sustainability of the programme depends on individual persons in the social management. When a staff in the social management is convinced about the importance of the health promotion programme, implementation of health promotion services in accommodations will be easier. LHA 1 *“ At the moment I have a feeling that the success of the programme depends on the persons working in the social management, if there is a person there who believes in the programme, then the programme will get the support it needs in that particular accommodation”*. The third challenge is that the programme does not have its own website. People need to get information about the programme easily through the internet. She says *“it feels awkward to google REFUGIUM-HAW and get reports about the programme instead of getting directly to the website where the project description is highlighted in details”*. Fourthly, REFUGIUM programme cannot be implemented in all districts in Hamburg, due to the scarcity of resources such as finances. The size of an accommodation also plays an important role in successful implementation of health promotion programmes. The bigger the camps, the more tedious coordination work is. Some of the big accommodations hosts refugees with no stay perspective in Germany and are therefore awaiting deportation. These have different worries than to attend a health promotion workshop for instance, many are concerned about how to stay and eventually bring their families to Germany or how to secure a job in Germany. Apart from that, women outreach still remains to be a challenge for the programme.

10.2 Steps to Sustainability

The first step to sustainability according to the Local Health Authority is to convince the social management about the benefits of the REFUGIUM programme. After that workshops are offered in refugee accommodations consistently. By using a top-down approach, the Local health Authority is convinced of an effective implementation of health promotion programmes in the camps. This indicates that they take the role of contacting the accommodations and sending advertisement materials then handing over the workshop plan to REFUGIUM team members, who through the support of the Local health Authority get easy access to the camps as illustrated in the figure below.

Figure 10: Collaboration between Stakeholders



Secondly, REFUGIUM programme can get in touch with all institutions working with refugees, in order to present the programme to them. According to the Local Health Authority expert, the programme is relatively unknown in Hamburg. *“The programme needs more publicity, it needs to be more present in Hamburg”*. There is also need to contact authorities responsible for health promotion in the field of refugee health for advertisement and networking. There is a possibility of developing continuous advertisement routine in different districts in Hamburg through the communal health promotion organization (KGFM) in Hamburg.

10.3 Recommendations

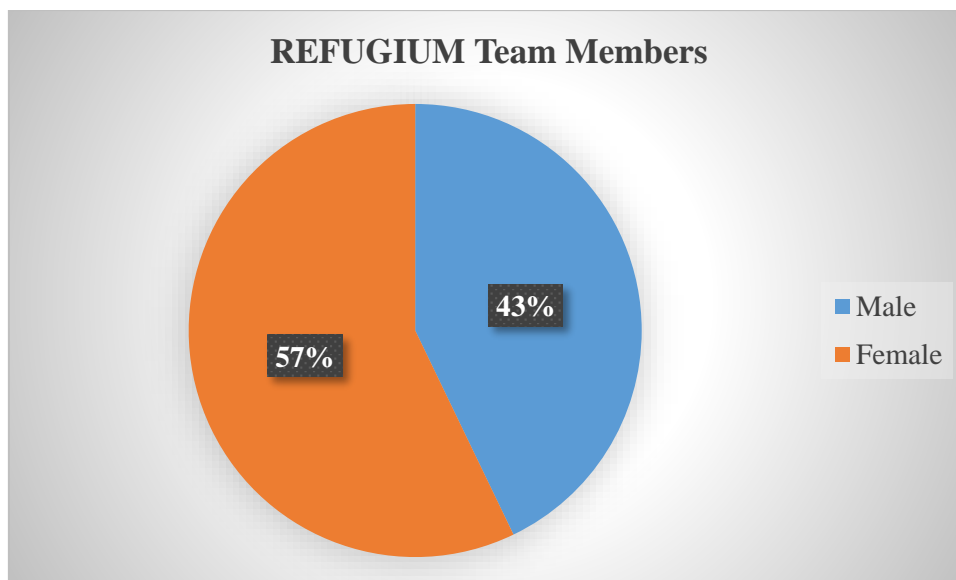
Contact with the social management should be maintained even when no workshops are organized in the accommodations. The Local Health Authority should be contacted, in case the workshop planning in accommodations is not conducted according to expectations and agreements of the Local Health Authority, Social Management and REFUGIUM Team Members. Current posters and other advertisement materials are good and can be used for further generations of peer facilitator trainings, if the dates and the room numbers are updated. REFUGIUM team members should ask for procedures involved in visiting protected camps. The Local health Authority is dedicated to offer support in accessing these accommodations in Altona District. Accommodations in this district should be prioritized, since there are several women accommodations available in the region. Networking with other projects will increase the publicity of REFUGIUM programme. Other ways of reaching out to more refugees are through religious settings, attending round tables and refugee work related teams and person to person propaganda. All these strategies can bring the programme

to more limelight. “Many projects dealing with refugees have no contact with each other, therefore networking is a challenge and there are several good projects in Hamburg that are unknown”. For this reason, a list of all projects in Hamburg is needed to enhance the quality of networking and to ease the identification of existing refugee projects in Hamburg. Networking goals can be realised by creating a website with all the information of available projects in Hamburg.

11.0 Results REFUGIUM Team Members

The following are the results from the interview with REFUGIUM Team Members. A total number of 7 REFUGIUM Team Members took part in the interview. Among them were 4 female participants and 3 male participants as shown in the figure below:

Figure 11: Participants RTMs



The participants comments displayed in this section are anonymised for instance, the first REFUGIUM Team Member (RTM) comments are anonymized under the initial (RTM1) and the second participants comment (RTM2).

11.1 Demographics

RTM1: Is a Bachelor Student in Public Health and has worked with refugees both voluntarily and occupationally. The 22 years old researcher is currently doing her internship in REFUGIUM programme. Her inspiration to work with refugees started when she saw her fellow students actively participate in the programme. She asked if she could join the team and got a chance in the programme as an intern. Prior to her research work in the programme, she voluntarily worked with refugees in accommodation camps by translating posters and

flyers from German to Farsi. Before I introduced the topic sustainability of the programme to her, I asked her about her experiences in the programme and she admitted that working with refugees is challenging as well as getting in contact with the social management in the refugee accommodations, but to her, the work is fulfilling and brings her further. Through her experiences in the field of Refugee Health, she is now open to embrace other persons with different cultural values.

RTM2: Worked with refugees privately before joining the REFUGIUM programme. She is a Master of Health sciences student. The first contact she had with refugees was when one of the refugees in Hamburg, Germany approached her and asked about German courses. From that point she started getting involved in supporting refugees who were looking for German courses and helped them also with their job seeking processes by accompanying them to the job centre. During her Master studies, she got an opportunity to do a study about mental health of refugee women in accommodation camps.

RTM3: She is one of the most experienced team members in the programme, who has been working in the programme since it started and helped in developing the programmes materials like flyers and manuals. She is currently studying Bachelor in Public Health in the last semester and also doing her internship in the programme.

RTM4: He is a professional dentist and a public health expert who also helped in the early stages of the programme development and still engages in the programme to date. He is also an experienced peer facilitator and conducts health workshops in Arabic and English language. He played a big role in translating the materials in his native language Arabic and winning multipliers for the programme. He has also conducted a successful research study with the peer facilitators of the programme. Before his official work in the REFUGIUM programme, he voluntarily worked with different refugee camps.

RTM5: She is 26 years old, a Health Scientist and a researcher in REFUGIUM programme. She started working with refugees in the year 2016 and during her course Health Sciences, engaged in the study of mental health of refugees in accommodation camps. She is very passionate about women's health and involves herself in different activities to promote women's health especially in Hamburg. She is one of the founders of the project "Womens Café" for female refugees and is engaged in different migrants projects. Her current Research study is on process evaluation of REFUGIUM programme.

RTM6: Studied Information Technology and is an experienced peer facilitator in the programme who speaks different languages, among them Farsi. Through his language skills, he is able to work effectively with different refugees from different cultures. He is passionate about the programme and apart from conducting workshops in Farsi and English, he organizes and works on the programmes materials in Farsi. He has trained three different generations of multipliers and visited several refugee accommodations to conduct health promotion workshops for the refugees.

RTM7: Has a degree in Economics and is an experienced peer facilitator in charge of the Arabic speaking peer facilitators. He has worked as a federal volunteer in the programme for a year and has been involved in matters pertaining to programme organization. Together with another Arabic speaking team member, he has trained many peer facilitators in the programme.

11.2 Challenges to Sustainability

RTM1: Most peer facilitators are motivated by the idea of getting a certificate after a successful completion of the health modules, but are less motivated to promote health in the accommodation camps. They are also unaware of the programmes worth because apart from health promotion in the camps, participation in the programme is an integration opportunity in the German systems. *“I think for them, getting a residence permit is the most important thing, besides securing a job, then eventually health”*. Another challenge is that women are still in the background, she says. There are relatively few women in accommodation camps than men, and due to gender issues, men are dominant during the workshops. *“When we offer topics like oral Health and Hygiene, I don’t know whether women feel included in the topics or they feel dominated by men because there are very many men in our workshops and a few women”*.

RTM2: Coordination of materials in two different rooms is a challenge. It is time consuming to run up and down looking for necessary materials before the workshops. The materials’ room is sometimes occupied by students, therefore getting in and out of the room at such times creates disturbance in a learning atmosphere. There is also a deficit in financial knowledge *“ I am eight months in the programme and still sometimes, , I don’t know like all the financial aspects of the programme”*. We also face lack of interest from some cooperation partners like the social management. They offer little support in motivating the refugees to take part in the programme. According to her, some social workers are forced

into supporting different programmes in accommodation camps and are therefore inactive in engaging in these programmes whole-heartedly.

RTM3: The programme has a challenge every semester, due to the fact that new persons come and go. The team has new people every semester who need some time to know how the programme runs before being able to support the programme effectively. Apart from that, cultural issues contribute negatively to the programmes sustainability, for instance women seem to be under the shadow of their men. *“We have experienced the difficulties of reaching out to women, because they have a huge responsibility of taking care of their families, this combined with attending health workshops is tedious”*. She also says that we need to be more involved in networking with others persons working in the field of Refugee Health because sometimes we miss important topics discussed in refugee working groups on round tables. She mentions that competition regarding refugee projects are high. Many projects are coming up and projects having financial assistance from the health authorities are not networking with small upcoming projects *“one has to network with each other and not compete with each other, financial competition is a huge matter, I noticed this in the working groups that I have attended. There is real financial concurrence and I think social organizations that have few funds are more ready to help than those who have a lot of funds”*.

RTM4: The constant change in the social management staff create a stumbling block in the regular workshops routine. *“Usually the turnout is high in the camps, but when you start working with someone in the social management, the next time you go to the camp, there is someone else”*. Apart from that, RTM4 also mentions the fact that the social managements’ time is too limited to support the programme.

RTM5: The social management avoids additional work that comes with organizing different programmes. *“ I think the social management ignore everything because they have fears regarding the stress and workload, like the additional work, they are afraid of it because they are overloaded with work..”* REFUGIUM also depends on volunteers, who are hard to sustain, due to time issues. Another challenge is that most women do not read advertisements. In her last voluntary work with refugee women, RTM5 realised this fact, but had an advantage that she could identify herself with the target group, due to the same religious background. Women also have to ask their husbands for permission to attend workshops.

RTM6: Workshops inconsistency is an issue, says RTM6 “ *If we could have governmental support, we could afford to do more workshops in a year, doing a few workshops then leaving makes the social management not to take us seriously*”

RTM7: The peer facilitators time is limited, since they are focused in looking for jobs, accommodations and permanent residence in Germany “*for me I started working voluntarily, but my free time is really limited and I cannot like afford it, you know*”. The programme also needs funding, he says. We need support from the government. RTM6 also stresses the financial issue, he says, “*Yeah, if we are going to have this REFUGIUM programme like permanently, the facilitators also need to get financial support because we are investing our time in the project and therefore, we cannot look for other jobs or stuff because we have to spend a lot of time there* “.

11.3 Steps to Sustainability

RTM1: Motivating the peer facilitators is important. They play a key role in enabling the sustainability of the programme. They can be offered an incentive after conducting workshops. “*Look at the social workers, they get payed for their work. The Local health authority too. The students get good grades for participation in the programme, what does the refugee get?*” Even though peer facilitators benefit educationally, an incentive is important after conducting a workshop, she stresses. RTM4 also says “*in order to win more multipliers, an incentive has to be offered to them*”.

RTM2: It is important to have clarity in all phases of the programme management. This includes knowledge in all areas of the programme including financial management. Clear aims and objectives of the programme should be formulated. Internal and external support of the programme is necessary, meaning a strategy of motivating the social management to take part in the programme should be given a priority. Furthermore, more advertisements in refugee accommodation camps are needed. As suggested by the Local Health Authority, a top-down approach is the best approach, in order to conduct more workshops in the accommodation camps. Apart from giving certificates to the peer facilitators, there should be a way of paying 10-15 euros per workshop conducted in accommodation camps, says RTM1. A proper documentation should be done and all details of the peer facilitators updated every semester. A collaboration with internal and external institutions is needed and the quality of the workshops should be enhanced to intergrate more peer facilitators in the German system. A workshop can have more than 15 participants at a time, for instance.

Lastly, more students from other majors like Food Science, can be included in the programme to work together with the Public Health students in intergrating peer facilitators in the German system.

RTM3: Increasing reachability is important, for instance by focusing on other settings apart from refugee accomodations. Workshops should be offered more frequently and good planning is required to avoid conducting workshops spontaneously. The programme can find more volunteers and a permanent staff. “ *Maybe we can find two fulltime permanent employees or longterm minijob workers. We need more people who are ready to dedicate their time for the programme* ”. Roles within the programme can be distributed fairly among the permanent team workers and the volunteers. The programme can also organize events in the refugee accomodations, in order to update the social management on the current issues of the programme. During these events, information about the programme can be distributed through flyers to the refugees as well as to the social management. Different social activities can also be organized frequently with the peer facilitators in cooperation with the social management and other partners. Sustainability of a programme requires persistence and patience.

RTM4: More concentration should be given to topics that are most interesting to the refugees. The workshops need to be well structured and regular meetings should be held by the old and the new team members to evaluate workshop strategies. Advertisements should focus more on advantages of the programme and its objectives. The prerequisites of the programme need to be well defined before approaching the social management. “*The work of the social management can be made easier when they get a list of items REFUGIUM requires during their workshops prior to the workshop dates*”. To sustain volunteers in the programme, he recommends networking with refugees in accommodation camps as well as with the social workers. He is also of the opinion that keeping peer facilitators motivated is not only through offering an incentive, but also through offering help towards achieving their educational goals for instance, helping those who want to study with ideas on how to apply for German universities. Lastly, he recommends fundraising as a way of combating financial issues.

RTM5: The importance of health promotion in refugee accomodations need to be stressed to the social management. “*If the social workers don’t recognize how important this programme is, then they will ignore it*”. An effective collaboration should be created not

only with the social workers, but also with their employees and co-partners. To enhance the communication between REFUGIUM and the social management, REFUGIUM should have a contact person responsible for communication management. Contact with supportive social workers should be maintained. The new team members can use the past team's documentation to identify supportive contact addresses. More focus should be put on process evaluation, documentation and project management. Getting more experienced workers with different cultural backgrounds is vital for the programme. Security in accommodation camps should be tight during the workshops to ensure that female peer facilitators feel safe. After the workshops, the needs of the peer facilitators as well as their fears need to be addressed.

RTM6: Besides offering incentives to the peer facilitators, workshop participants need to be motivated to continue taking part in other workshops “ *we need something refugees consider as a price for participating in this programme*”.

RTM7: The social management can be invited to the information sessions of the REFUGIUM programme at the university. Advertisements can also be done through the website while the flyer on goals and missions of the is being completed and lastly, the programme should be well structured.

11.4 Resources

RTM1: Literature on the roles of the social management, for the team to be well acquainted with their work.

RTM2: An extra room for materials to avoid congestion. A separate room for workers is needed too. More students are needed for the programme as well as finances to cater for the costs of the peer facilitators, workshop tools and motivational gifts. More motivated and energetic peer facilitators are still required as well as new work equipments for instance, a laptop, mobile phone and cupboards for keeping more materials.

RTM3: Permanent employees and literature in different languages for different modules for the peer facilitators “ *we can offer peer facilitators good materials that they can use to gain scientific knowledge about the workshop topics*”.

RTM4: The programme needs more materials to hand over, when a volunteer is leaving the programme.

RTM5: Apart from the professor, REFUGIUM team needs a programme manager and coordinator who is employed to work long term for the programme.

RTM6: Own website and a contact person

RTM7: Uniforms such as T-shirts and bags for the materials with the label REFUGIUM, upkeep while conducting workshops i.e snacks and drinks and a savings account.

11.5 Women Outreach

RTM 2: Maintaining contact to the female peer facilitators is a step towards women outreach. This target group is capable of accessing women accommodation camps. Generally, the number of women in accommodation camps is lower as compared to that of men, therefore women need to be encouraged and motivated to attend the health workshops.

They also need to be assured that the workshops environments are safe. *RTM 3* shares a similar experience. *“The biggest challenge we have in the programme is the small number of women participants in relation to men. Most of the women who have attended our workshops are married and I have a feeling that they stand in the shadow of their men. We need to network with women working for refugee women organizations”*.

According to *RTM 5* opinion on women outreach, cultural sensitivity and problem oriented approach is required. *“Most refugee women have experienced bad things and some of them have to face deportation”*.

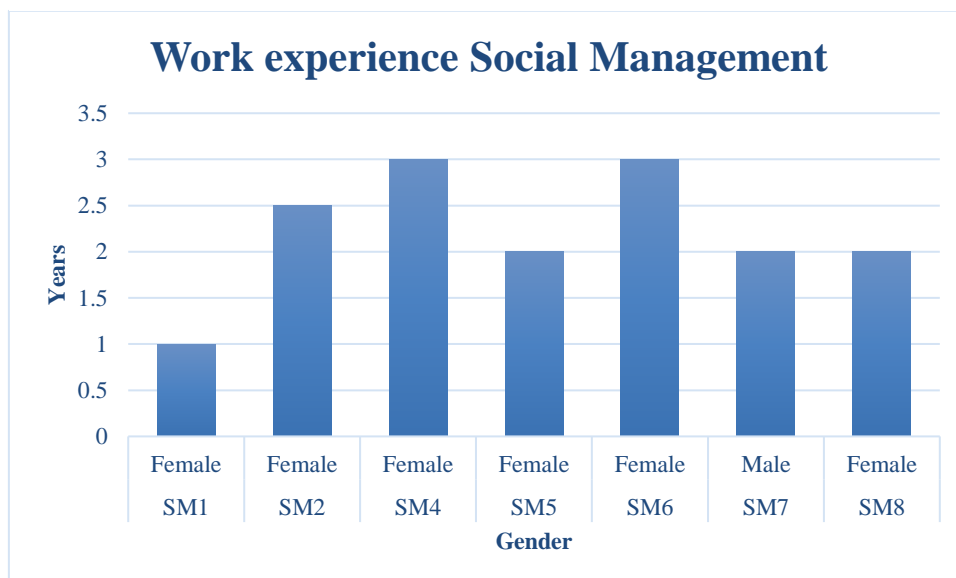
Apart from that they need permission from their husbands to attend REFUGIUM workshops, she adds. Due to cultural differences, researchers can focus on strategies of reaching refugee women through their men. *“If you want to reach refugee women, you have to overcome their men or their male responsible persons”*.

Alternatively, all REFUGIUM programmes can be conducted in the accommodation camps. The programme can also consider offering workshops to women and their men. This can enable refugee families to attend workshops together. *RTM 5:* *“ I have observed that in many workshops that we have conducted, many married women participate with their husbands”*. In some cultures, women feel uncomfortable being with men. Cultural issues are not to be overlooked in the field of refugee health

12.0 Results Social Management

12.1 Demographics

Figure 12: Demographics SM



12.2 Women Outreach

Naming REFUGIUM programme differently in relation to women needs can be a contributing factor in reaching out to women. Apart from that, REFUGIUM team members can inquire with the social management about women programmes in the camps and attend these programmes in order to reach more women. SM2 *“The focus of attending available programmes for women offered accommodation camps is to talk to families that often take part in the programmes and win some participants for your programme. You can send one or two students from your programme to these programmes to advertise REFUGIUM programme”*.

According to SM1, REFUGIUM programme can also make flyers that women can relate to and translate these in different languages depending on the cultural group of women it targets to reach. Then they can maintain the contact to the social management to help them promote the programme by distributing the flyers to women in refugee accommodations. The social management is ready to help in advertising the programme if they are well acquainted with the programmes, says SM1.

“In my work, I have many flyers to distribute. So it is good when one makes an appointment with me to update me on a project,” says SM3. “For me I find it easier to distribute the flyers if I have a good background of a programme”.

She also mentions that the problem of reaching out to women is not new and might take time and patience to overcome. She continues: *“Women outreach will be a problematic for a long time. When women come to Germany, they can’t change their mentality fast. They need time because according to my experience, even if projects offer baby sitting opportunities, the families still think that their children can not be well taken care of in Germany. So they organize themselves in a way that they take charge of their children alone. They don’t trust the baby sitters”.* She also mentions that refugee women who leave their children in the kindergarten always stand by the glass windows of the kindergarten to constantly check if their children are well taken care of. According to her, it takes at least one year for them to trust the social workers with their children.

Another way of reaching refugee women is offering workshops for women only. According to SM4, it is possible that women don’t feel comfortable having workshops with men. *“ I have heard that refugee women feel comfortable when they are with other women because they are able to talk to each other comfortably even on private matters. We might not know which kind of experiences refugee women have faced, therefore my recommendation is to try out workshops for women only. In this camp, we have good experiences with projects for women only”.*

Women reachability is a common problem not just for one refugee accommodation, but different refugee accommodations. A social manager from another refugee accommodations talks about the same. SM5: *“Whenever we have different offers for the refugees, it is very hard to reach women, although there are some programmes that they attend well like the German course for women. You can check which programmes in accommodation camps are well attended by women and have a direct contact to them in this way”.*

Another way of reaching women is to identify well known refugee women in accommodation camps and work with them to reach out to other refugee women, says SM5. The other options are contacting key social workers, who are involved in supporting refugee projects and requesting for a list of women living in particular accommodation camps through the social management if possible.

12.3 Steps to Sustainability

The interviews with the social management showed that it is optimistic about the REFUGIUM programme and ready to support it further especially on planning the workshops and doing advertisements for the programme in the camp. They recommend effective communication strategies with REFUGIUM team members through regular meetings, E-mail updates and phone calls. They propose engagement of more translators into the programme. Their aim is to support important programmes conducted in the accommodation camps, therefore they are willing to participate actively in the advertisement phase. According to SM5, the social management in big accommodation camps should create better information channels to help disperse information on different projects easily. Further recommendations on sustainability of the programme include, advertisements prior to the workshop day and a repetition of the same the day of the workshop, implementation of health promotion programmes after school hours in order to reach many refugees and expansion of languages offered for instance offering Tigrinya to Eritrean refugees.

The following table shows a summary of important results in all the cases.

Table 7: Results Summary

Variables	Important Results
a) Resources	Financial support of the programme is the most needed resource Long term employees needed in the REFUGIUM Team
b) Workshops	Networking with other institutions involved in refugee work Advertising the programme through the social media and other internet platforms Attending refugee work related team meetings or round tables
c) Collaboration	Using a Top-Down approach for an effective collaboration between stakeholders Convincing the Social management of the health and social benefits of REFUGIUM
d) Women Outreach	Developing workshops for women only Tackling women related topics such as pregnancy Engaging female peer facilitators in women workshops

13.0 Discussion of the Methods

The method of data collection used in this research study is multiple case study, which is also referred to as a collective case study. One of the advantages of this study is that a researcher is capable of choosing multiple cases to illustrate an issue (Creswell, 2007, pg. 99). In regard to the topic sustainability of REFUGIUM programme in refugee accommodations, a multiple case study was effective in elaborating the views of three different cooperation partners in the field of Refugee Health Promotion. Even though the replication of procedures in each case was time consuming, the researcher was able to identify the trends in the data collected in each case. However, it is worth noting that studying three cases at the same time can decrease in-depth case study analysis for each case. The following is a brief discussion on the data collection forms used in the research study.

13.1 Interviews

This type of data collection enabled the researcher to gain insight in the concept sustainability of REFUGIUM programme in a detailed form. It gave the three cooperation partners a platform of describing important elements needed to improve the programmes sustainability, whereas highlighting the challenges of sustainability to the programme. Research has shown that, for optimum use of an interview time, an interview guide is needed to keep the researcher focused on the desired topic (DiCicco-Bloom & Crabtree, 2006). A semi-structured interview guideline with open-ended questions was used during the data collection, thereby enhancing the quality of the qualitative interviews. Open-ended questions enabled the researcher to identify related questions to the central questions asked in the interview guide. Apart from that, recording of the interviews eased data capturing, unlike hand written notes, which are unreliable and might make the researcher to miss the key points. Recording the interviews enabled the researcher to concentrate more on the content of the interview as well as the non-verbal cues (Jansched, 2014). Some of the limitations regarding interview recording is the use of mobile phone as a recording device. This makes a researcher susceptible for losing data, in case the battery runs low, and distractions incoming calls or text messages might distract the interview recording process. Time management during the interviews also proved challenging especially when introduction questions develop to a wide range of ideas quickly, as was the case in one of the interviews with the social management. One of the interviews with the social management was conducted in haste, due to the limitation of time offered by the social management. Lastly,

data transcription can never fully represent the interview situation, since it is impossible to transcribe all the elements of communications involved in an interview. A researcher has to leave out, include or transform certain aspects of a recorded speech (Dressing et. al, 2015, p. 22).

13.2 Observation

Observation is one of the vital methods that allowed the researcher to collect data without relying on the participants to provide information. The researcher was able to see what participants do and compare it to what they say they do. This form of data collection is however susceptible to observer bias. Hawthorne effect also plays a key role in observation. Research shows that the consequent awareness of being studied can possibly impact the behavior of an interview participant or influence the answers given to interview questions (Chiesa & Hobbs, 2008, pp. 67-74), for instance the interview question to whether the participants were willing to support REFUGIUM programme to achieve its goals, was answered positively by all interview participants. However, a follow-up conducted in the case social management showed that that many of the interviewees were incapable of supporting the programme as they said, due to the workload they have in refugee accomodations. An attempt to contact specific social workers through E-mail was in vain.

13.3 Focus Groups

Focus group formation is a quick, easy and valuable way of collecting data with participants who are hard to reach due to time factor for instance the social management. Focus groups are also advantegious in providing useful information that individual data collection rarely provides. However, in one of the focus groups with the social management, the discussion was dominated by one social manager, which led to unequal distribution of discussion time among the participants. In the 2nd focus group conducted with the peer facilitators of the REFUGIUM team, collecting data at an individual level was a challenge, since the opinion of one peer facilitator was influenced by the other and vice versa. Focus groups are susceptible to facilitator bias and it is hard to generalize the results to a larger population, due to the participants selection system (Mansell et. al., 2004,pp. 79-88). The information got in the peer facilitators focus group is therefore not comparable to the information got from the social management focus group.

14.0 Discussion of Results

The first key to sustainability is advertisement. The study results showed that all participants have at one point heard of the REFUGIUM programme, however not all of them were well acquainted with the content of the programme, for instance the social management. More publicity is therefore needed for the content of the programme to be well known in Hamburg. Advertisement was a variable that appeared in all the three cases. One of the way of advertising the programme is through the internet. Research shows that the use of internet has grown exponentially and many health programmes are promoted through this way, especially through the social media. Most traditional advertising methods of programmes are outdated and social media provides a platform where programmes can upload pictures and videos of the current events. However, these can lead to ethical, legal and organizational issues. Other possible concerns on this type of approach is privacy and consent among others (Gold et. al., 2012). REFUGIUM programme can consider using the social media to connect to other online pages and groups of health promotion programmes in Hamburg. According to the results of the REFUGIUM Team Members, advertisement can also be conducted by inviting the social workers to the REFUGIUM introductory sessions. On the other hand, the data collected from the same group showed that health is not a priority to the social workers and the work load make them incapable of supporting the programmes work as expected. Based on these arguments, the idea of inviting the social management to REFUGIUM introductory sessions can be ineffective.

The second key aspect to sustainability is consistency. There are a lot of programmes offered in the refugee accommodation camps and the more consistent the programme is in offering workshops, the higher the chance of reaching out to many refugees. However, constant change in the social management team can be a hinderance to this. Therefore flexibility in the programme is required, in order for the programme to achieve its goals. Apart from that a top-down approach is recommended for an effective collaboration between the REFUGIUM Team Members and the social management. Results showed a high rate of commitment from the Local Health Authority to support the programme to promote refugees health in accommodation camps. The high rate of dedication from the REFUGIUM Team Members is also a driving force towards the sustainability of the programme.

The third aspect to sustainability is women outreach. According to the results in all the three cases, women outreach is a challenge that might be long lasting in the field of health

promotion. The results also showed that women outreach is not only a challenge to the REFUGIUM programme, but also to other programmes offered in refugee accommodation camps. However, there are strategies that can be implemented to reach out to women without crossing cultural boundaries. One of the common ways of reaching women as analysed in all the cases, is offering women only workshops and using female peer facilitators to conduct health workshops for refugee women. Health promotion programmes need to join hands to improve the attendance of women in various health workshops and programmes.

The fourth key issue to sustainability of the programme is the availability of resources. REFUGIUM programme is in need of financial support from the government, in order to sustain the volunteers and student workers in the programme. With enough financial aid, the programme can engage long-term scientific workers in the programme as recommended by REFUGIUM Team Members. Financial is also needed to cater for the peer facilitators upkeep while conducting workshops in refugee camps.

Similar interviews conducted by the Evaluation Students of Public Health at the University of Applied Sciences using the same interview guideline showed similar results discussed in this research paper. The interviews were conducted with the social managers in different refugee accommodation camps. These interviews showed that there is need to improve communication between the REFUGIUM Team Members and the Social Managent. In regards to women outreach, the results showed that more women related topics can be developed in the REFUGIUM programme. More languages for example Russian can be included in workshops conduction in the accommodation camps (Winkert et. al., 2018).

Other results similar to the researchers include:

- Consideration to conduct women only workshops
- Cooperation with organizations working with refugees
- Advertisement (Karras, 2018)
- Personal information session with the social management

Regarding the theme challenges to the REFUGIUM programme, the following results matched positively to the researchers results:

- Health not a priority to the refugees
- More men than women in the health workshops

- Limited time factor among the peer facilitators (Kästner, 2018)
- Programme unknown in some refugee accommodation camps

15.0 Sustainability Plan REFUGIUM

Note: The ideas of the sustainability plan in this chapter have been taken from the *Sustainability Plan Guidebook* by the PennState Sustainability Institute (2014).

The 1st step is to ensure that everyone in the REFUGIUM Team has a shared understanding of what sustainability is. In the **2nd step** the programmes current needs to be accessed. This enables the programme to identify missed opportunities and to understand the strength areas for sustainability as well as the weaknesses. In the **3rd step**, priorities are identified by using a sustainability SWOT analysis, that can be used to identify and recognize opportunities in the field of Refugee Health Promotion. The table below shows how a sustainability SWOT (sSWOT) analysis is done. The sSWOT is adapted from the World Resources Institute (WRI). It begins with sustainability challenges and explores how the effects flow (Sustainability Guiding Plan, 2014), creating new valuable ways of applying remarkable strengths (Metzger et. al., 2012) to hasten solutions to health problems in the refugee community.

Table 8: sSWOT Analysis

a. Sustainability Challenges	Which challenges are mostly to have a negative impact to REFUGIUM programme over the next 5-10 years, and which ones are the REFUGIUM Team Members most able to solve during that time frame?
b. Strengths	In what ways can REFUGIUM apply its strengths to the sustainability challenges?
c. Weaknesses	Which internal weaknesses of the programme are revealed by sustainability challenges?
d. Opportunities	Are there gaps that REFUGIUM programme can fill?

e. Threats	Which sustainability challenges are creating broad threats to the programmes viability?
f. Prioritize	Where can the REFUGIUM programme focus on, to have the greatest positive impact on one or more challenges while increasing the programmes viability?
g. Act	What can REFUGIUM programme do in the near term, mid term and long term?

The above mentioned steps are ways of identifying how the REFUGIUM programme can recognize opportunities rooted in sustainability challenges. Apart from identifying the priorities of the programme using sSWOT analysis, the convergence model adapted from Jim Collins can be used to look more deeply at what unique expertise REFUGIUM programme has to solve sustainability challenges (Sustainability Planning Guide, 2014, p. 22). The model consists of four parts as follows:

Sustainability: What does it mean to the REFUGIUM and the stake holders?

Sustainability has to be relevant to all REFUGIUM Team Members and stake holders for the challenges to be collectively combated.

Passion: What does the REFUGIUM programme passionately aim to achieve?

This does not include individual areas of interest, but an identification of what, at the end of the day, is important for the programme to achieve

Expertise: What is the REFUGIUM programme good at?

Identifying the unique expertise or abilities that the programme has or continues to develop

Resources: Where can more finances and other resources come from?

The programme must remain financially stable for it to be sustainable

The **4th step** is creating a vision for REFUGIUM sustainability programme by organising strategically where it wants to go, how to reach there and which measures will indicate it has arrived (Sustainability Planning Guide, 2014, p. 25). This can be done through brainstorming

during REFUGIUM Team Members meeting. While brainstorming, the team should also focus on ambitions that they aren't sure they can achieve. Methods of involving external partners in the programme can be developed in this phase of creative thinking (Sustainability Planning Guide, 2014, p. 25). Developing a clear vision of the programme has the advantage of keeping the REFUGIUM Team Members focused and leads to efficiency and high level collaboration. *The 5th step* is setting sustainability short term and long term goals on reaching more refugees in the accommodation camps. These goals can be built according to SMART acronymic representation strategies as outlined below.

Specific: Is the sustainability strategy detailed enough that someone, who is not part of the REFUGIUM team would know what needs to be done and how?

Measurable: How is the sustainability success going to be measured? How will the team know when sustainability goals are achieved?

Actionable: Which steps will be taken to accomplish sustainability strategies?

Realistic: Considering the available resources of the programme, are the sustainability strategies going to be accomplished realistically?

Timely: When are the sustainability strategies going to be accomplished?

The 6th step is developing a sustainable sustainability implementation plan. This should show how particular activities are going to be performed, who among the team members is going to perform which activities, by when, and how the effectiveness of the implementation plan is going to be assessed (Sustainability Guideline Plan, p. 29).

16.0 Conclusion and Recommendations

The research study showed how to sustain REFUGIUM in accommodation camps in three different perspectives of the Social Management, Local Health Authority and REFUGIUM Team Members. Even though several challenges to sustainability were raised in all cases, an effective implementation of the REFUGIUM sustainability plan is possible with the financial support from the Ministry of Health as well as the administrative support from the University of Applied Sciences. The refugee community needs should be accessed every semester. This can be included as one of the roles of the Public Health students and will enable the programme to be in line with the current necessities of its target group. Despite the high dedication of the team members, their needs should also be accessed after every six months. The programme manager needs to assess whether they have enough resources and whether

they have acquired new skills that can be advantageous for the programme in future. They should also be offered different opportunities to attend advanced training in the field of Refugee Health. An overall important issue that came up during the research period is maximizing the effectiveness of the health workshops in accommodation camps through frequent advertisements as well as updating the social management on the current events of the programme. This can motivate them to engage their time and resources in the programme. To enhance outreach efforts, forming partnerships is a pressing need in the programme. These partners need to be compatible with the REFUGIUM programme by sharing their missions and visions. In order to create a good partnership, good communication strategies are required. Finally financial acquisition strategies can be adjusted for instance through fundraising. More volunteers need to be recruited to cut down financial challenges and more donors who share the same interests as REFUGIUM need to be identified and application for funds submitted to them. Finally, future research should focus on ways of influencing refugees as well as the social managers to make health a priority in accommodation camps.

References

AASW, 2016. *Australian Association of Social Workers*. [Online]

Available at: <https://www.aasw.asn.au/document/item/8529>

[Accessed 05. 01. 2018].

Advocates for Youths, 2010. *Advocates for Youths*. [Online]

Available at: <http://www.advocatesforyouth.org/publications/publications-a-z/444-peer-education-promoting-healthy-behaviors>

[Accessed 27. 10. 2017].

AEIDL, 2016. *The European Association for Information on Local Development*. [Online]

Available at: <http://www.aeidl.eu/images/stories/pdf/germany-en.pdf>

[Accessed 13. 10. 2017].

AIDA, 2015. *Asylum Information Database*. [Online]

Available at: http://www.asylumineurope.org/sites/default/files/report-download/aida_-_germany_thirdupdate_final.pdf

[Accessed 26. 10. 2017].

Alpern JD, Davey CS, Song J. Perceived barriers to success for resident physicians interested in immigrant and refugee health. *BMC Med Educ*. 2016; 16(1): 178.

Australian Human Rights Commission (2014). 2. Understanding mental illness | Australian Human Rights Commission, (online) Available at:

<http://www.humanrights.gov.au/publications/2010-workers-mental-illness-practical-guide-managers/2-understanding-mental-illness>. Accessed 03.01.2018

BAMF, 2015. *Bundesamt für Migration und Flüchtlinge*. [Online]

Available at:

<https://www.bamf.de/SharedDocs/Anlagen/DE/Downloads/Infothek/DasBAMF/2015-08-20-prognoseschreiben-asylantraege.html>

[Accessed 25. 10. 2017].

BAMF, 2016. *Bundesamt für Migration und Flüchtlinge*. [Online]

Available at: <http://www.bamf.de/SharedDocs/Meldungen/DE/2016/201610106-asylgeschaeftsstatistik-dezember.html>

[Accessed 25. 10. 2017].

BAMF, 2017. *Bundesamt für migration und Flüchtlinge*. [Online]

Available at: <http://www.asylumineurope.org/sites/default/files/resources/bundesamt-inzahlen-2016-asyl.pdf>

[Accessed 29. 11. 2017].

BAMF, 2017. *Federal Office for Migration and Refugees*. [Online]

Available at:

https://www.bamf.de/SharedDocs/Anlagen/EN/Publikationen/Broschueren/broschuere-integriertes-fluechtlingsmanagement.pdf?__blob=publicationFile

[Accessed 25. 10. 2017].

Bridging Europe, 2014. *Bridging Europe*. [Online]

Available at:

http://www.bridgingeurope.net/uploads/8/1/7/1/8171506/wp18_asylumseekers_in_germany_katsiaficas_jan15.pdf

[Accessed 25. 10. 2017].

Bundesministerium des Innern: Migration und Integration. Aufenthaltsrecht, Migrations- und Integrationspolitik in Deutschland. Berlin; 2014.

Bundesregierung, D., 2015. *Deutscher Bundestag*. [Online]

Available at: <http://dip21.bundestag.de/dip21/btd/18/068/1806860.pdf>

[Accessed 25. 10. 2017].

BZGA, 2013. *Bundeszentrale für gesundheitliche Aufklärung*. [Online]

Available at: <https://repository.publisso.de/resource/fri:5111598-1/data>

[Accessed 12. 01. 2017].

CDC, 2016. *A Sustainability Planning Guide for Healthy Communities*. [Online]

Available at:

https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf

[Accessed 12. 12. 2017].

Chiesa M., Hobbs S. Making sense of social research: how useful is the Hawthorne effect? *Eur J Soc Psychol*. 2008; 38(1):67–74.

Chowdhury N. Integration Between Mental Health-Care Providers and Traditional Spiritual Healers: Contextualising Islam in the Twenty-First Century. *J Relig Health*. 2016; 55: 1665–1671.

Collins D. Pretesting survey instruments: An overview of cognitive methods. *Quality of Life Research*. 2003;12:229–238. Retrieved from <http://dx.doi.org/10.1023/A:1023254226592>.

Collins, J. C. (2001). *Good to Great: Why some companies make the leap – and others don't*. New York, NY: HarperBusiness.

Creswell, J. W., 2007. *Qualitative inquiry & Research Design*. 4th ed. London: SAGE Publication.

Creswell JW. Thousand Oaks, California: Sage Publications; 2007. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches: International Student Edition*.

DiCicco-Bloom B, Crabtree BF. The qualitative research interview. *Med Educ*. 2006; 40:314–21.

Dresing, T., Pehl, T. & Schmieder, C., 2015. *audiotranscription.de*. [Online] Available at: <http://www.audiotranskription.de/eng-lish/transcription-practicalguide.htm> [Accessed 07. 11. 2017].

Easton, D., 2014. *Asylum seekers, employment and mental health*. [Online] Available at: <http://www.asset.asrc.org.au/wp-content/uploads/2012/09/ASRC-research-Employment-models-2014.pdf> [Accessed 02. 01. 2018].

EPRS, 2016. *European Parliamentary Research Service*. [Online] Available at: http://www.europarl.europa.eu/thinktank/en/document.html?reference=EPRS_BRI%282016%29573908 [Accessed 02. 01. 2018].

Eurostat, 2015. *Eurostat Statistics*. [Online] Available at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_statistics [Accessed 25. 10. 2017].

Federal Office for Migration and Refugees, 2013. *Federal Office for Migration and Refugees*. [Online]

Available at: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/european_migration_network/reports/docs/emn-studies/10a.germany_national_report_reception_facilities_en_final.pdf

[Accessed 12. 01. 2018].

Flüchtlingsrat Leverkusen, 2017. *Flüchtlingsrat Leverkusen*. [Online]

Available at: http://www.fluechtlingsrat-leverkusen.de/eng/3.4.5_duldungen.htm

[Accessed 2018 01. 14.].

GMDAC, 2016. *Global Migration Data Analysis Centre*. [Online]

Available at: <https://www.iom.int/sites/default/files/country/docs/Germany/Germany-Data-Briefing-1Jan2016.pdf>

[Accessed 25. 10. 2017].

Gold, Judy et al. “Developing Health Promotion Interventions on Social Networking Sites: Recommendations from The FaceSpace Project.” Ed. Gunther Eysenbach. *Journal of Medical Internet Research* 14.1 (2012): e30. *PMC*. Web. 24 Jan. 2018.

Hockenos P (2015) Nothing can take down Angela Merkel — except 800,000 refugees.

Foreign Policy. Available at: <https://foreignpolicy.com/2015/10/22/nothing-can-take-down-angela-merkel-except-800000-refugees-germany-cdu-pegida/> (Accessed on

22.09.2017).

Ilona Kickbusch, C. F. et al., 2017. Germany's expanding role in global health. *The Lancet*, 24. 08., p. 15.

International Organization for Migration. Key Migration Terms. 2016.

<https://www.iom.int/key-migration-terms> (Accessed on 22.09.2017).

Jamshed S. Qualitative research method-interviewing and observation. *Journal of Basic and Clinical Pharmacy*. 2014;5(4):87-88. doi:10.4103/0976-0105.141942.

J. McDonald, Jill Grove and Youth Advisory Forum Members (2001). “Youth for Youth: Piecing Together the Peer Education Jigsaw”, Second International Conference on Drugs and Young People, 4-6 April 2001.

Kirmayer LJ, Narasiah L, Munoz M, et al. Common mental health problems in immigrants and refugees: general approach in primary care. *CMAJ: Canadian Medical Association Journal*. 2011;183(12):E959-E967. doi:10.1503/cmaj.090292.

“Knowledge Is The Best Prevention” Graft n' Arts Project, Second Youth Drug Summit 2001. <https://de.scribd.com/document/341705902/Handbook-Peer-English> (Accessed on 22.09.2017).

Kuckartz, Udo; Dresing, Thorsten; Rädiker, Stefan & Stefer, Claus (2008): Qualitative Evaluation – Der Einstieg in die Praxis. 2. edition. Wiesbaden.

Li SS, Liddell BJ, Nickerson A. The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Curr Psychiatry Rep* 2016;18:82.

Mansell I, Bennett G, Northway R, Mead D, Moseley L. The learning curve: the advantages and disadvantages in the use of focus groups as a method of data collection. *Nurse Res*. 2004;11(4):79–88.

Mason-Jones AJ, Flisher AJ, Mathews C(2011). Who are the peer educators? HIV prevention in South African schools. *Health Educ Res*, 26(3):563–571.

Metzger, E. et al., 2012. *World Resources Institute*. [Online]
Available at: <http://www.wri.org/publication/sswot>
[Accessed 28. 01. 2018].

Newman, L., Proctor, N. and Dudley, M. (2013). ‘Seeking asylum in Australia:immigration detention, human rights and mental health care’. *Australasian Psychiatry*, 21(4), pp.315-320.

PennState Sustainability Institute, 2014. *PennState*. [Online]
Available at:
http://sustainability.psu.edu/sites/default/files/SustainabilityGuidebook_final_feb19.pdf
[Zugriff am 28. 01. 2018].

Peykari N, Tehrani FR, Malekafzali H, Hashemi Z, Djalalinia Sh (2011). An Experience of Peer Education Model among Medical Science University Students in Iran. *Iran J Publ Health*, 40(1):57–62.

REFUGIUM: Rat mit Erfahrung: Flucht und Gesundheit – Information und Multiplikation. [Online] Available at: www.refugium.agency (Accessed on 29. 06. 2017).

Reeves M, de Wildt G, Murshali H, Williams P, Gill P, Kralj L, et al. Access to health care for people seeking asylum in the UK. *Br J Gen Pract.* 2006;56(525):306–8

Saldana, J., 2009. *The Coding Manual for Qualitative Researchers*. London: SAGE Publications.

Scheirer MA, Dearing JW. An Agenda for Research on the Sustainability of Public Health Programs. *American Journal of Public Health.* 2011;101(11):2059-2067. doi:10.2105/AJPH.2011.300193.

Schell SF, Luke DA, Schooley MW, et al. Public health program capacity for sustainability: a new framework. *Implementation Science : IS.* 2013;8:15. doi:10.1186/1748-5908-8-15

Silove D, Ventevogel P, Rees S. The contemporary refugee crisis: an overview of mental health challenges. *World Psychiatry.* 2017;16(2):130-139. doi:10.1002/wps.20438

UNHCR, 2016. *United Nations High Commission for Refugees*. [Online] Available at: <http://www.unhcr.org/news/latest/2016/7/55df0e556/unhcr-viewpoint-refugee-migrant-right.html> [Accessed 28. 7. 2016].

United Nations High Commission for Refugees: <http://www.unrefugees.org/what-is-a-refugee/> (Accessed on 13.07.2017).

UNHCR, 2017. *The United Nations High Commissioner for Refugees*. [Online] Available at: <http://www.unhcr.org/news/latest/2017/8/599540787/expert-roundtable-on-mental-health-in-refugee-status-determination.html> [Accessed 02. 01. 2018].

United Nations Population Fund, 2005. *Standards for Peer education programmes*, USA: Family Health International/YouthNet.

United Nations, 2015. *United Nations*. [Online] Available at: <http://www.un.org/en/universal-declaration-human-rights/> [Accessed 25. 10. 2017].

UNODC, 2003. *United Nations Office on Drugs and Crime*. [Online]

Available at: https://www.unodc.org/pdf/youthnet/handbook_peer_english.pdf

[Accessed 27. 10. 2017].

Walter J. Torres and Raymond M. Bergner. *Journal of the American Academy of Psychiatry and the Law Online* June 2010, 38 (2) 195-204;

World Health Organization. *Violence against women – Intimate partner and sexual violence against women*. Geneva, World Health Organization, 2011

WHO Europe (2016). WHO Europe Migration and health: key issues.

<http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/migrant-health-in-the-european-region/migration-and-health-key-issues#292115>

(Accessed on 24.10.2017).

WHO, 2017. *World Health Organization*. [Online]

Available at: <http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/migrant-health-in-the-european-region/migration-and-health-key-issues>

[Accessed 02. 01. 2018].

Yin, R. K. (2003). *Case study research: Design and methods*(3rd ed.). Thousand Oaks, CA: Sage.

Appendices

Appendix 1: Interview Materials

Hamburg University of Applied Sciences; Master of Health Sciences: Master Thesis, Summer Semester 2017 Refugee Health: Sustainability of REFUGIUM programme in refugee camps

Project Team: Supervisor: Prof. Dr. Christine Färber, Dr. Omar Aboelyazeid, Montaha Shafiq Neuhaus, Sona Sainju, Marina Linet, Mohammed Kalo, Milad Koshkaran

INTERVIEW INFORMATION SHEET: SUSTAINABILITY OF REFUGIUM PROGRAMME IN REFUGEE CAMPS

Introduction

My name is Marina Linet, a student of Health Sciences in the University of Applied Sciences in Hamburg and a research peer facilitator in the programme REFUGIUM. I would like to conduct an interview in regard to the topic sustainability of REFUGIUM programme in refugee camps. I am interested in learning about your point of view how this health promotion programme can be made sustainable in the refugee camps.

Why is this study being done?

This study is being done to collect ideas from REFUGIUM team members and social workers both from the Local Health Authority and refugee camps on how to support the programme to continue achieving its goals in the setting refugee camps. This interview will also enable a specific sustainability plan to be created for the project. This plan can also be used by other refugee health promotion programmes and projects in Hamburg.

What will happen today if I take part in this study?

I will take notes of the discussion and a recording will also be made using my mobile phone. After asking interview questions today, I will not ask you to do anything further. All information gathered will be treated as confidential by the programme team, and records of

the interviews will be kept securely. No personal identification information such as names will be used in any reports arising out of this research without your permission.

How long will this interview last?

The interview will last about 20 to 30 minutes, however the total duration of the master thesis is from the 10th of August of the summer semester to the 10th of February 2018 of the winter semester.

Can I stop doing the interview or decline some questions?

Yes you can, you can also decide to decline any question you feel uncomfortable answering. Just inform me right away if you wish to stop the interview.

What risks can I expect from taking part in the interview?

Participation in any interview may involve a loss of privacy. Information you provide about your experiences and opinions will be recorded, but your name will not be used in any reports of the information provided. No quotes or other results arising from your participation in this interview will be included in any reports, even anonymously, without your agreement. The information obtained from this interview will only be used by the programme research team members. I will do my best to make sure that the personal information gathered for this master thesis is kept private.

Are there benefits to taking part in the interview?

There will be no direct benefit to you from participating in this interview. However, the information that you provide will help REFUGIUM programme to be sustainable. The research team members will also understand how best to improve refugees' health.

What are my rights if I take part in this interview?

Taking part in this interview is your choice. You may choose either to take part or not to take part. If you decide not to take part, there will be no consequence or disadvantage to you.

What are the costs of taking part in this interview? Will I be paid for taking part?

There are no costs to you for taking part in this interview. You will not be paid for taking part in the interview.

Who can answer my questions about this study?

You can talk to the research team members or our supervisor Prof. Dr. Christine Färber about any questions or concerns you have about this interview. You can also contact me via E-Mail. If you have any questions, comments or concerns about taking part in this interview, first talk to the programme team. If for any reason you do not wish to do this, or you still have concerns about doing so, you may contact Prof. Dr. Christine Färber.

Giving consent to participate in the interview

You may keep this information sheet if you wish. Participation in this study is voluntary. You have the right to decline to participate in the study, or to withdraw from it at any point without consequences. If you do not wish to participate in the interview, you should inform me now. (Or at the time of the interview if this is to take place in the future). If you do not agree to quotes or other results arising from your participation in the interview being included, even anonymously, in the master thesis, please let me know.

Hamburg University of Applied Sciences | Master of Health Sciences: Master Thesis,
Summer Semester 2017 Refugee Health: *Sustainability of REFUGIUM programme in
refugee camps*

Project Team: Supervisor: Prof. Dr. Christine Färber, Dr. Omar Aboelyazeid, Montaha Shafiq Neuhaus, Sona Sainju, Marina Linet, Mohammed Kalo, Milad Koshkaran

CONSENT FOR PARTICIPATION IN THE RESEARCH INTERVIEW

I agree to participate in an interview for the research project of a master thesis conducted by Marina Linet from the University of Applied Sciences (HAW) in Hamburg, Germany, supervised by Prof. Dr. Christine Färber (HAW Hamburg) and Wiebke Bendt (HAW Hamburg). I understand that the interview is designed to gather information about making REFUGIUM programme sustainable in refugee camps. I will be one of approximately 15 people being interviewed for this research. The purpose of this document is to specify the terms of my participation in the research project through being interviewed.

1. I have been given sufficient information about this research project. The purpose of my participation as an interviewee in this project has been explained to me and is clear.

2. My participation as an interviewee in this project is voluntary. There is no explicit or implicit pressure whatsoever to participate.

3. Participation involves being interviewed by a researcher/student from the Hamburg University of Applied Sciences (HAW). The interview will last approximately 30 minutes. I allow the researcher/student to take written notes during the interview. I also may allow the recording (by mobile phone) of the interview. It is clear to me that in case I do not want the interview to be taped I am at any point of time fully entitled to withdraw from participation.

4. I have the right not to answer any of the questions, if I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.

5. I have been given the explicit guarantees that, if I wish so, the researcher/student will not identify me by name or function in any reports using information obtained from this interview, and that my privacy as a participant in this study will remain secure. In all cases subsequent uses of records and data will be subject to standard data use policies of the Hamburg University of Applied Sciences which protect the anonymity of individuals and institutions.

6. I have been given the guarantee that this research project has been approved by the presented supervisor Prof. Dr. Christine Färber, who may be contacted in case of research problems or any other question regarding the study project.

7. I have read and understood the points and statements of this form. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this research project.

8. I have been given a copy of this consent form co-signed by the interviewer

Participant's Signature _____

Date _____

Researcher's Signature _____

Date _____

For further information, please contact:

Prof. Dr. Christine Färber (HAW) e-Mail: christine.farber@haw-hamburg.de

Marina Linet (HAW) e-Mail: marina.linet@haw-hamburg.de

INTERVIEW TOPIC GUIDE

Participant No: _____ Gender: _____

Date: _____ Interview time: _____

Interviewee Initials: _____

INTRODUCTION (cf. information sheet)

I am from (Researcher's background)

- General purpose of the study
- Aims of the interview and expected duration
- Who is involved in the process (other participants)
- Why the participant's cooperation is important
- What will happen with the collected information and how the participant/target group will benefit
- Any questions?
- Consent

WARM UP

Introduction of the interviewer (age, education, here since ..., etc.).

Basics

- a) Can you tell me something about yourself? (Take notes for further questions if necessary)

Damit wir uns vorher kennenlernen, können Sie mir etwas über Sie erzählen?

b) Do you work with refugees as part of your job/career or privately?

Arbeiten Sie mit Flüchtlingen privat oder dienstlich?

c) Since when have you been working with refugees?

Seit wann arbeiten Sie mit Flüchtlingen?

TODAY'S TOPIC: SUSTAINABILITY OF REFUGIUM PROGRAMME

REFUGIUM PROGRAMME

1) Have you ever heard of the programme REFUGIUM? (REFUGIUM Team members don't have to answer this question)

Haben Sie schon mal von dem REFUGIUM Programme gehört?

2) How well are you acquainted with the programme/ how well do you know the programme? (This question is for me to know whether I should give a little input about our programme or not)

Wie gut kennen Sie das Programm REFUGIUM (diese Frage ist mir wichtig, damit ich grob über das Programm erzählen kann).

- 3) Have you ever participated in REFUGIUM programme or had contact with the programme in one way or the other? If yes, explain your experience briefly

Haben Sie schon mal am REFUGIUM Programm teilgenommen oder Kontakt verknüpft?

Wenn ja, erzählen Sie kurz über Ihre Erfahrungen.

SUSTAINABILITY

- 4) What do you think are the possible ways of supporting the REFUGIUM programme to continue promoting health in the refugee camps?

Wo sehen Sie die Möglichkeiten das REFUGIUM- Programm zu unterstützen die Gesundheit der Menschen mit Fluchterfahrung weiter zu fördern?

- 5) What are your ideas on how we can have an easy access to the refugee camps?

Was sind Ihre Ideen wie wir einen leichteren Zugang zu den Unterkünften haben können?

- 6) What are your ideas on how we can conduct more workshops in refugee camps?

Was sind Ihre Ideen wie wir mehr Gesundheitsworkshops in den Fluchtunterkünften durchführen können?

- 7) What are your ideas on how to win more women participants in our programme?

Was sind Ihre Ideen wie wir mehr Frauen durch unser Programm erreichen können?

- 8) What are your ideas on how we can create an effective collaboration between REFUGIUM team members and social workers as well as local health authorities

Was sind Ihre Ideen, wie wir eine effektive Zusammenarbeit zwischen REFUGIUM- Teammitgliedern und Sozialarbeitern sowie lokalen Gesundheitsbehörden schaffen können?

9) Are you interested in supporting our programme to achieve its goals further?

Sind Sie daran interessiert, unser Programm zu unterstützen, um seine Ziele weiter zu erreichen?

If yes, how can you achieve this in your current work position?

Wenn ja, wie können Sie dies in Ihrer aktuellen Arbeitsstellung erreichen?

10) If no, what are your ideas on how other institutions can support REFUGIUM in their current position?

Wenn nein, was sind Ihre Ideen, wie anderen Institutionen in Ihrer aktuellen Arbeitsstellung REFUGIUM unterstützen können?

11) What do you require as a local health authority/ social worker/REFUGIUM team member to support the programme to continue reaching its health promotion goals?

Was benötigen Sie für Ressourcen als Mitarbeiter der Gesundheitsbehörde/ als Sozial ArbeiterInnen/ als MitarbeiterInnen des REFUGIUM Teams, um das Programm zu unterstützen, um weiterhin seine gesundheitsfördernden Ziele zu erreichen?

12) Which external support and collaboration would you recommend for REFUGIUM programme in regards to sustainability?

Welche externe Unterstützung bzw. Zusammenarbeit würden Sie für das REFUGIUM-Programme REFUGIUM in Bezug auf Nachhaltigkeit empfehlen?

Closing

13) Is there anything else we haven't talked about and you would like to share concerning refugee health as well as sustainability of the REFUGIUM programme?

Gibt es etwas worüber wir nicht diskutiert haben, dass Sie gerne mitteilen möchte in Bezug auf Flüchtlingsgesundheit oder Nachhaltigkeit des REFUGIUM-Programmes?

Notes:

-
-
-
-
- Summarize
 - Thank participant
 - If intended: provide extra information and contacts to participants

SUMMARY OF THE INTERVIEW

1. How would you describe the atmosphere and context of the interview?

2. What were the main points made by the respondent during this interview?

3. What new information did you gain through this interview (compared to previous interviews)?

4. Was there anything surprising to you personally? Or that made you think differently?

5. What messages did you take from this interview for intervention design?

6. Were there any problems with the guideline (e.g. wording, order of topics, missing topics) you experienced in this interview?

Appendix 2: Examples of Interview Transcripts

Transcript 1: Local Health Authorities

Participant No: 1

Gender: F

Date: 21.09.2017

Interview time: 12:57pm

I: Alles gut, dann fangen wir. Du bist die erste. Ich schreibe erstmal das Datum und die Uhrzeit. Danach erzählst du mir ein Bisschen über dich #00:18#

P: Genau, ich bin 38 Jahre alt, ich war Krankenschwester #00:42#

I: (...), und seit wann arbeitest du mit Flüchtlingen? #00:52#

P: Schon länger eigentlich, durch dieses Forschungsprojekt, in dem wir auch gemeinsam waren, das mit dem Lampedusa-Projekt. Davor war ich in / engagiert in Messehalle für die Kleiderspenden / da war ich auch mit dabei und jetzt beruflich mit Flüchtlingen seit Dezember letztes Jahr, also Dezember 2016 #01:12#

I: Ok, das heißt, du hast privat angefangen, dann beruflich. Macht dir das Spaß? #01:20#

P: Ich finde das herausfordern, ich finde das ganz anders, aber das fand ich auch schon in dem Projekt mit den Lampedusa Flüchtlingen. Einfach kulturelle Verschiedenheiten führen halt dazu, dass man Dinge machen muss als man sie sonst macht und ich finde es weiter eine Herausforderung, die mir Freude bereitet #01:37#

I: Ok. Ja, du kennst ja unser Programm REFUGIUM und auch was wir für Workshops in den Flüchtlingsheimen anbieten. Wie tief kennst du unser Programm und hast du schon mal an unseren Workshop teilgenommen? #01:54#

P: Also, ich hab's schon das Projekt in der Uni kennengelernt, also das rein theoretische, dann (..) wurde das Programm bei mir, also von der/ bei der Arbeit durchgesetzt, für den Bereich, den ich zuständig bin. Insofern, ich habe nie an einem kompletten Workshop teilgenommen, ich war ja nur einmal, bei der Vorbereitung dabei, aber hab ja die ganzen/ also die Koordination übernommen und der Begehung, die

Besichtigung vor Ort. Dadurch kenne ich die Struktur (drumherum?) durch die Rückmeldungen von den REFUGIUM TEAMS zu den Workshops #02:51#

I: So, ich wurde nun einfach direkt zu „Sustainability“ gehen, (Nachhaltigkeit) und meine erste Frage hier ist: WO SIEHST DU Möglichkeiten, das REFUGIUM-Programme zu unterstützen die Gesundheit der Menschen mit Fluchterfahrung weiter zu fördern? #03:18#

P: Also, wie man das weiter fördern kann, dass es am Setting weiter ankommt (..) in den Unterkünften? #03:25#

I: Genau, ja! #03:27#

P: Also, meine Erfahrung mit der Umsetzung des Projektes ist, dass es ganz wichtig ist mit den Menschen vor Ort zu arbeiten, vor allem//also die/dem Sozial Management beispielsweise. Da habe ich aber auch mit den anderen Projekten Erfahrung gemacht, dass da einfach zu wenig Leute arbeiten und es wäre ganz gut, wenn das Sozialmanagement, das sind zwar Menschen, die in der Regel soziale Arbeit studiert haben, aber Gesundheit ist da nicht der Fokus und ich glaube, dass viele aus dem Soziale Management noch nicht verstanden haben was REFUGIUM eigentlich macht #04:00‘

I: Ok (...)

P: Ich weiß nicht, ob es eigentlich reicht, einmal dahin zu gehen und ihnen zu erzählen was REFUGIUM bewirkt, weil im Moment habe ich das Gefühl, also auch wenn ich mit den andern im Kontakt komme, dass es immer so ein Bisschen an der Person vor Ort liegt. Das hat manchmal gar nichts mit dem Studium zu tun, sondern das hat was damit zu tun, ob eine Person vor Ort überzeugt ist von dem Programm und es deshalb unterstützt, und wenn jemand vor Ort ist, der das es toll findet, also wo das Herz mitgeht, dann wird er oder diejenige auch dafür sorgen, dass das klappt. Also, der erste Schritt wäre für mich immer zu gucken, wer leitet diese Einrichtungen, wie kann ich dem Leiter und das soziale Management davon überzeugen, dass es eine gute Sache ist und ich glaube wenn man einmal in einem Einrichtung geht, sollte man auch da wieder hingehen. Das man das nicht nur einmal macht, sondern, dass es ein wiederkehrenden Ereignisse ist, wo alle so eine Vertrautheit haben. Vielleicht muss

man auch fragen, ob jemand Lust hat daran teilzunehmen, um einfach zu wissen, worum es geht #05:05#

I: Hast du vielleicht Ideen, wie wir das Sozialmanagement über unser Programm überzeugen können/ weil wir manchmal E-Mails schicken und lange auf Antworten warten, die manchmal überhaupt nicht kommen. Andererseits wissen wir, dass sie viel zu tun haben, aber trotzdem wie können wir sie am besten schnell erreichen und überzeugen...#05:29#

P: Also, ich würde denken/ also, ich glaube, dass das was hinten (rumkommt?) bei diesem Programm ist das eventuell eine größere Zufriedenheit auch herrscht oder einfach dadurch, dass man in Form von Bildung weitergeht, werden die Menschen auch vor Ort zufriedener und das ist ja//kann unter Umständen wichtig sein für die tägliche Arbeit des Sozialmanagements vor Ort (...). Ich glaube aber schon, dass man muss sie ins Boot holen, wie wusste ich auch nicht, aber man muss erstmal glaube ich die oberste Köpfe überzeugen, wenn das/ wenn die Einrichtungsleitung dahinter steht, dann kann die vielleicht eher in das Team tragen. Mh..vielleicht muss man auch, also das Programm ist schon das ganze Weile/ also es läuft schon seit eine Weile und es ist schon evaluiert und mhh...ich weiß nicht, ob es helfen würde, wenn man das einfach noch höher ansetzt und wirklich nochmal Hamburg weit die Einrichtungen zusammen holt oder die Träger. Ich habe einfach das Gefühl, dass REFUGIUM, obwohl es hier ist, obwohl es in Hamburg ist, immer noch relative unbekannt ist# 06:44#

I: Also wir müssen noch mehr Werbung machen meinst du? #06:46#

P: Ja es muss/ also, es muss einfach prägnanter sein und was mich auch gewundert hat ist auch neulich gerade wollte ich jemanden das zeigen, und ich habe das heute in meiner Präsentation zum Beispiel auch drin, bei den ‚Erstees‘ als Projekt so, dass es gibt, dass REFUGIUM keine eigene Website hat #07:09#

I: Das ist unter die Budrich...#07:10#

P: Genau und das sind zwar ein Bisschen/ aber das man vielleicht/ also man kann ja auf der HAW-Seite auf REFUGIUM klicken, aber, wenn du REFUGIUM-HAW googlest, dann kriegst du immer noch diese Berichte über (...) / das ist zwar doof, man kommt nicht direkt über die Information ‚project description‘ oder so was und

wo es nochmal steht, was machen wir eigentlich, also wie ein Posterform. Weißt du?
#07:34#

I: Ok (..) #07:35#

P: Der Link ist zwar da auf der HAW-Seite. Manchmal wenn ich was für die Leute ausdrücken möchte, dann gehe ich über diesen weg HAW-REFUGIUM und finde das dort den Link, aber es ist so, es ich bei der gesundheitliche Chancengleichheit ist auch was, was das Projekt beschreibt, (..), aber ich finde es ein Bisschen/ also, da guckt man nicht sofort hin. Da muss man über die Gesundheitliche Chancengleichheit, das kommt heimlich aus, das muss noch irgendwie noch ein Bisschen präserter sein und vielleicht muss man auch noch mehr durch/ also, es gibt ja in Hamburg in jedem Quartier, wo viele Flüchtlingen sind, gibt es in der Regel Quartiers Manager und in den Bürgerhäusern zum Beispiel. Es gibt ja Bürgerhäusern in Bonn-Heide zum Beispiel, ich kenne ja primär das in Altona. Also da gibt es ja auch primär Köpfe, die sich um Gesundheitsförderung Gedanken machen und die sich natürlich auch um die Flüchtlingen bemühen und um Projekte, Gesundheitsförderungsprojekte oder überhaupt Projekte für Flüchtlinge, ob man da nicht die nochmal (ab kaspert?), ob man nicht guckt, wo haben wir Quartiers Manager, wo ist jemand für Gesundheitsförderung zuständig, das (erfährt) man in der Regel über die Bezirksamter/ über die Gesundheitsförderungs, also über KGFM, ob man da nochmal mehr Werbung macht, das man es präserter macht. Vielleicht das es kontinuierlich läuft #09:14#

I: Ja, ja. Cool. Ich hatte schon gefragt, ob du Ideen hast wie wir „Easy Access“ haben können und du meinstest, dass die genaue Ideen hast du nicht, aber andersrum gefragt, was sind deine Ideen, wie wir mehr Workshops in den Camps durchführen können?
#09:20#

P: Eigentlich, das was ich auch schon eben sagte, aber man muss/ also, ich glaube man profitiert davon, wenn man in einer Einrichtung einmal da warst, dass man nicht weg geht, sondern dass man die gleiche (krallt?) und sagt „pass auf ich geh und in drei Monaten kommen wir wieder“, also das man nie aufhört.

I: Also, wir hatten ja mal/ wir waren in S.A (echte Name von den Unterkunft verbogen) und das hat uns nicht so gut gefallen. Meinst du man könnte dort weiter versuchen Workshops durchzuführen?

- P:** Ja, S.A finde ich, da würde ich/ also ich wollte auch damals sehr gerne, dass es in die S.A geht. S.A ist aber im Moment die Einrichtung, die am meisten (überresidenten) hat. Das heißt, dass sind LAUTER Leute, die eigentlich abgeschoben werden sollen und klagen. Das sind alles Leute, die überhaupt keine Perspektive haben, hier zu bleiben. Eine große schlimme Unterkunft und wenig Bleibeperspektive. Ich weiß nicht, ob das die richtige Einrichtung ist für dieses Projekt. Die Leute dort haben ganz anderen Sorgen. Die sind deswegen, klar also da kann man sagen, sie brauchen erstmal das Recht, aber mit allen Sachen, die in der S.A laufen ist es schwierig, weil die Menschen unter diesem (ecken Verhältnisse?)/ sie sind einfach frustriert und da ein von den die dort sind, vielleicht bleibt nur ein Drittel und alle anderen werden abgeschoben. Ich weiß nicht, also S.A ist ein schlechtes Beispiel, aber ich glaube, wenn du in der anderen wie der SK oder so was , eine andere Erst Aufnahme Einrichtung, die auch groß ist, einmal damit angefangen hast, dann musst du da bleiben, weil das ist ja mit vielen Sachen verbunden. Das ist ja Integration auch, dass man kennenlernt wie Sachen funktionieren und wie man Sachen macht und dafür ist es wie ein Tropfen auf den Stein, würde ich sagen #11:27#
- I:** Meine Nächste Frage ist(...), ja, das ist eine wichtige Frage. Was sind deine Ideen, wie wir eine Effektive Zusammenarbeit zwischen REFUGIUM-Team Mitgliedern und Sozialarbeitern sowie lokalen Gesundheitsbehörden schaffen können11:46#
- P:** Also, ich glaube grundsätzlich war der Einsatz sowie wir es gemacht haben in der S.A gar nicht so schlecht, das man über die „KGFMIler“ über das Gesundheitsförderungsmanagement in die Einrichtungen geht und dort vor Ort mit den Einrichtungen spricht, dass das schon diese dreier Kombi , ich glaube auch das es sinnvoll ist, dass es unter bezirklicher, also ein Bisschen unter behördlicher Hand läuft. Das hat nochmal ein anderer Aspekt, wenn man sagt, da kommt irgendwie das Gesundheitsamt, die kümmern sich daran. Ich glaube das gibt den mehr Gewicht, aber letztendlich ist es ehr so, dass das Vorort die Arbeit macht ihr ehr selber, aber vielleicht kann man ganz am Anfang, wenn man um Absprachen geht: wie soll das laufen oder so, dass man das gemeinsam mit der Behörde macht und da würde ich immer, glaube ich, über die Gesundheitsförderung gehen, dass man einfach guckt, wer sitzt da und unterstützt er uns. Weil, wenn es dann angelaufen ist, es ist ja meist dann/ hat man ja nicht mehr /dann ist das Amt raus. Also ihr könnt schon anrufen, wenn was nicht gelaufen ist so, aber ich glaube das jetzt immer jemand von der

Gesundheitsförderung aktiv auch vor Ort ist, also aus dem Bezirksamt, das ist nicht möglich wegen der zeitlichen Ressourcen. Also, dafür ist ja nicht genug Zeit da #13:48#

I: Was denkst du über vierer oder (fünfer) Kombi, die zusammen kommen, um uns zu unterstützen? #13:49#

P: Mhh (..) Mhh (...) finde ich gerade schwierig so zu beantworten, weil es natürlich auch noch andere vielleicht Interessengruppen gibt, wobei die Erstaufnahmen Einrichtung sind ja/ das sind ja nicht so viele andere Partnern/ das sind ja die Einrichtung selber, die unterschiedliche Träger geführt werden, dann ist da eine Leitung und dann ist da auch noch das Sozialmanagement. Ich..mhhh/ man konnte natürlich mit den Trägern sprechen, dass man langfristig, diese Programme in jeden Bezirk in einer Unterkunft laufen lassen will, weil alle könnt ihr wahrscheinlich nicht bedienen, aber ehmmm, das man da nochmal ganz oben guckt, aber ansonsten wusste ich jetzt als Partner in dem Fall, weil es ja so Welten für sich sind , gerade die Folge Unterkünfte und die Erstaufnahme sind sehr von allem getrennt, was auch nicht gut ist, aber mir würde jetzt niemand einfallen #15:00#

I: Wir haben letztes Mal versucht mit Kirchengemeinde zu arbeiten, aber das hat auch nicht richtig funktioniert, weil die ganze Arbeit auf uns lag vor allem Werbung.

P: Also in der Kirche hast du natürlich recht, da erreicht man sie gut so gerade, wenn es um Gruppen geht, die eine Kirche oder eine Moschee oder was auch immer aufsuchen, dann ist das auch natürlich ein guter Ansatz, sie dort zu erreichen. Das stimmt, aber ich glaube diese Institution, Glaubensinstitution nicht dafür geeignet, Werbung zu machen. Ich würde denken, wenn da zum Beispiel jemand oder ich als Bezirksamt könnte ja auch trotzdem sagen „ ok, das ist schön, ihr habt jetzt die Kollaboration mit der Kirchengemeinde gemacht und man kann ja trotzdem die Sachen drücken, also ich meine damit die Werbungsmaterialien. Die müssen ja auch in die Camps, das muss ja trotzdem in die Camps #16:10#

I: Die andere Frage ist: Bist du daran interessiert unser Programm weiter zu unterstützen, um seine Ziele zu erreichen? #16:18#

P: Also, ehrlich gesagt jetzt für mich war das erste Mal, das war sehr aufregend. Das war glaube ich das erste was ich so richtig gemacht habe in meinem neuen Job. Das

war sehr aufregend, aber jetzt würde ich denken, ich fand ehrlich gesagt die Poster und die Bewerbungsmaterialien, die wir hatten super. Die kann man ja weiter verwenden. Da musste nur Räumnummer oder so was geändert werden und Datum. Das wäre jetzt auch eine leichte Sache und ich weiß jetzt ich habe aus diesem ersten Mal natürlich auch so viel mitgenommen für das nächste Mal. Da wäre ich auf jeden Fall wieder dabei #17:10#

I: Schön #17:11#

P: Nicht in der S.A. Wir haben auch andere schöne Unterkünfte, wo viel mehr Frauen sind und das wäre vielleicht...#17:21#

I: Ja, und das ist sehr wichtig, denn wir möchten auch viele Frauen erreichen. Ich werde auch demnächst Interviews in der S.K machen#17:37#

P: Das ist nicht mein Bereich, S.K. Das ist Eimsbüttel. Da ist FR zuständig. Der ist von KGFM. Also der arbeitet in der Position quasi die ich in Altona habe. Also die SK soll besserer/ aber ich glaube Frau F. kennt die S.K #18:13#

I: Wie wirst uns nun weiter unterstützen außer den Flyer auszudrücken und so...#18:30#

P: Also jetzt, wenn es in Bezirks Altona mal in der Erst Aufnahme-Einrichtung gehen würde, die vielleicht/ also ich würde einem Empfehlen tatsächlich, in der ich mindestens gut vorstellen kann, wir haben eine geschützte Unterkunft, wo primär Frauen sind am Kaltenkircherplatz. Da muss man immer fragen. Geschützte Unterkünfte haben es natürlich nicht gerne Menschen von außen dort. Da musste man gucken wie man das regeln kann, aber ich würde das wieder unterstützen, also zumindest die Absprache zu treffen und die Bewerbungsmaterialien zu drücken und dort abzuliefern so, das ginge #19:22#

I: Das wäre eine gute Idee Frauen zu erreichen und sie auch als Multiplikatorinnen zu gewinnen. Wir haben bis jetzt wenige Frauen im Programm #19:31#

P: Ja, da muss man halt einfach, weil es eine geschützte Unterkunft ist, da musste ich mit jemanden vor Ort fragen wie das ist, weil grundsätzlich gibt da Frauen, die von den Männern misshandelt wurden und ich glaube die mögen nicht gerne, wenn man von außen, also Fremder rein kommen, was ich auch verstehen kann und das muss man mal vorher fragen, ob das geht #19:56#

- I:** Welche Institutionen können unser Programme unterstützen? #19:57#
- P:** Ja, du sagte es ja schon zum Beispiel Kirchen können gut sein, also dort könnte man Multiplikatoren gewinnen. Also, die Erfahrung oder man muss erstmal gucken, ob man sich mit anderen Projekten vernetzt. Also ich weiß jetzt von Kollegenkreise, dass wenn ein Angebot gut ist und sich (rumspricht?), dann fahren sie die ganze Stadt und werben das. Man kann natürlich religiöse Treffpunkte nutzen, dass man schaut welche Räumlichkeiten sie haben und vielleicht die Workshops vor Ort durchführt, wo vielleicht viele sind, und dann könnte man gucken, ob man über andere Projekte z. B Stadtteilmutter oder (Eltern Lötzen), das sind ja zwei Projekte, die sich ergänzen. Also Eltern lötzen sind ja für die kleineren, also für die 0-3 und die stadtteilmutter dann für Müttern mit Kinder ab drei jahren, aber da gibt es ja diverse Projekte, ob man mit den einfach mit ‚Lötzenen‘ bzw. den Leute, die schön Kontakt aufnimmt, und die mal fragt, weil die haben viel Kontakt zu Müttern und Eltern#22:20#
- I:** Das ist eine gute Idee, es gibt immer diese Arbeitskreise, dass REFUGIUM auch eine aus der Team zu den Arbeitskreisen schickt. Das meinst du oder? #22:21#
- P:** Ja, das meine ich. Das was ich vorhin sagte, dass in jedem Stadtteil gibt es eigentlich runde Tische oder Arbeitskreise zu verschiedenen Themen. Ich war neulich gerade auf dem Rundtisch in Olsdorf. Das war nur Flüchtlingsprojekte, das war nur Vertreter von Flüchtlingsprojekte, da ging’s nur um zu gucken was haben wir hier vor Ort, also eine Bestandsaufnahme und da sind natürlich genau diejenigen, die man auch kontaktieren musste, um sich besser zu vernetzen. Also Netzwerkarbeit ist nötig, weil REFUGIUM kennt in Hamburg KEIN MENSCH und da ist einfach, dass es so sehr auf Mundpropaganda angewiesen. Man muss sich vielleicht selber mal Kontakt aufnehmen zu den einzelnen runden Tischen im Bezirk, also gerade die runde Tische, die auch nah an irgendwelche Unterkünfte sind und einfach mal dran teilnehmen, dann kriegst du Kontakt zu (...) Kollegen, die aus dem Feld Gesundheit oder bzw. aus der Sozialhilfe, aus der Jugendarbeit und darüber kann man auch oder wurde ich versuchen Kontakt zu kommen #23:34#
- I:** Mhh...so...und als letzte Frage. Gibt es irgendwas, worüber wir nicht diskutiert haben, was dir am Herzen liegt und du möchtest das gerne weitergeben. In Bezug auf das Programm oder REFUGIUM-Team. Irgendwas wir nicht diskutiert haben und du denkst, dass es wichtig ist...

- P:** Also eine Sache grundsätzlich von allen Projekte, die so um geflüchtete herum bestehen, gibt es ein Problem, was immer wieder auftaucht, ist das die Projekte untereinander nicht kennen, das die Vernetzung sehr sehr schwierig ist, und wenn ich versuche rauszufinden, ob es für irgendetwas schon was gibt, dann kriege ich eine Liste von dem Jugendamt , von der sozialen Raummanager eine Liste für die Projekte die es gibt, aber die sich unter einander nicht kennen und was in Hamburg wichtig fällt, ist das man eine Stelle hat wo es alles gesammelt ist, am besten Online, wo auch ‚health professionals‘ nachgucken können, wenn ich zum Beispiel klicke auf jugendliche, was für Projekte gibt es in Hamburg weit für geflüchtete Jugendliche oder Gesundheit: Was für Projekte gibt es da, da musste man/ also meine Vorstellung wäre, das es eine selbst Meldepflicht gibt oder das man von Bezirksseite sagt ‚wir wünschen uns, dass ihr euch meldet‘ und dann kann man sich da selber melden und dann wird das hochgeladen und dann könnte man gucken, was es alles gibt, weil diese Netzwerke sind(...)/ sie wurden so helfen für kleine Sachen, dass man weiterkommt. Manchmal hat man irgendwo ein Problem und denkt ‚Mensch was mach ich jetzt!‘ und dann gibt es aber eigentlich schon was. Dann muss man nicht immer was neues ausdenken, weil es gibt schon so viel tolle Projekte auch für traumatisierten Kindern, es gibt sehr viele tolle Sachen und man erfährt immer nur darüber durch einen Zufall/ und alle anderen, die dabei sitzen kannten sich vorher auch nicht, also bis her ist es so: Das Netzwerk Hamburg ist extrem aktiv, was es Flüchtlingsprojekte angeht auch ehrenamtliche werden so viele tolle Sachen gemacht, aber es fällt einfach die Transparenz und die Vernetzung #26:00#
- I:** Mhhh...das ist eine gute Idee für eine Masterarbeit, wenn man eine Liste Online stellen könnte#26:02#
- P:** Ich habe tatsächlich neulich...ich saß in einer Runde, da habe ich schon mal überlegt, ob das nicht ein Projekt wäre für der HAW-Medien, die machen auch Medien, das die eine Webseite dazu erstellen und das vielleicht Gesundheitswissenschaftler oder so als Masterarbeit dieses Projekt überall vorstellt. Dann ehmmm (...), so zusagen auch eine Projektmaske entwickelt, wo kurz und knapp jeder aus dieselbe Art und Weise sein Projekt schreibt, das man das auch nachher klassifizieren kann in Unterpunkte. Darüber denken wir auch schon die ganze Zeit, ob wir derzeitige Bachelor Studentin das als Bachelorarbeit macht, aber ich glaube das ist groß. Ich

finde das ist etwas, was man anpacken muss, auch sehr strukturiert macht, damit jeder auch erreicht wird und das hat auch viel mit Netzwerkarbeit zu tun #27:20#

I: Das ist wirklich eine gute Idee. Danke dafür, ich habe keine Fragen mehr. Ich danke dir für deine Zeit, dass du das Interview gemacht hast. Ich weiß, du bist sehr beschäftigt. Ich freue mich, dass es gut geklappt hat #27:30#.

Transcript 2: REFUGIUM TEAM

Participant No: 2

Gender: F

Date: 21.09.2017

Interview time: 15:42pm

I: Danke für das unterschreiben (...). Lass uns mal anfangen. Kannst du mir etwas über dich erzählen? #00:10#

P: Ich bin SJ, bin 22 Jahre alt und mache gerade mein Praktikum, mmhh..ja. Wie bin ich zu dem Programm gekommen? Ich bin dazu gekommen, weil wir das Modul Evaluation im Gesundheitswesen hatten und ich habe gesehen wie M, S, M, M und M alle zusammen das Programm gemacht haben und das hat mich sehr angesprochen. Dann habe ich Frau. Färber gefragt, ob ich das auch machen kann im kommenden Semester, dann meinte sie ‚ja gerne‘ und so bin ich dazu gekommen#00:55#

I: Ok. Hast du vorher privat mit Flüchtlingen gearbeitet? #1:00#

P: Ja, teilweise. Ich hab zum Beispiel Anfragen von Unterkünften bekommen, also da gab's immer Aushänger und man könnte sich melden für die Übersetzung von Flyer oder von allgemein Postern dazu. Das habe ich gemacht ein bisschen, aber nicht so sehr (...) #1:28#

I: Und allgemein seit wann arbeitest du mit Flüchtlingen hier an der HAW#1:33#

P: Ich bin noch nicht in Kontakt mit den gekommen, im Evaluation Kurs hatte man nicht viel Kontakt mit den gehabt #1:35#

- I:** Wie gut kennst du jetzt das REFUGIUM Programm #1:37#
- P:** Wie gut ich das kenne? Ich kenne das jetzt sehr gut. Bis jetzt habe ich nur organisatorische Sachen gemacht, ehmmm...ja Flyer bearbeitet (..)Werbungsposter bearbeitet, so was #2:16#
- I:** Wie ist deine Erfahrung bis jetzt mit REFUGIUM #2:52#
- P:** Ich habe Erfahrung gemacht im Hinblick auf Kontaktaufnahme mit Flüchtlingsunterkünften. Darunter habe ich Erfahrung gemacht, dass es schwierig ist. Wird nicht so gerne angenommen, oder ist unterschiedlich. Manche nehmen gerne an, manche auch nicht. Bis jetzt scheint alles für mich sehr positive, dass das gerne gesehen ist und gerne angenommen wird außerhalb einzelnen Personen #03:45#
- I:** und persönlich...macht dir die Arbeit Spaß? #03:46#
- P:** Ist ehr anstrengend (P&I lachen). Ich würde es nicht sagen, dass das Spaß macht, aber ich würde sagen, dass (ein selber weiter bringen?) von menschliche her. Das man mehr akzeptiert wird oder mehr offener wird, aber Spaß würde ich noch nicht sagen, vielleicht kommt das noch #4:15#
- I:** Hast du schon mal REFUGIUM Workshops gemacht und wie war das für dich? #4:16#
- P:** Ja, doch. Ich habe ja bei Evaluationsunterricht gemacht. Das war sehr positive auf einer Seite, weil es war schön jemanden was zu erzählen, was man weiterbringt. Die Flüchtlinge haben auch mit mir geredet und mir erzählt zum Beispiel, dass die Wohnunterkünfte sind dreckig und es gibt Schimmel und es wird nicht darüber gemacht. Sie haben so richtig interagiert, aber auf der anderen Seite war es auch sehr schwierig als Frau ein Workshop für Männer durchzuführen, weil die Männer haben sich nichts von mir sagen lassen zum Beispiel ich habe was gezeigt und dann habe ich gesagt, dass N.. nach vorne kommt, damit ich ihn was zeigen kann und dann hat er so weggezogen, er wollte nicht, dass ich ihn was zeige, weil ich bin eine Frau. Das ist kulturell so, deswegen war das ein Bisschen schwierig, aber sonst waren sie eigentlich sehr nett, aber ich habe mich nicht in meiner Rolle sehr gut gefühlt. Wenn ich das für Frauen gemacht hätte, glaube ich, dass wäre eine bessere Erfahrung, aber für Männer war das ein Bisschen schwierig #05:46#

- I:** Wo siehst du die Möglichkeiten das Programme weiter zu unterstützen die Gesundheit der Menschen mit Fluchterfahrung weiter zu fördern #06:21#
- P:** Ich persönlich? Wenn ich das unterstütze? Mhhh...Ich kann unterstützen in dem ich offener mit dem Thema bin und mehr eigene Initiative einbringe und wenn ich nicht mehr Praktikantin bin, dann wurde ich weiter dabei bleiben, Kontakt halten...sowas kann ich machen zu unterstützen #07:20#
- I:** Was sind deine Ideen wie wir einen leichteren Zugang zu den Unterkünften haben können? #07:21#
- P:** Das Problem ist halt, ich glaube, das Sozialmanagement hat auch viele Aufgaben dort und ist immer gestresst und wenn sie da einfach so eine E-Mail bekomme, dann sind sie so: ‚ja, ok (..) das ist wieder ein anderes Programm‘, weil es gibt ja viele Programme für Flüchtlinge mittlerweile, da gibt’s Flyer, dort Flyer, da Angebot und es ist viel geworden und wenn da ja steht Gesundheitsamt oder Professorin oder Doktorin Färber, das ist das andere als wenn ich schreibe ja SJ oder REFUGIUM Team (..), weißt du? Die Gesundheitsämter sind für sie große Ansprechpartner und wenn was von Gesundheitsamt kommt, dann läuft es einfach besser. Von unsere Seite müssen wir nicht viel machen, sie müssen sich ändern (das Sozialmanagement gemeint) nicht wir, wir können ja nichts machen #08:35#
- I:** und wie können die Gesundheitsämter auf Dauer uns unterstützen zum Beispiel, wenn es eine neue Leitung gibt, die uns noch nicht kennen? #08:50#
- P:** ja...uns vorstellen, zeigen was unsere Ziele sind, was wir bis jetzt erreicht haben. Also, dort persönlich gehen und das Programm vorstellen. Auf jeden Fall persönlich, weil E-Mail ist so distanziert und es kommt vielleicht in einem Tag kriegt diese Person vielleicht zwanzig E-Mails und dann geht das vielleicht unter #09:41#
- I:** Was denkst du, ist es besser das Programme Hamburg weit durchzuführen oder nur in bestimmten Bezirke? #09:42#
- P:** Ja, schwierig, weil auf einer Seite ist es zum Beispiel besser Gesundheitsämter überall zu schreiben oder mit jedem Kontakt zu halten, aber wir sind nicht so viele Leute, wie sollen wir das machen? Wir brauchen mehr Personal dafür, weil wir keine Möglichkeiten haben das jetzt so zu machen #10:28#

- I:** Wie können wir trotzdem schaffen, dass wir mehr Workshops in den Unterkünften machen? #11:20#
- P:** Ja, aber Workshops machen nicht wir, die Multiplikatoren machen das. Das Problem ist sie kommen hier zur Uni und bekommen Zertifikat und danach machen sie die Workshops nicht selbst. Sie haben das, aber sie gehen nicht alleine in den Unterkünften Workshops zu machen und man kann sie auch nicht zwingen das zu machen, man muss sie nur motivieren, dass sie das machen. Ich weiß nicht wie man sie motivieren kann, mit Geld (...) weiß ich nicht, mit Status. Das Problem ist halt die Flüchtlingen sind nicht motiviert das (Workshops gemeint) zu machen, sie wollen das nicht #12:17#
- I:** Weißt du woran das liegt? #12:18#
- P:** Ich glaube die wissen nicht wie viel das bringt und vor allem, weiß du was ich auch glaube? Die haben einfach viel mehr Probleme in ihrem Kopf, dass sie keine Zeit haben für so was. Wenn du die ganze Zeit überlegt an Aufenthalt Titel, dann hast du keine Zeit Workshops durchzuführen, weil das einzige das in deren Kopf ist, ist das und das macht ja psychisch krank. Ich glaube Aufenthaltstitel ist Priorität für sie, dann Job, dann kommt irgendwann die Gesundheit. Wenn all diese gegeben sind, dann ist es einfacher. Jetzt machen eigentlich einige Multiplikatoren Workshops alleine #13:10#
- I:** Und woher weiß man, dass sie Workshops wirklich machen? Machen sie Bilder oder Dokumentation? #13:12#
- P:** Das steht noch nicht fest. Wie stellst du dir die Nachhaltigkeit vor? Guck mal die sozial Mitarbeiter kriegen Geld für ihre Arbeit, die Gesundheitsämter auch, die Studierenden kriegen eine gute Note in ihrem Fach zum Beispiel, was kriegt jetzt der Flüchtling? Er kriegt kein Geld, wieso sollen sie das machen? Ok man sagt, man kann an sein Verstand (approbieren?) und sagen „ja du lernst dadurch was, aber sie wollen nicht weil sie andere Sachen im Kopf haben. Ich finde es schön, wenn die Multiplikatoren Honorar bekommen würden, also jedes Mal, wenn sie Workshops machen #15:41#
- I:** Wie können wir mehr Frauen als Multiplikatoren gewinnen #16:39#

- P:** Das ist auch mein Thema. Ich finde das sehr wichtig, weil die Frauen sind ein Bisschen im Hintergrund, aber man muss auch beachten, dass es viel weniger Frauen gibt und wie wir die Frauen erreichen können am besten sollen wir Themen haben, die sie ansprechen, also spezielle Themen sowie Schwangerschaft, Stillen (..), keine Ahnung (...) oder wie sie Schule für ihre Kinder organisieren glaube ich, aber auf jeden Fall Themen, die sie ansprechen. Wenn wir allgemein Themen wie Hygiene machen oder Mundgesundheit, ich weiß nicht, aber da fühlen sie sich vielleicht nicht angesprochen oder sie fühlen sich auch in den Unterkünften unterdrückt durch die Männer, weil da so viele Männer sind und so wenig Frauen und vielleicht trauen sie sich nicht zu kommen (zu den Workshops gemeint) #17:39#
- I:** Das heißt wir können versuchen Workshops nur für Frauen durchzuführen? #17:40#
- P:** Ja. Am besten Werbung dafür machen und erwähnen, dass wir Kinderbetreuung auch anbieten #17:41#
- I:** Das ist eine gute Idee und was sind deine Ideen wie wir eine effektive Zusammenarbeit zwischen REFUGIUM-Teammitgliedern, Sozialarbeitern und Gesundheitsbehörden schaffen können? #18:24#
- P:** Austausch, viel miteinander sitzen und reden und nicht den Kontakt verlieren. Wir machen eigentlich die Arbeit und das Gesundheitsamt segnet das ab und die sozial Mitarbeiter führen das durch, also wir wenden uns direkt an das Gesundheitsamt und die gehen dann zu sozial Management und regeln das und das läuft gut. So soll es bleiben. Das Sozialmanagement agieren schneller, wenn was von Gesundheitsamt kommt (P & I lachen) #19:23#
- I:** Wie wurdest du das Programm unterstützen, wenn du dein Praktikum abgeschlossen hast? #19:25#
- P:** Ich bin interessiert das Programm weiter zu unterstützen, vor allem werde ich wissen, wie alles dort läuft, weil man sehr viel Energie da steckt, will man wissen was die anderen machen. Ich halte einfach Kontakt mit dem Team und auch mit den Multiplikatoren, die ich bilden werde. Das kommt auch in November, dass wir eine vierte Generation machen #20:06#
- I:** Was benötigst du für Ressourcen als REFUGIUM Praktikantin, um das Programm weiterhin zu unterstützen seine Ziele zu erreichen? #20:07#

- P:** Weißt du was man eigentlich braucht, eine Struktur: Was macht zum Beispiel das Sozialmanagement oder wie sind deren Abläufe, man muss das kennen, man muss das wissen. Dann kann man auch besser daran arbeiten, finde ich. Also einfach mehr allgemeines Wissen über das ganze Organisatorische Abläufe des Sozialmanagements und auch der Gesundheitsbehörden und auch Zahlen und Fakten braucht man auch. Man muss ja wissen, wo leben am meisten Frauen, dann habe ich eine leichtere Zugang zu den Frauen #21:12#
- I:** Ok und welche externe Unterstützung bzw. Zusammenarbeit würdest du für das REFUGIUM Programme in Bezug auf Nachhaltigkeit empfehlen? #21:18#
- P:** Wir brauchen Unterstützung mit der Werbung von der Person, die große Werbungen machen können (lachen) (..) so was (...) #21:30#
- I:** Nun komme ich zu der Letzen Frage. Gibt es etwas worüber wir nicht diskutiert haben, dass du gerne mitteilen möchte in Bezug auf Flüchtlingsgesundheit oder Nachhaltigkeit des REFUGIUM-Programmes? #22:00#
- P:** Ne..#22:02#
- I:** Gut, dann haben wir es geschafft. Danke schön für das Mitmachen #22:04#

Transcript 2: REFUGIUM TEAM

Participant No: 3

Gender: F

Date: 21.09.2017

Interview time: 16:30pm

- I:** Do you work with refugees as part of your job or privately? #03:30#
- P:** I will say both because before I joined REFUGIUM, I also got contacts with some refugees, who asked me where they can join German class and so on. So, I was taking them here and there. Sometimes going with them to the job centre, so I will say both, and after joining REFUGIUM, I got more contacts with the refugees and my interest in the field of Refugee Health also increased #04:03#

- I:** So since when have you been working with refugees? #04:05#
- P:** Mhh (..) from (...). It's like one year. Yes, around one year now. That is one year of working indirectly or privately with refugees, but in REFUGIUM programme, I have been working since the 15th of February 2017, so it is about 8 months #04:49#
- I:** So now, how well do you know the programme now? #04:53#
- P:** Well, I know the programme well now, but there are still a lot of things to organize because like first thing we need one room only for REFUGIUM, where we can put all our REFUGIUM materials, all documents because now we are sharing a small room with the professor and it is like there is no clear separation. Actually one separate room will be enough so that all the TEAM members of REFUGIUM can work like in peace #05:45#
- I:** What about the materials? Is it OK if they are in separate rooms? #05:46#
- P:** I would prefer all materials in the same room because it will be easy to access and it also saves a lot of time than when we only have one room because now we are having two rooms and other materials are downstairs and if we forget one material, we have to go down and bring it here and look and it is always consuming time and there is a lot of work here. If you have to do a lot of work and you are running up and down, it takes lots of energy and time. It is good to have like a separate room, where there are all the REFUGIUM things. Sometimes we want to collect something, but other students are using the room, then we can't go inside, so we have to make a compromise. In REFUGIUM, even me, I am eight months in the programme and still sometimes, I don't know like all the things like about financial aspects of the programme, so we don't know how much money will be spent and this things #07:13#
- I:** So you mean there has to be a clarity in everything going on the programme? #07:16#
- P:** Yeah #07:16#
- I:** Ok, so that we all have knowledge in all areas, even in managing the finances (...) #07:22#

- P:** Yeah and I think there should be one clear aim and objectives. It's like, we know that there is REFUGIUM, like promotion of refugee's health, but there should be more clear objectives #07:46#
- I:** Now let us go to another question. Where do you see possible ways of supporting the REFUGIUM programme? Either from your side or from other organizations #08:12#
- P:** I think from both sides, we need sustainability. The programme needs to be supported from inside like from Team members and from outside also like REFUGIUM should have continuously good cooperation with the refugee camps because we have a problem still for example, if we want to do workshops, the other side like the refugee camps don't have much interest. They should be the one showing interest and there should be a clear cooperation like both sides will gain from this programme. The refugees in the camps benefit and will still benefit from this programme, and that means the refugee camps will benefit because the living conditions for example the hygienic conditions will improve and like from the insider view, the HAW-University can help REFUGIUM to have sustainability through provision of materials, enough rooms for training (...), and also the students from the university, I think can help the REFUGIUM programme to organize the things, to support the peer facilitators and to conduct workshops in the camps #09:53#
- I:** What do you think we can do to wake up the interest of the social management, to make them more interested in our programme? #09:59#
- P:** I think one thing is to do more advertisement because in some camps, they don't know about this programme and we should also cooperate with other local health authorities or other organizations. They can also be another cooperation with non-governmental organizations like Deutsche Rotes Kreuz, Aids Hife, and Caritas because they can also do more advertisement. Social workers in refugee camps should encourage refugees in the camps. When we put our posters in the refugee camps, no one will tell the refugees about the project on the poster and refugees sometimes look sceptically like 'what is that for a programme'. The social management workers should encourage the refugees to take part in the programmes offered. They can tell them to have a look at the programmes, but the REFUGIUM Team should also give more than a certificate to the refugees as a way of motivation #11:31#

- I:** Do you think it is better for us to tell the social management to motivate the refugees or should that come from the local health authorities? #11:41#
- P:** There is more power from the side of the local health authorities (laughter) because we already experience that. We did a workshop in S.A and there were a lot of recommendations from the local authority to the camp and so they did their best to prepare the things we needed. I think some people (social management) are interested to do the work, but some are forced into it, but cooperation is really important and not just with one organization. But with different cooperation partners #12:34#
- I:** What do you think about partners who are not in the health sector, maybe cooperation with HVV or something? #12:48#
- P:** Yeah those organizations who are linked with REFUGIUM like those providing health care services for refugees can help us in doing advertisements, but those from non-health sectors are also important for example German language schools for refugees. I got to know in their HAW that there is one programme offering different things for students with refugee background for example, a programme that makes them know the university closely. They can take part in such programmes because most refugees are well educated and it is good to get people in those programmes because they already show interest. REFUGIUM should do more advertisements and have co-operations with such organizations who work for refugees. In my view networking is very important #14:04#
- I:** Thanks. Then another question is: what are your ideas on how to win more women participants for the programme? #14:20#
- P:** In my view like the peer facilitators are so important and when we look at the first generation, we have no contact to most of them. Actually they are the ones who should support and link us with other people. So it is important to maintain contact with them, and they should also show interest in doing workshops. This way we can get more connections to other refugees living in the camps and that can really be powerful, and normally nobody will do such things without any cost, so REFUGIUM programme should pay the peer facilitators something like ten or fifteen euros for one workshop so that the people get motivated in doing workshops. I think the peer facilitators can help us a lot in doing more workshops like one guy can tell another guy about it and another guy another one and the circle continues. This is also

important for women because we have less women than men, so for women too, we need to encourage them to come to our workshops and tell them that they are safe in our workshops and the women will teach them on a topic for example. We can also organize workshops for women only and maybe this might attract the women. In future we are planning the same, but till now we have not achieved the goal because our female peer facilitators have not been able to participate much. So we need to encourage them and they will get motivated to conduct workshops and even connect us to other female participants. That might help #15:39#

I: What do you think about going to special camps only for female to conduct workshops there? #15:39#

P: Oh, there are specific camps for female only? Oh, I didn't know that. Are they in Hamburg #17:26#

I: Yes, they are in Hamburg. We passed by one of them near Berliner Tor as we were doing the advertisements last semester. Are you interested in supporting the programme further to achieve its goals and how would you do that? #17:35#

P: Yes of course. In the past I supported the programme in conducting workshops, but in future if I have no time, I can give ideas or if I can find someone with a relevant background to help us in the programme it will be good. Then I can help with finding people who are interested in joining the programme because I have contacts with other refugees and through my organization Shotstek, I will still do more advertisements in that areas too. Of course if I have more ideas, I can always try to implement, you know we learn by doing. In my whole internship time, we tried a lot of things and learnt after implementing them. So there is no right or wrong way. Sometimes we did oral health workshops in combination with mental health then we notice that it doesn't fit somehow and we learn from that and then we tried oral health and hygiene and it matched somehow. Maybe if there are new topics, I think like women's health is coming in the future, I would like to share my ideas on the topic too #20:44#

I: Which resources do you think we still need for us to work effectively in the programme? #20:53#

P: The finances as we discussed before and the second one is energetic peer health facilitators, who would like to spend time in REFUGIUM with good ideas and motivation. Contact with other organizations, actually we need a lot of things for example in the office we need another laptop, now we are using a laptop that is very slow and it also consumes time. We also need other electronic devices like a mobile phone because every time, if one wants to send an sms or like get in contact with participants, it won't function (P& I laugh), you know it from before. Then we need a list of all refugee camps in Hamburg and if it is possible like list of every type of refugee that means the erst Unterkunft, folge Unterkunft and so on. Then we need to see if we can find a list of all peer facilitators from the first generation in one document with all their contacts and it is good when we have contact with all of them so that we can get more participants through them. Like I said, we also need one office, a separate room for REFUGIUM team members, we need more cupboards and many orders so that we can arrange everything well. I hope in future we can take more than one 'bufdi' (Bundesfreiwilligendienst) because we can get one who speaks Arabic and another one Farsi and so on. If we have three of them, it will be good, but two is also enough. Sometimes people speak only Kurdish or Pashto or Russian then three bufdi will be good. We also need a lot of placement for internship people and also for the people who want to work part time or full time in the REFUGIUM programme, but the programme should be funded to accommodate all these people (laughter) #23:51#

I: So the closing question. Is there anything we have not talked about that you feel like is important?

P: I will say that written publicity is sometimes helpful like if we have big posters to post on billboards by using big organization like Bundesamt für Migration und Flüchtlinge who are linked with refugees. There is also need of one scientific worker who organizes the activities of the programme like a project manager because professor is alone and she is the one responsible for everything and if there is another project manager, the project will be good because it will be systematically organized # 25:00#

I: Thank you so much, you have given a lot of new ideas #25:01#

P: Oh, we are done (laughter) #25:02#

- I:** Officially yes, but I still have time for more ideas #25:04#
- P:** You know we have to advertise our programme well using the certificates too. We can tell the participants that with our certificate, they will get different opportunities in the German society for example, if they want to study, they can show that they have done a health training before. We can always show our peer facilitators to other refugees too so that they can feel motivated to come for the programme. You know if possible, I would offer one vehicle for REFUGIUM (laughter). Now we have to conduct workshops in different camps and we are travelling with the heavy materials (laughter) #27:36#
- I:** (laughter), I love how you are thinking big #27:38#
- P:** You know those flyers are heavy and when we were going to Berlin we carried 800 flyers with us. That was a lot. Ok, another point is that we need to increase the quality of the workshops. Till now we just provide snacks and tee, and there should be like more fruits and different types of drinks. We should integrate more with our peer facilitators during the break time, we should include more students and professors in our programme. I mean more students from different faculties because it can be that more students from food science are interested or maybe student's from social work. Now we have only students from health sciences. We should also increase quality by not doing workshops for more than 15 people at a time and we need more materials for child care and the university should provide good rooms, not only one room #30:26#
- I:** Wow, thank you so much for the additional information #30:27#

Transcript 3: Social Management

Participant No: 9

Gender: F

Date: 09.10.2017

I: Damit wir uns vorher kennenlernen, kannst du mir etwas über dich erzählen? #00:21#

P: Also ich habe Soziale Arbeit studiert und hab mich dann in Hamburg beworben auf eine Stelle in der Erstaufnahmeeinrichtung für Flüchtlinge (..) genau, dann in Harburg damit angefangen in der Erstaufnahme als Sozialarbeiterin und habe dann im Dezember 2014 wurde ein Camp in Wandsbek eröffnet und (...) genau, dann dort 3 Jahre gearbeitet als Sozialarbeiterin in der Beratung und ja.. das ist mein Background zum Thema Flüchtlingen #01:09#

I: Schön, dann hast du schon eine Menge Erfahrung mit dem Thema. Hast du auch vorher privat mit den Flüchtlingen gearbeitet #01:22#

P: Ich hatte gar nichts privat vorher mit dem Thema zu tun, weil das Thema nicht aktuell war zu dem Zeitpunkt und hab dann im Laufe meiner Jobsuche/ gab es nicht sehr viele Flüchtlingshilfe und ich habe mich beworben und wurde genommen # 01:48#

I: Ok, kennst du unser Programme REFUGIUM? #01:58#

P: Also, ich habe über eine E-Mail von euch erfahren über irgendeinen Verteiler, weiß nicht wie er zu mir gelangt ist und das Programme durchgelesen und habe dann überlegt welche geflüchtete von mir in der Unterkunft das zutreffen könnte, ich fand für die Erstaufnahme ein Bisschen (zu ruf angesiedelt?), weil viele noch nicht Deutsch sprechen oder noch nicht gut, aber hatte sofort einen im Kopf von meiner geflüchtete, wo ich dachte ok, auf dem passt gut. Ich glaub er war 17 und sprach sehr gut Deutsch und war auch so mit seinem Sachen gerade angekommen, ich glaube es war Zeit für so ein Thema. Ich glaube das Programme kann man nicht machen, wenn man gerade neu ist, sondern man braucht ein Bisschen Zeit, um das System hier zu verstehen (..) genau und dann habe ich ihm das erzählt und er fand das auch total gut und ich glaube auch was da sehr verlockend ist, ist das Zertifikat, dass sie bekommen (lachen). Damit kann man sie sehr gut locken. Dann habe ich ihn angemeldet über das E-Mail System. Das ging auch total einfach, obwohl ich glaube das war nicht

klar wie ich ihn anmelden soll. Ich habe einfach eine E-Mail geschickt, dass ich jemanden hätte, dann musste ich nur den Namen und Alter sagen und er war angemeldet und irgendwann kam eine E-Mail mit dem Termin wann es losgeht. Er hat teilgenommen und fand er das toll #03:38#

- I:** Mhh. Für das nächste Mal kannst du gerne Bescheid geben, dass wir auch gerne Leute annehmen, die nicht lange in Deutschland sind und das Gesundheitssystem zu kennen ist keine Voraussetzung teilzunehmen. Wir haben das Modul Gesundheitsversorgung und es geht darum das Gesundheitssystem kennenzulernen z. B was macht man wenn man krank ist, wie macht man Termine, wie nutzt man die Krankenversicherung und weitere Sachen. Da wir die Workshops in verschiedene Sprachen machen, ist unsere Einladung zum Training für alle, die Interesse haben geeignet #04:43#
- I:** Ich werde jetzt direkt zum Thema Nachhaltigkeit gehen. Wo siehst du Möglichkeiten das REFUGIUM-Programm zu unterstützen die Gesundheit der Menschen mit Fluchterfahrung weiter zu fördern? #04:49#
- P:** Also, ich arbeite jetzt in einer Einrichtung, die heißt (Unterbringer Perspektive Wohnen?). Dort leben Menschen, die eine bleibe Perspektive haben und ich würde sagen, dass es da ein gutes Programm ist, weil viele dort seit lange in Deutschland sind und haben genug Deutschsprachkenntnisse. Der ganze erste Stress ist erstmal niedriger als in der Erstaufnahme und ich sehe da ein großes Chance das Programme mal anzubieten #06:08#
- I:** OK und wie können wir einen leichteren Zugang zu den Unterkunft haben? #06:08#
- P:** Also, es läuft immer über die Teamleitung, den Kontakt nehmen und fragen, ob die Teamleitung sich das vorstellen könnten das dort anzubieten. So ist immer der Weg. Ich kann das mal gerne vorstellen an die Teamleitung und fragen, ob das interessant wäre und im Endeffekt hat die Teamleitung die macht eine Entscheidung zu treffen #06:47#
- I:** Danke, wir können auch gerne kommen und uns persönlich vorstellen und die Materialien mitbringen. Ja, und nun zu einen der wichtigen Frage: Was sind deine Ideen wie wir mehr Frauen erreichen können #07:05#
- P:** Ja, das ist eine gute Frage. Ich glaube bei Frauen ist immer wichtig (...) mhh (...), also erstmals, wenn sie Kinder haben, die Kinderbetreuung sicher zu stellen, in der

Zeit, dass die Kinder mitgenommen werden können. Ja dann musste man herausfinden, ob das Interesse besteht bei den Frauen, ob die Interesse an diesem Programm haben. Da muss man glaube ich sehr niedrigschwellig anfangen, das man überlegt: Wie stelle ich das Programm überhaupt vor, wie erreiche ich die Frauen mit diesem Programm, was für eine Flyer entwerfe ich in welcher Sprache und überlegen welche sprachen in den Flyern benutzt werden soll und auch präzise beschreiben wie das Programme aussehen könnte, wenn man teilnimmt. Dann muss man Wege finden über das Sozial Management in den Einrichtung, das man dort auch vorstellt und irgendwie ein Bezug dazu aufbaut, weil ich kenne das in meiner eigenen Arbeit, ich habe immer sehr viel Flyer und mir fällt immer leichter diese Flyer weiterzugeben, wenn ich ein Hintergrund dazu habe und das Programme kenne oder die Mitarbeitern von dem Programm kenne. Ich glaube das ist ganz gut, wenn man persönlich Termine vereinbart und das Programm persönlich in Einrichtungen vorstellt. Ich glaube das bringt am meisten was #09:16#

I: Wir haben gerade von dem Sozialmanagent geredet. Was kann man sie am besten und schneller erreichen, da sie sehr viel zu tun hat #09:16#

P: Also eigentlich E-Mail ist der schnellste Weg. Das kommt darauf an welche Einrichtung man anspricht. Also, wenn man jetzt zum Beispiel eine Einrichtung einschreibt, die gerade eröffnet hat, wie zum Beispiel Unterbringungen in Bergedorf, das sind halt am Anfang andere Themen, das ist einfach so viel zu tun mit dem Aufbau und das man noch nicht die Zeit findet für solche Angebote. Also, dass man guckt in welcher Häuser ziehen die Menschen ein und erstmal muss das geklärt werden, danach die Zeit für solche Angeboten. Ich wurde sagen, das man am besten in die Einrichtung geht, die schon lange steht und einfach versuchen mit dem Sozialmanagement Kontakt zu verknüpfen, aber eigentlich E-Mail oder telefonisch (ist mehr persönlicher), weil E-Mails kommen jeden Tag viele und kann wohl sein, dass sie untergeht. Ich glaube telefonisch ist am besten, einfach anrufen und fragen, ob es Interesse gibt #11:48#

I: Die nächste Frage ist, ob du Interesse hast unser Programme zu unterstützen ihr Ziele zu erreichen #11:55#

P: Ja, sehr gerne. Also, wie gesagt, ich darf das nicht entscheiden, aber ich werde das als Anregung in die Teambesprechung mitnehmen # 12:00#

- I:** Was für Ressourcen braucht das Sozialmanagement, um uns besser zu unterstützen #12:25#
- P:** Ja, also wir bräuchten Räume, die haben wir und ein Plan von euch mit genauen Zeitstrukturen, wann wollt ihr zu uns kommen. Dann bräuchten wir von euch Aushänge Flyer, die können wir auch aushängen, aber gestalten macht ihr und damit können wir die Leute ans Ziel ansprechen #14:10#
- I:** Kennst du irgendwelche externe Unterstützung oder Organisationen, die unser Programme unterstützen können in Bezug auf Nachhaltigkeit? #14:28#
- P:** Mir würde die Ärzte Kammer spontan einfallen. Dann Gesundheitsamt, dann die ganze Träger der Flüchtlingshilfe und Beratungsstellen von Flüchtlingen #15:30#
- I:** Gibt es irgendwas worüber wir nicht diskutiert haben, dass du gerne mitteilen möchtest in Bezug auf Flüchtlingsgesundheit oder Nachhaltigkeit des REFUGIUM Programmes? #16:00#
- P:** Ja, also mehr Werbung machen und ich glaube, dass ihr auch hartnäckig bleiben müsst in der Arbeit, gerade in der Werbung, weil es gibt halt einfach durch das große Thema Flüchtlinge unglaublich viele Anbieter entstanden für verschiedenen Sachen und manchmal verliert man auch als Mitarbeiter in Unterkünften oder als Beraterin den Überblick was es überhaupt gibt und ich glaube, wenn man so ein Programm wie ihr habt, dass ich total gut finde, (.), ich glaube ihr musst uns einfach nerven (lachen). Immer sagen hier sind wir, das ist unser Programm und wir sind gut weil (.), es ist gut das zu machen weil (..) und ich glaube durch nerven und immer wieder bewusst sein rufen könntet ihr da sehr viel Erfolg haben (lachen) #17:13#
- I:** Danke schön. Das waren eigentlich alle Fragen #17:15#

Appendix 3: Data Analysis

Coding

- I: Was sind deine Ideen wie wir einen leichteren Zugang zu den Unterkünften haben können? #07:21#
- P: Das Problem ist halt, ich glaube, das Sozialmanagement hat auch viele Aufgaben dort und ist immer gestresst und wenn sie da einfach so eine E-Mail bekomme, dann sind sie so: ja, ok (..) das ist wieder ein anderes Programm', weil es gibt ja viele Programme für Flüchtlinge mittlerweile, da gibt's Flyer, dort Flyer, da Angebot und es ist viel geworden und wenn da ja steht Gesundheitsamt oder Professorin oder Doktorin Färber, das ist das andere als wenn ich schreibe ja SJ oder REFUGIUM Team (..), weißt du? Die Gesundheitsämter sind für sie große Ansprechpartner und wenn was von Gesundheitsamt kommt, dann läuft es einfach besser. Von unsere Seite müssen wir nicht viel machen, sie müssen sich ändern (das Sozialmanagement gemeint) nicht wir, wir können ja nichts machen #08:35#
- I: und wie können die Gesundheitsämter auf Dauer uns unterstützen zum Beispiel, wenn es eine neue Leitung gibt, die uns noch nicht kennen? #08:50#
- P: Ja...uns vorstellen, zeigen was unsere Ziele sind, was wir bis jetzt erreicht haben. Also, dort persönlich gehen und das Programm vorstellen. Auf jeden Fall persönlich, weil E-Mail ist so distanziert und es kommt vielleicht in einem Tag kriegt diese Person vielleicht zwanzig E-Mails und dann geht das vielleicht unter #09:41#
- I: Was denkst du, ist es besser das Programme Hamburg weit durchzuführen oder nur in bestimmten Bezirke? #09:42#
- P: Ja, schwierig, weil auf einer Seite ist es zum Beispiel besser Gesundheitsämter überall zu schreiben oder mit jedem Kontakt zu halten, aber wir sind nicht so viele Leute, wie sollen wir das machen? Wir brauchen mehr Personal dafür, weil wir keine Möglichkeiten haben das jetzt so zu machen #10:28#
- I: Wie können wir trotzdem schaffen, dass wir mehr Workshops in den Unterkünften machen? #11:20#
- P: Ja, aber Workshops machen nicht wir, die Multiplikatoren machen das. Das Problem ist sie kommen hier zur Uni und bekommen Zertifikat und danach machen sie die Workshops nicht selbst. Sie haben das, aber sie gehen nicht alleine in den Unterkünften Workshops zu machen und man kann sie auch nicht zwingen das zu machen, man muss sie nur motivieren, dass sie das machen. Ich weiß nicht wie man sie motivieren kann,
- Kommentiert [ML52]: challenge to Sustainability: Social workers are stressed and overburdened with different refugee issues and programmes, health not a priority.
- Kommentiert [ML53]: Steps to Effective Sustainability: Top-Down approach, the effect of communication from a higher lever e.g. Professor/LHA more effective
- Kommentiert [ML54]: Convincing The Social Management: Personal introduction of REFUGIUM goals and targets constantly
- Kommentiert [ML55]: Resources REFUGIUM: REF needs more stuff members
- Kommentiert [ML56]: challenge To Sustainability: Most peer facilitators are motivated by receiving a certificate but are less engaged in conducting workshops.
- Kommentiert [ML57]: Steps To Sustainability: Motivating peer facilitators

Appendix 4: Example of Codes Case LHA

Codes Local Health Authority

Demographics: Female, Local Health Authority Worker

Refugee work experience: 11 months

Refugee Work: Privately and occupationally

Opinion Refugee Work: Challenging, cultural differences makes one to get out of the known normal system, but the work brings joy

REFUGIUM Programme Knowledge: Theoretically very well, practically well

Contact with REFUGIUM: Yes

General Support REFUGIUM: Work with the social management important

Challenge to Sustainability: Health is not a priority to the social workers

Challenge to Sustainability: Sustainability of REFUGIUM programme depends on the person in the refugee accommodations, whether they are convinced about the programme or not

Steps to Effective Sustainability: To check who is managing a camp, convince the social management about REFUGIUM programme, consistency of going to the refugee accommodations

Convincing The Social Management: Start by convincing the higher authorities responsible for the accommodations

Steps to Effective Sustainability: Getting in touch with all institutions dealing with Refugees and presenting REFUGIUM programme to them

Personal Opinion REFUGIUM: Participant feels like that the programme is relatively unknown

Steps to Effective Sustainability: Participant thinks more publicity is needed for the programme

Challenge to Sustainability: REFUGIUM doesn't have its own website

Appendix 5: Example of Codes Case RTM

Codes REFUGIUM Team Members

Demographics: Female, REFUGIUM Team Member

Personal Opinion: REFUGIUM Team inspiring in their work

Refugee Work: Privately and occupationally

Refugee Work Experience: ca. 9 Months from Evaluation course

REFUGIUM Programme Knowledge: Very well

Opinion Refugee Work: Difficult, but reception very positive

Opinion Refugee Work: Strenuous, brings one further career wise, enables acceptance in a community, outgoing

Contact with REFUGIUM: Yes

Feedback REFUGIUM: Peer facilitator perspective; refugees speak openly to their conditions during the workshops, gender/cultural issues between the peer facilitators.

Women Outreach: Female peer facilitators to female refugees and vice versa

Future support: Yes, would remain in contact and bring own ideas in the programme

Challenge to Sustainability: Social workers are stressed and overburdened with different refugee issues and programmes, health not a priority.

Steps to Effective Sustainability: Top-Down approach, the effect of communication from a higher lever e.g. Professor/LHA more effective

Convincing The Social Management: Personal introduction of REFUGIUM goals and targets constantly

Resources REFUGIUM: REF needs more staff members

Challenge to Sustainability: Most peer facilitators are motivated by receiving a certificate but are less engaged in conducting workshops.

Steps to sustainability: Motivating peer facilitators

Appendix 6: Example of Codes Case SM

Social Management

Demographics: Female x 3, Social Workers

Refugee Work Experience: 1 Year

Refugee Work Experience: 2.5 Years

Refugee Work: Occupational

REFUGIUM Programme Knowledge: Theoretically Well

REFUGIUM Programme Knowledge: Theoretically Well

Women Outreach: Naming the programme differently in relation to women needs, baby sitting offer for women

Women Outreach: Asking the management about programmes for women and kids in accommodation accommodations and attending the programmes

Steps to sustainability: Offering rooms, communicating information about the workshops

Feedback REFUGIUM: Workshops were successful, new people living in accommodation accommodations-this can influence attendance number

Feedback REFUGIUM: Cooperation with REFUGIUM uncomplicated

Future Support: Yes

Relevant Institutions: Mitten Drin eV

Social Management Resources: Have rooms, that is enough

Appendix 7: Example of Codes in Alphabetical Order

Local Health Authority

Challenge to Sustainability: Despite the capability of reaching many refugees through church institutions, churches are not suitable for making advertisements of health promotion programmes.

Challenge to Sustainability: Due to limited resources, REFUGIUM is incapable of offering services to all the accommodations in Hamburg

Challenge to Sustainability: Hard to reach women in protected accommodations who have experienced different forms of abuse

Challenge to Sustainability: Health is not a priority to the social workers

Challenge to Sustainability: REFUGIUM doesn't have its own website

Challenge to Sustainability: Size of the camp, refugees' situation for instance no stay perspective, awaiting deportation, refugees' different worries that are more than health e.g. seeking right to stay I Germany, jobs etc. One of the biggest refugee accommodations REFUGIUM team goes to offer the health workshops have many people with no stay perspective

Challenge to Sustainability: Sustainability of REFUGIUM programme depends on the person in the refugee accommodations, whether they are convinced about the programme or not

Contact with REFUGIUM: Yes

Convincing The Social Management: Start by convincing the higher authorities responsible for the accommodations

Demographics: Female, Local Health Authority Worker

Effective Collaboration: Top down approach. From Local Health Authorities to REFUGIUM Team. LHA gives the go ahead and necessary materials for advertisement, social management plans the workshops in the camp and implementation is the last step by REFUGIUM team members

REFUGIUM Team Members

Challenge to Sustainability: Student internees carry a huge responsibility in the programme

Challenge to Sustainability: Change of employees every semester,

Challenge to Sustainability: Competition between refugee projects are high, many new projects are starting-the ones having financial support from the Health authorities are not networking with small upcoming projects

Challenge to Sustainability: Constant change in the social management can create a stumbling block in the workshops regular routine.

Challenge to Sustainability: Cultural influence. Women have to ask their husband for permission to attend functions

Challenge to Sustainability: Different projects not ready to cooperate with each other due to financial concurrence

Challenge to Sustainability: important person's in the field of Refugee Health sometimes miss relevant topics discussed in a round table

Challenge to Sustainability: Inconsistency with workshops, no governmental support

Challenge to Sustainability: Lack of interest on the refugee accommodations side, no clear cooperation between partners

Challenge to Sustainability: Materials in two different rooms, up and down coordination of material stressful and time consuming, extra room for materials sometimes occupied, financial aspects

Challenge to Sustainability: Most peer facilitators are motivated by receiving a certificate but are less engaged in conducting workshops.

Challenge to Sustainability: Most refugees are not motivated to do workshops

Challenge to Sustainability: Most topics offered do not relate to women directly. Gender issues: Men are dominant during the workshops

Challenge to Sustainability: Most women not reading advertisements

Challenge to Sustainability: No one informing refugees on the programme in accommodations, little encouragement to participation from the social workers

Social Management

Challenge to Sustainability: Ineffective information ways in some accommodations, big accommodations unstructured and disorganized

Challenge to Sustainability: Language factor, not all languages are represented

Demographics: Female x 3, Social Workers

Demographics: Female, Male, social Workers

Demographics: Female, Social worker

Demographics: Female, Social Worker

Demographics: Female, Social Worker

Effective Collaboration: Contact Team Manager first

Effective Collaboration: Contacting the central management of refugee accommodations and they will contact all accommodations in Hamburg

Effective Collaboration: Not a problem, social management does advertisement and recommends the programme to refugees

Effective Collaboration: Recommending the programme to refugees

Effective Collaboration: Rooms offer, advertisement, workshops time frame

Effective Collaboration: Social management linking REFUGIUM to other volunteers in the accommodation

Effective Collaboration: Social management responsible for room booking, time plan, recommendation of the programme

Effective Collaboration: Social workers answer all mails even when it takes longer, priority is giving all refugees a chance to improve their health

Feedback REFUGIUM: Cooperation uncomplicated i.e. registration process of peer facilitators, certificate offer attractive

Feedback REFUGIUM: Cooperation with REFUGIUM uncomplicated

Appendix 8: Example of Codes Tallying

Local Health Authority

Feedback REFUGIUM: The posters and other advertisement materials are very good. Can be used further if date and room numbers are changed.	Kommentiert [ML6]: 1
Future Support: Yes	Kommentiert [ML7]: 1
General Support REFUGIUM: Work with the social management important	Kommentiert [ML8]: 1
Important Remarks: Projects dealing with refugees have no contact with each other. Networking is a challenge. List needed of all projects in Hamburg, eases problem solving and networking	
Important Remarks: There are several good unknown projects in Hamburg.	Kommentiert [ML9]: 2
More Workshops in Accommodations: Consistency and persistence	Kommentiert [ML10]: 1
Opinion Refugee Work: Challenging, cultural differences makes one to get out of the known normal system, but the work brings joy	Kommentiert [ML11]: 1
Personal Opinion REFUGIUM: Participant feels awkward clicking on REFUGIUM page online and not getting direct information about the programme's description	
Personal Opinion REFUGIUM: Participant feels like that the programme is relatively unknown	Kommentiert [ML12]: 2
Recommendation REFUGIUM: Ask for procedures in protected accommodations. The LHA will help in getting access to the accommodations	

REFUGIUM Team Members

REFUGIUM Work Experience: 3 Years

Kommentiert [ML39]: 1

REFUGIUM Work: Privately and occupationally

Kommentiert [ML40]: 1

Relevant Institutions: German Red Cross, AIDS-Hilfe, Caritas for more adverts

Relevant Institutions: HAW-University for provision of good rooms and materials

Relevant Institutions: Non health organisations i.e. German schools

Relevant Institutions: The German Red Cross, Health offices

Relevant Institutions: those that deal with advertisements

Kommentiert [ML41]: 5

Resources REFUGIUM: REF needs more staff members

REFUGIUM Resources: Financial resources a good hand over when a volunteer is leaving the programme

Kommentiert [ML42]: 2

Steps to Effective Sustainability: All materials in one room=easy access

Steps to Effective Sustainability: Increase quality of workshops, integrate more with the peer facilitators, and include more students from different faculties in the programme, more materials for child care, good rooms

Social Management

REFUGIUM resources: Big rooms for physical activity module

Kommentiert [ML57]: 1

Relevant institutions: Collaboration with Mutterberatung and medicine personnel

Relevant Institutions: Institutions in Wilhemsburg and Haburg where majority of migrants live, integration schools of migrants, citizens' initiative for migration work

Relevant institutions: IPSO for mental health workshop

Relevant Institutions: Medical associations

Relevant Institutions: Mitten Drin eV

Relevant Institutions: Mobi Jungkids, Mobi family

Kommentiert [ML58]: 6

Social Management Resources: Have rooms, that is enough

Social Management Resources: Need nothing

Social Management Resources: Rooms

Social management Resources: Rooms, REFUGIUM plan with time structure, flyers and information materials

Social Management Resources: Translators for more languages, students who speak further languages as refugees

Kommentiert [ML59]: 5


Social Management Support: Give refugees information about REFUGIUM, help with workshop organization in the accommodation accommodations

Kommentiert [ML60]: 1

Title 1

Was für eine Struktur und Unterstützung werden benötigt damit das REFUGIUM Programm in der Fluchtunterkunft durchgeführt werden kann?

MODUL: EVALUATION UND GESUNDHEIT
AUTORIN: PATRYCJA GODLEWSKA
DOZENTIN: FRAU PROF. DR. CHRISTINE FÄRBER
DATUM: 15.01.2018




Title 2

Handlungsempfehlungen
für das REFUGIUM
Programm



Modul Evaluation im Gesundheitswesen
Frau Prof.in. Drin. Christine Färber
Margarita Winkert, Daisy Edwina, Emily Frances Caesarina

Title 3




Hochschule für Angewandte Wissenschaften Hamburg
Hamburg University of Applied Sciences

REFUGIUM Programm

WAS FÜR EINE STRUKTUR UND UNTERSTÜTZUNG WIRD BENÖTIGT, DAMIT DASS REFUGIUM PROGRAMM IN DER FLÜCHTLINGSUNTERKUNFT DURCHFÜHRT WERDEN KANN?

Modul: Evaluation im Gesundheitswesen - Juliane Karras, Matrikelnr.: 2280756

Title 4



Hochschule für Angewandte
Wissenschaften Hamburg
Hamburg University of Applied Sciences


Evaluation im Gesundheitswesen

Bedarfserhebung des Sozialmanagements von
Fluchtunterkünften für die Durchführung von Veranstaltungen
der Gesundheitsförderung im REFUGIUM-Programm

MODUL: EVALUATION IM GESUNDHEITSWESEN WS 17/18
DOZENTIN: PROF. DR. FÄRBER IN KOOPERATION MIT MONTAHA UND ROJDA
PIA DAU- SCHMIDT (2276642)

15.01.2018

Title 5




Hochschule für Angewandte
Wissenschaften Hamburg
Hamburg University of Applied Sciences

Evaluation im Gesundheitswesen

**Was für eine Struktur und Unterstützung werden benötigt,
damit das REFUGIUM Programm in den
Flüchtlingsunterkünften durchgeführt werden kann?**

DOZENTIN: FRAU PROF. DR. FÄRBER
SEMINAR: MONTAHA SHAFIQ NEUHAUS
VON LUCIEN KÄSTNER WS 2017/18



Appendix 10: Examples of the REFUGIUM Flyers

Physical Activity

Physical activity in Germany

Opportunities for physical activity in a group

- ask the management of your housing facility for any programs (for example in sports clubs or volunteer programs)
- ask your friends, in which way they are physically active
- meet up with friends to be physically active together (for example dancing or taking a walk)
- speak to people while they are physically active (for example when you see people playing football)

Opportunities for physical activity alone

- Taking a walk
- Jogging
- Skipping rope
- Strength exercises
- Balancing and relaxation exercises
- Go swimming

Recommendations

- carry out physical activity regularly
- at least once per week:
 - training of stamina, strength, flexibility, coordination and relaxation abilities
 - 150 minutes medium intensity (e.g. fast walking) or 75 minutes high intensity (e.g. jogging)
- exercise preferably in fresh air, go out every day

REFUGIUM – Refugee Health

This flyer is part of the REFUGIUM health awareness project for refugees by HAW Hamburg Department of Health Sciences.

The knowledge provided here will help you and your family to maintain and regain health in Germany.

Learn with REFUGIUM about

- Health care in Germany
- Mental health in Germany
- Hygiene in Germany
- Oral health in Germany
- Physical activity in Germany
- Nutrition in Germany

We Care for You and We Care for Your Health!





Hochschule für Angewandte
Wissenschaften Hamburg
Hamburg University of Applied Sciences



REFUGIUM
Flucht und Gesundheit

Physical activity
Bewegung

HAW Hamburg
Fakultät Life Sciences
Department Gesundheitswissenschaften
Prof. Dr. Christine Färber
Uhlenietz 20 - 21033 Hamburg

Autorinnen und Autoren: Maria Kowalzik, Elena Pohl, Sabine Damerow, Jordan Hornung, Lukas Könnike, Jana Kristin Roczen, Kim Nikola Wendt

Zeichnungen: Natalia Yaremenko, Maria Kowalzik

Dieses Fallblatt ist erhältlich in 8 Sprachen:
Deutsch, Englisch, Albanisch, Arabisch, Bulgarisch, Dari/Farsi, Russisch, Türkisch.

What is the benefit of physical activity?

Physical activity ...

- supports physical fitness
- strengthens the body
- supports mental activity
- supports physical wellbeing (e.g. it's good for your heart)
- supports mental wellbeing (e.g. it's good for your mood)

Physical activity ...

- helps meeting people
- helps making new friends

Physical activity in groups ...

- is fun
- helps in learning German
- strengthens the community
- can help in solving problems

Physical activity ...

- helps in overcoming a bad mood
- prevents boredom
- motivates to go outdoors
- helps in structuring your day

Physical activity outside ...

- is important for your body
- Fresh air is healthy
- Sun is healthy and supports your wellbeing
- in Germany, best go out when the sun is shining!

Dimensions of physical activity

- Stamina/Endurance** (Pink): Gaining stamina, e.g. by jogging or rope skipping.
- Mobility** (Green): Getting stretchy and flexible. Gaining mobility by stretching exercises.
- Strength** (Orange): Gaining strength e.g. by weight lifting.
- Coordination** (Blue): Enhances balance and agility. Can be improved e.g. by balancing.
- Relaxation** (Yellow): Enhances mental balance. Can be improved e.g. by meditation.

<p>Forward lunge – breathing out, bend your back leg and lift it to chest – breathing in, go back to starting position.</p> <p>Start in standing position – go backwards into squatting position and lift arms upwards – toes have to be visible from above all the time – breathing in, go back to starting position.</p> <p>In starting position, keep arms slightly bent – breathing out, lower body slowly – breathing in, go back to starting position.</p> <p>Starting in push-up position, shift weight on one arm – breathing in, lift opposite arm and leg – breathing out, go back to starting position – variation: keep both legs on the floor.</p>	<p>From standing position, shift weight to one leg – lift other leg backwards unbent – at the same time lower upper body to keep it in a straight line with lifted leg – keep position for 10 breaths.</p> <p>Mobility</p> <p>Keep every position for 15 breaths.</p> <p>Stand upright with legs crossed (right leg forward) – lift right arm upwards and bend upper body to left side – feel stretch in right side – change side.</p> <p>Forward lunge – bend forward leg – press heel to the floor – feel stretch in calf and groins of backward leg.</p>	<p>Stand upright – breathing in, lift arms upwards – breathing out, bend down from the waist – keep back straight – legs may be bent – feel stretch in the back and back side of the legs.</p> <p>Relaxation</p> <p>Sit down comfortably – breath in and out deeply – breathing out, try to prolong breaths, so that finally you can count to 4 when breathing in and to 8 when breathing out – helps to compose oneself and slows down heartbeat.</p>
---	--	---

Stay fit to stay healthy!

Nutrition Flyer

Hidden Sugar

Drink 1l	Sugar Cubes
Cola	36
Apple Juice	33
Ico Tea	24
Apple Spritzer	20
Mineral Water	0

Normal weight

Avoid Fast Food

REFUGIUM – Refugee Health

This flyer is part of the REFUGIUM health awareness project for refugees by HAW Hamburg Department of Health Sciences. The knowledge provided here will help you and your family to maintain and regain health in Germany.

Learn with REFUGIUM about

- Health care in Germany
- Mental health in Germany
- Hygiene in Germany
- Oral health in Germany
- Physical activity in Germany
- Nutrition in Germany

We Care for You and We Care for Your Health!

HAW Hamburg
Hamburg University of Applied Sciences

HAW Hamburg
Fakultät Life Sciences
Department Gesundheitswissenschaften
Prof. Dr. Christine Förster
Uhlenstedt 20 · 21033 Hamburg

Autorinnen und Autoren: Yanika Simeonova, Tolga Erkek, Muzhab Terci, Deborah Bredenhöft, Lisa Weller, Nawid Kasrabi, Hanije Khosravi

Zeichnungen: Natalia Yaremko

Dieser Flyerblatt ist erhältlich in 8 Sprachen:
Deutsch, Englisch, Albanisch, Arabisch, Bulgarisch, Dari/Farsi, Russisch, Türkisch.

REFUGIUM
Flucht und Gesundheit

Healthy Nutrition
in Germany
Gesunde Ernährung
in Deutschland

Tips for healthy Nutrition

Steps to healthy nutrition

- Plenty of wholegrain cereals and potatoes.
- Fruit and vegetables – “take 5 portions a day” (1 portion = 1 hand full)
- Milk and dairy products daily
- Fish 1–2 x/week; meat, sausages and eggs moderately.
- Fat and high-fat foods moderately.
- Sugar and salt sparingly.
- When cooking, boil or steam food rather than deep-frying it.
- When eating take your time and enjoy.
- Watch your weight and stay active.
- Drink 1,5–3 litres per day.

Enjoy the variety of foods

- A wholesome diet keeps you in good health, promotes vitality and well-being and supports sustainable dietary habits.
- Eat from all 7 food categories daily.
- Mind the represented proportion of food categories.
- Enjoy the diversity of all the different food categories.

Source: German Nutrition Society

7 Basic Food Categories

Hygiene Flyer



1 →



2 →



4 →



5 →



6 →

REFUGIUM – Refugee Health

This flyer is part of the REFUGIUM health awareness project for refugees by HAW Hamburg Department of Health Sciences. The knowledge provided here will help you and your family to maintain and regain health in Germany.

Learn with REFUGIUM about

- Health care in Germany
- Mental health in Germany
- Hygiene in Germany
- Oral health in Germany
- Physical activity in Germany
- Nutrition in Germany

We Care for You and We Care for Your Health!



HAW Hamburg
Fakultät Life Sciences
Department Gesundheitswissenschaften
Prof. Dr. Christine Färber
 Umeniet 20 · 21033 Hamburg

Autorinnen und Autoren: Ebru Dogan, Swerja Fortak, Malika Heber, Ahmad Hetal Popal, Anra Reisinger, David Rudel, Daya Tager, Julia Wicherski.

Zeichnungen: Natalia Yaremko

Dieses Faltblatt ist erhältlich in 8 Sprachen:
 Deutsch, Englisch, Albanisch, Arabisch, Bulgarisch, Dari/Farsi, Russisch, Türkisch.



Hochschule für Angewandte Wissenschaften Hamburg
 Hamburg University of Applied Sciences

STAY AWARE ...

STAY HEALTHY ...

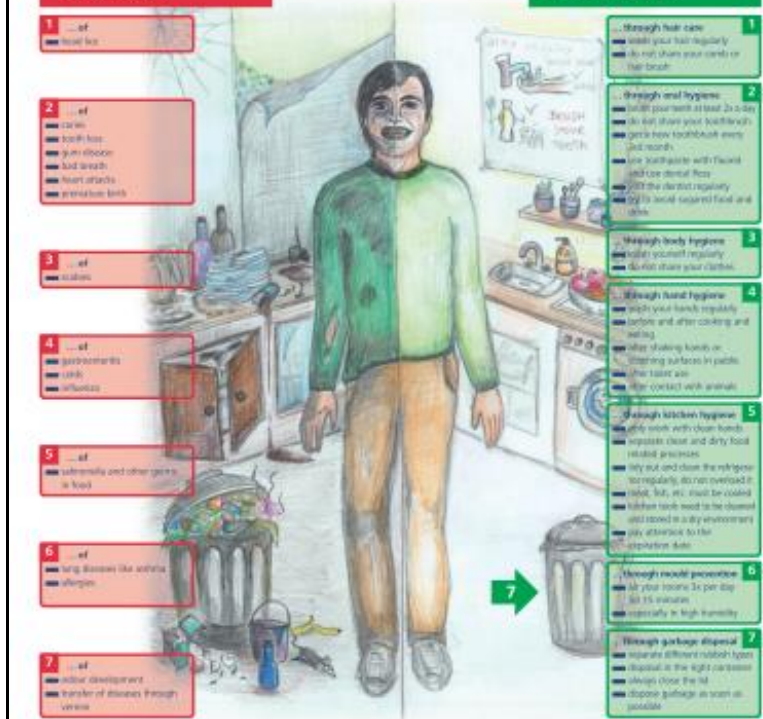
REFUGIUM
Flucht und Gesundheit

Hygiene in Everyday Life
Hygiene im Alltag

STAY AWARE ...

- 1** ... of food loss
- 2** ... of
 - carbs
 - birth loss
 - burnt blood
 - bad breath
 - heart attacks
 - chronic pain
- 3** ... of asthma
- 4** ... of gastroenteritis, sick, influenza
- 5** ... of tuberculosis and other germs in food
- 6** ... of lung diseases like asthma, allergies
- 7** ... of
 - color development
 - transfer of diseases through vehicles

STAY HEALTHY ...



- 1** ... through hair care
 - wash your hair regularly
 - do not share your combs or hair brush
- 2** ... through oral hygiene
 - brush your teeth at least 2x a day
 - do not share your toothbrush
 - visit your dentist every 6-12 months
 - use toothpaste with fluoride
 - visit your dentist regularly
 - brush your tongue and throat
- 3** ... through body hygiene
 - wash yourself regularly
 - do not share your clothes
- 4** ... through hand hygiene
 - wash your hands regularly before and after cooking and eating
 - after shaking hands or touching surfaces in public
 - after toilet use
 - after contact with animals
- 5** ... through kitchen hygiene
 - only work with clean hands
 - separate clean and dirty food related products
 - dry out and clean the hygiene regularly, do not overuse it
 - oil, fat, etc. must be cleaned
 - kitchen tools need to be cleaned and stored in a dry environment
 - pay attention to the expiration date
- 6** ... through covid prevention
 - use your tissue 3x per day for 15 minutes
 - especially in high humidity
- 7** ... through garbage disposal
 - separate different rubbish types
 - dispose in the right container
 - always close the lid
 - dispose garbage as soon as possible

STAY AWARE ...

STAY HEALTHY ...

Toilet hygiene

- ... of
 - stomach bacteria, viral
 - spread of germs
 - stuffed clothes
 - color development
 - etc.
- ... through toilet hygiene
 - use toilet paper
 - use toilet brush
 - keep the toilet in a clean condition
 - use the toilet brush
 - always close the lid after use
 - do not walk over the toilet

Female Hygiene

- ... of
 - bacteria and fungal infections
 - vaginitis, UTI, etc.
- ... through feminine hygiene
 - use feminine hygiene products in the right way
 - clean before and after use
 - do not share your underwear
 - ask your partner to use a condom

Male Hygiene

- ... of
 - bacteria and fungal infections
 - vaginitis, UTI, etc.
- ... through men hygiene
 - use feminine hygiene products in the right way
 - do not share your underwear
 - ask your partner to use a condom

Appendix 11: Examples of an Invitation Letter

REFUGIUM

A Peer-Program on Refugee Health

Become a Facilitator – Help us to support other Refugees!

Health is important for all people. Refugees seeking a home in Germany need information: How can I stay healthy in this foreign land? Where do I find support if I myself or a family member feel ill? The Health Sciences at Hamburg University of Applied Sciences have developed a program which helps refugees to cope better with the health challenges in Germany, and in refugee camps. Our aim is to empower refugees to maintain their health, avoid illnesses and use the health care system in case of need in an appropriate way. We train people who came to Germany as refugees, so that they can pass on knowledge to other refugees.

We have developed an interesting training program for YOU and invite YOU to participate:

Become a
REFUGIUM-Facilitator!



You came to Germany as a refugee?
You are interested in health?
Do you have time? Do you want to help others?



Become a
REFUGIUM-Facilitator!

WHEN ?

- Information: 10.4.2017 from 4-6 p.m.
- Participate in 3 Workshops on April 24th, 8th May, 15th May 2017.
- from 4.00- 8.00 p.m.

WHERE ?

- Hochschule für angewandte Wissenschaften Hamburg HAW
- Ulmenliet 20, 21033 Hamburg
- Room: N4.12 (10.04.2017)
- Room: N4.12 (24.4/ 8.05/ 15.5)

WHAT ?

- Health Facilitator Training
- After graduation you can hold workshops for refugees in camps and schools!

WHO IS INVITING YOU ?

- Prof. Dr. Christine Faerber, Marina Linet B.Sc., Montaha Neuhaus B.Sc., Sona Sainju B.Sc & students.
- We speak: Arabic, German, English, Farsi, Urdu.

WHO CAN PARTICIPATE ?

- Women and men who came to Germany as refugees, and who can participate in all three workshops.

What you will learn:

Health information on 6 health topics

Knowledge about healthy living and health care in Germany

How to prepare and conduct workshops for refugees

Refugees have questions

What you will get

- A Certificate
- Contact with Germans and University
- Information about university studies
- Meaningful volunteer work considered as step towards integration in the procedure for granting asylum
- Pass on your experience! Help others!

I took refuge in Germany. What can I do to stay healthy here?

I am ill! What can I do?

Note: Number of participants is limited to 30 persons, we would be glad to have you among them.

Register for the program yourself, or with the help of the social management, volunteers or friends

phone: +4940/42875-6115 or at REFUGIUM_Info@haw-hamburg.de

Information we need from you: Name, First name, qualification, current address, mobile number, languages

We will not pass on your data!

STATUTORY DECLARATION

I declare that this work is independently authored. I have not used other than the declared sources / resources. All materials which have been quoted either literally or by content from the used sources are explicitly marked.

Marina Linet

Signature_____

Date_____