



Vancouver Island Refugee Response Team

Introduction

Since 2015, the Government of Canada has welcomed over 35,000 Syrian refugees to Canada. In order to help the integration and settlement of these newcomers, there were teams created nationwide. These teams connect community resources in the aim to help Syrian refugee families find safety, peace and a good way of life.

The Victoria Immigrant and Refugee Centre Society (VIRCS) was awarded the grant to help Syrian refugees here on Vancouver Island. VIRCS offers a variety of community programs and aims to specifically help those who are more vulnerable among newcomer populations. These vulnerable peoples are often the victims of war, torture or horrific abuses, either politically, emotionally or physically.

This packet of information is to support you as you interact and care for Syrian families. You are the first, middle and last person they see as they come into the clinic. We want you to feel equipped with as much information and resources possible in order to effectively care for them. In this packet you will find a host of information regarding the background of the Syrian war, Syrian culture and customs. Also included are tools to help your clinic care for a family and what systems are in place medically for their healthcare.

If you have any questions in regards to these materials, please feel free to contact Andrea Westfall, Co-Coordinator of the Vancouver Island Refugee Response Team (VIRRT). Her phone number is 250-361-9433, ext. 209. If you are more curious about VIRCS or the VIRRT, please explore these websites: VIRCS <http://vircs.bc.ca/>; VIRRT <http://virrt.bc.ca/>.

Thank you for your service to them and for enabling the best of care for these new families.

Table of Contents

Background On the Syrian Refugee Crisis

What It Means to Be a Refugee	4
Three Different Types of Refugee Sponsorships	5
Stories From Syria	6

Tools to help you Prepare Caring for a Refugee Family

Island Health Newcomer Clinical Pathway	12
Interim Federal Health Program (IFHP) Overview	14
Interim Federal Health Program (IFHP) Q&A	23
How to Register with IFHP	30

Tools to Support Your Work with Refugee Families

Provincial Language Supports	33
Health Information Websites	35
Quick Sheet For Serving Syrian Families.....	37

Background On the Syrian Refugee Crisis

What it Means to be a Refugee

Refugee vs. Immigrant

Refugees, unlike immigrants, are forced to flee their home due to economic, political, physical, ecological hardship. Immigrants often migrate due to family living abroad, a pursuit of education or simply to experience life in a new country. Immigrants are voluntary newcomers while refugees are forced newcomers.

The War in Syria

Since 2011, over 4 million Syrian people have fled their home in seek of refuge and safety from the brutal war. More than half of the refugees are children.

Before coming to Canada, Syrian refugees reside in refugee camps located in Lebanon, Jordan, Turkey and Iraq. While in the camps, food and education are scarce. Children may go up to three years without any formal education. Jobs are minimal within the camps and most, if not all families, are very poor. (UNHCR, Refugee Agency, 2017, <http://www.unhcr.org/syria-emergency.html>).

Once their application is approved, they are then allowed to travel to Canada. Some refugees have family already living in provinces nationwide. Others have no idea where their families are.

A Diversity of People – Language, Religion, Status

The two major religions in Syria are Islam and Christianity. Depending upon the family's belief system, they approach cultural practices and their ways of life differently.

In addition, Syrian Arabic is the dominant language spoken by most of Syria's citizens. Syrian Arabic does have some similarities with other Arabic languages, like Egyptian Arabic or Iraqi Arabic. French and English are taught within the schools, but it is not a common language.

Depending upon the class of family you are experiencing, they may or may not be able to read or write Arabic. Those who come from more rural areas or poor neighborhoods didn't have access to formal education. Those who came from bigger cities and/or wealthier families, usually have the ability to read and write Arabic and English.

Culture

Two main differences between Syrian and Canadian culture are:

1. Individualism vs. collectivism
2. Power Balance.

Individualism vs. collectivism

Syrian culture is a very cohesive, family focused, group-oriented culture. Most dinners, holidays, and everyday life is usually inclusive of family members. Canada is more individualistic. We may not often speak to our parents let alone always hang out with our cousins.

Power Balance

Within Syrian culture, there is a great respect for positions of authority. People in power, people of older age and even people with different class status are not viewed as equals. The distance between employee and employer, for example is very big. Canadian culture tends to view positions of authority as the same as the common man. We aim for equality regardless of class, authority or age.

For more information regarding Syrian customs and culture, click [here](#).

Three Different Kinds of Syrian Refugee Sponsorships

Government Assisted Refugees (GAR)

Syrian refugees that are government sponsored are supported for one –year for accommodation, clothing, food, employment services and settlement assistance. The support is organized and conventional, established through Immigration, Refugees, and Citizenship Canada (IRCC) and other non-governmental agencies. **Specialized health services are covered by IFHP (Interim Federal Health Program) for only one-year and basic medical care is covered through the MSP (Medial Services Plan).**

CHALLENGES: Many families are instructed through specific processes and sometimes may not receive full access to information (due to the language barrier). Employment, health care and sustainable income are the biggest needs of GAR families.

Privately Sponsored Refugees (PSR)

Syrian refugees who are privately sponsored are often done through faith-based groups and organizations. These groups raise money for financial support, provide housing, clothing, food and settlement into the schools and help with employment. They do not have to go through the GAR process of settlement but are rather supported by a large network of people (frm. 5 to 60 individuals). **Like GARs, specialized health services are covered by IFHP (Interim Federal Health Program) for only one-year and basic medical care is covered through the MSP (Medial Services Plan).**

CHALLENGES: Privately sponsored families tend to be supported by more people. Sometimes this creates inequality within the Syrian community with GAR families who are still struggling. Fairness and equality of services are important among both groups.

Blended-Visa Office-Referred (BVOR)

There is a third type of sponsorship which is a blend with government and private networks. The Government of Canada, the United Nations High Commissioner for Refugees (UNHCR) and private sponsors are all a part of the process of settling Syrian families. The Government of Canada provides up to 6 months of income support through the Resettlement Assistance Program (RAP) while the private sponsors support the families after the 6 month mark. **Medical service coverage is the same as above.** Housing, food, education and clothing are provided by both settlement agencies and the private sponsors.

CHALLENGES: Families sponsored as a BVOR have multiple supports and connections that often settlement issues they face may get overlooked. As with GAR families, they too need the full support of settlement services.

Stories from Syria

Stories collected from the UNHCR Refugee Agency: <http://stories.unhcr.org/>.

Hussein's Story, Greece



Photo by A. Spanaki/2014.

“My name is Hussein. Before the war in Syria, I had a normal life, living with my family. I was a university student and had many friends. My country and my life changed radically when the war broke out. I watched relatives and friends leave Syria while I and many others stayed behind, fearing for our lives

every day. I didn't want to leave my country. I heard stories about those who fled and how difficult their journey to Europe was. They didn't know what to expect in other countries and how people would treat them. These thoughts scared me. I had heard stories about other Syrians who got lost or risked their life at sea on their way to find refuge in Europe. Women, children, and men on an overcrowded unseaworthy boat – on a journey of hope with an unknown destination and uncertain future.

But I knew, I didn't have a choice. I had to leave and follow the same road. I cannot understand, not even today, how I got myself into this situation. Before leaving, I remember thinking that I might die on a boat on my way to Europe. But I refused to die. I convinced myself that I could make it through and reach Europe safe. Then I made a tattoo on my chest, I wrote 'I refuse to sink'. I wanted to declare my perseverance and strong will to get through this journey, to be lucky.

And I made it. Along with twelve other Syrians we reached the island of Kalymnos. Deeply moved, I called my parents back home to tell them that I was all right, that I had crossed the sea and that I am alive and safe. We were welcomed by people on Kalymnos and hosted at the municipal cultural center. Soon, we were released and headed to Piraeus. But then I learned that the same day we managed to survive, some other Syrians perished off Izmir, in their effort to cross the sea to Greece. It was 16 April 2014. I lived; they died.”

Shahad's Story, Lebanon



Photo by UNHCR/E. Dorfman/2013.

Four-year-old Shahad, whose name means “the sweetest part of the honey,” was born in a village near the city of Hama in western Syria. Her father, Yehia, is a farmer who raised wheat and barley. Before the war, the family had, he recalls, “the best life.”

But last September, fighting levelled their three-storey family home. Shahad's 10-year-old brother, Jasim, and baby sister, Aya, who was not yet two, were killed, along with five other family members. Rescuers pulled Shahad from the rubble, her face lacerated and silky curls torn from her skull.

The family rushed her to a local clinic, where an overworked medic put in stitches and hastily sent the family on their way. There was no time to properly clean the wound. The whole family fled for the border. On the way, they were stopped at dozens of checkpoints, where they feared being detained and imprisoned. Seventeen hours later, after midnight, they arrived in Lebanon with nothing but a suitcase.

The family registered with UNHCR and received basic supplies such as mattresses, blankets, cooking utensils and hygiene items. Aid agencies have provided electricity to the building, installed outdoor latrines and ensured drinking water. Refugees are receiving food vouchers as well.

Yehia, like many fathers, is doing what he can to keep the surviving members of his family alive.

Ahmed's Story, Syria

Boglarka Balogh is a Hungarian freelance journalist covering humanitarian issues and author of a book on honor killings in India. She has visited several refugee camps all over the world. Currently she is working on her new book on the plight of Syrian refugees and the responsibility of the West towards them. This venture took her to the Hal Far refugee camp in Malta in December 2013.



Ahmed after his arrival to the Hal Far refugee camp in Malta. Photo: Courtesy of The Times of Malta

Ahmed survived the disaster, but he can't find a reason for his life any more. He lost eight members of his family at sea, when on October 11, 2013 their boat sank shortly after it has left Libya and just over hundred kilometers away from the Maltese coast with hundreds of Syrian refugees on board. Three dozen people died in the tragedy.

Ahmed together with most of the survivors was taken to one of the refugee camps in Malta. It was there that I met him. The 67 years old man

recalled the horrible day with a broken heart. He had organized the itinerary of his family's flight well in advance from Syria. "Agents" helped them to reach Libya, and from there, according to the deal, Tunisian smugglers should have transported them to Malta. But they got into the hands of a gang of Somalis, Libyans and Tunisians instead. They were kept locked up in a stable on a farm until the departure, that is until the smugglers managed to collect the number of refugees they wanted. Nobody was allowed to leave the building even for a minute. Days were passing and the price of the journey settled in advance rose all the time. Those women who were unable to cover the ever increasing amount got raped by their keepers, while the men got tied up and tortured.

In the end, Ahmed and the members of his family paid USD 3,000 per person in order to get on board. As they entered the boat, however, suddenly some Libyan militiamen showed up and held guns to their heads. They demanded more money. As it turned out the militiamen had noticed, that there were more than 200 passengers on board which was more than double than

the number the smugglers had agreed upon with them. The refugees emptied their pockets and put together further several thousands of dollars. But it did not help.

All of a sudden a ship emerged behind them with the militiamen on board and followed their boat for hours. They wanted to force it back to Libya. As these efforts failed, the gunmen started to shoot at the defenceless refugees and severely injured many of them. Soon the bullets punctured the boat, and it sank within minutes.

Eslam Matroud and Maryam Sabah's story, from Syria to Sweden



We left Syria because of war. It was a really bad situation. We had to leave Syria. We left everything, family and friends.

We left Syria by car to Lebanon, then from Lebanon to Turkey by plane. We got to Istanbul, then went from Istanbul to Izmir. We sat in Izmir for two days, then went to the woods and sat there for six hours, until we took a boat crossing the sea.

We got out of the boat and then we walked. We walked over a mountain and after that we walked for another hour until we could look for a bus or a taxi to continue the trip with, but no one wanted to drive us.

We wanted to take a boat, but we had no documents so we slept on chairs at the terminal until the next day. We were going to take the boat that leaves at 06.00 in the morning, but it never came, so we had to wait for the boat that leaves at 18.00 at night. Then we took that boat and it took 12 hours until we arrived in Greece.

We were in Greece for two days and we tried to leave Greece but we couldn't because the police caught us twice at the airport. On the third try we managed to leave Greece, and then we went to France and then to Denmark and then finally we arrived in Sweden.

We left all our things in Syria. I, Eslam, had a teddy bear which I loved a lot. I wanted to bring it, but I couldn't. I wanted to bring so many things, like my clothes and the books that belong to me, but I couldn't. They had told us that we could only bring important things. I left everything I remember in Syria. But in my backpack, which I brought, I had 3 shirts, jeans, a bracelet that I got from my friend and a little teddy bear that I got from my aunt's daughter. I carried the backpack the whole way, and I didn't forget it even for a minute. Even though I had very little things in my backpack, it's enough to remember Syria.

Eslam's and Maryam's story has been published in the book "My Backpack" part of the project "Hello Sweden" conveying stories of refugee children. "Hello Sweden" is a UNHCR educational project in cooperation with the Swedish anti-mobbing organization 'Friends' to create awareness and change negative attitudes and prejudices about unaccompanied refugee children in Sweden. <http://www.hejsverige.nu/en>

Tools to help you Prepare Caring for a Refugee Family

Excellent health and care, for everyone, everywhere, every time.

ISLAND HEALTH NEWCOMER CLINICAL CARE PATHWAY

Adapted with permission from Interior Health and Dr. Martina Scholtens and Daniela Widmer RN.

Updated March 14, 2016

- 1. INTRODUCTION**
- 2. COVERAGE**
- 3. MEDICAL SERVICES PLAN (MSP)**
- 4. INTERIM FEDERAL HEALTH (IFH)**
- 5. IFH COVERAGE**
 - A. Basic Coverage**
 - B. Prescription Drug Coverage**
 - C. Supplemental Services**
- 6. PRIOR APPROVAL**
- 7. IFH PROVIDER REGISTRATION**
- 8. HOW TO BILL IFH**
- 9. INTERPRETATION**
- 10. IMMIGRATION MEDICAL EXAM**
- 11. POST ARRIVAL HEALTH ASSESSMENT**
- 12. HISTORY**
- 13. PHYSICAL**
- 14. SCREENING BLOODWORK**
- 15. VACCINATIONS**
- 16. TRAUMA & MENTAL HEALTH**
- 17. HEALTH CARE SYSTEM ORIENTATION**

INTRODUCTION

Island Health is working to address the arrival of Syrian refugees, and to optimize newcomer health care in the region, by supporting community physicians in the provision of evidence-based screening, and with the establishment of refugee health teams to address initial health needs of refugees.

Community physicians can either assume care of refugee patients immediately upon arrival in Canada, or receive them into their practice after three to six months, when MSP is in effect.

In some of the larger centres such as Victoria and Nanaimo, efforts are underway to establish initial health assessment and screening clinics for refugees to assist with settlement during the first weeks of arrival. Physicians receiving a patient referred from one of these clinics, or assuming care upon arrival may be able to bill the [Unattached Complex/High Needs Patient Attachment Fee](#) (\$200).

COVERAGE

Often refugee patients are uncertain about which health coverage they have. They receive so much paperwork on arrival - in a language they don't understand - that they often don't know which document is for health care, which is for identification, etc. They tend to carry the entire collection with them in a folder. It can be helpful to simply ask, "Show me all your papers," and then find and copy the relevant health insurance documents.

MEDICAL SERVICES PLAN (MSP)

Upon arrival in Canada, refugees are eligible to apply for [the Medical Services Plan](#) of BC (MSP) and [Interim Federal Health](#) (IFH). Enrolment is not automatic. Every refugee must file an application. The settlement worker or sponsor usually assists with this.

For MSP registration, [this form](#) must be completed and sent to Health Insurance BC with copies of each individual's immigration documents. Call HIBC at 1-800-663-7100 and ask for an enrolment specialist with any questions.

There is no mandatory wait time for MSP for refugees, but the processing time is approximately 8-12 weeks. In extenuating circumstances (e.g. pregnancy, HIV) a phone call to HIBC can expedite the process.

A patient with Interim Federal Health coverage (i.e. for the first year in Canada) is not eligible for Pharmacare, even if (s)he has MSP. A [Pharmacare application](#) must be filed at the end of the first year. Refugee patients need to be directed to do this, by their settlement worker, sponsor or primary care provider.

INTERIM FEDERAL HEALTH (IFH)

[IFH](#) provides health insurance while the patient waits for MSP to come into effect. For some refugees, after MSP is activated, IFH still covers the cost of supplemental services (such as dental and vision care) and prescription drugs for one year.

For Syrian refugees only, the Interim Federal Health Program Certificate (IFHC) will be given to arrivals by CBSA officers at the point of entry upon arrival in Canada, or issued by an IRCC officer shortly after arrival. If newcomers are not Syrian or do not have an IFH certificate, they can [apply for IFH online](#) and mail the application to the [CIC Office](#). IFH is activated within days of approval, and is in effect for one year.

IFH COVERAGE

On February 18, 2016 the federal government announced that on April 1, 2016, IFH coverage will be fully restored to pre-2012 levels with [full coverage for all refugees and claimants](#).

Until then, there are [different tiers](#) of IFH coverage. To determine the patient's coverage type, locate the 8-digit client ID number at the upper right-hand corner of their IFH document, and enter it into Medavie's secure provider [web portal](#), or call 1-888-614-1880.

All government assisted refugees (GARs), all privately sponsored refugees (PSRs) on the Resettlement Assistance Program (RAP) including Blended Visa Office Refugees (BVORs), ALL Syrian refugees who arrived after November 4, 2015 (no matter the type of sponsorship) and all children [have full IFH coverage](#) covering:

[Basic Coverage](#)

- Physician and hospital services including referrals, emergency room visits and hospital admissions
- Laboratory and diagnostic services
- Ambulance service

[Prescription Drug Coverage](#)

Includes medications on [BC formulary](#) plus some additional drug benefits including vitamins and parasitic medications. See [Citizenship and Immigration Canada \(CIC\) - Benefit Grids](#) for more details.

[Supplemental Services](#)

List of registered providers [here](#)

- [Basic Dental Coverage](#)
- Initial services for pain or infection (including extractions and prescriptions) do not require prior approval.
- Prior approval must be requested by the dentist before further treatment, such as fillings.
- Optometry
- Physiotherapy
- Counseling
- Home care and long-term care
- Speech therapy
- Assistive devices, medical supplies and equipment including:
 - orthopedic and prosthetic equipment
 - mobility aids
 - hearing aids
 - diabetic supplies
 - incontinence supplies
 - oxygen equipment

PSRs without RAP have [Basic Coverage](#) for physician services, and laboratory and diagnostic tests. Their medication coverage is limited to [Public Health and Safety Prescription Drug Coverage](#), unless they are <19 or pregnant. They have no coverage for supplemental services such as dentistry or optometry unless they are <19.

Up-to-date benefit grids and formularies can be [found here](#).

PRIOR APPROVAL

If a patient requires a medication that is not covered, the physician can apply to IFH for Prior Approval. The official Medavie Blue Cross prior approval form can be [found here](#).

Some dental procedures require prior approval. The dentist must complete a specific [dental prior approval form](#).

IFH PROVIDER REGISTRATION

Providers (physicians, labs, pharmacies etc.) must register with IFH in order to bill for their services. An unregistered health care provider who submits a claim to IFH will have the claim put on hold until they complete the registration. IFH provider reimbursement is comparable to provincial MSP fees.

Providers can register by [completing this form](#) and returning it by email, fax or post. There is also the option of registering on the [provider's website](#) by clicking on the "Request Account" link on the top right of the screen. For more detailed instructions on how to register, call Medavie Blue Cross directly at 1-888-614-1880.

When a patient with IFH (and no MSP) requires blood work, imaging or a referral, they must be directed to a provider registered with IFH. A provincial list of providers, organized by city, can be [found here](#). Patients with IFH can also be sent to Island Health hospitals for investigations.

It is best to make clear to the provider that the patient has IFH coverage; for example by noting that on the prescription or requisition. An attached photocopy of the IFH certificate is also helpful. Patients often don't know to show their IFH certificate when presenting for services. If the patient is billed directly, it is very difficult to obtain reimbursement later.

HOW TO BILL IFH

Medavie Blue Cross offers a secure provider web portal allowing healthcare providers to submit claims online. Please refer to the [Secure Web Portal and Electronic Claims Submissions Service Guide](#) for details on submitting claims.

INTERPRETATION

90% of Syrians speak Arabic. 10% speak Kurdish. 46% of Syrian refugees resettled to Canada in 2014 reported knowing at least one of Canada's official languages.

In medical situations, where possible, use professional interpreters to ensure quality and confidentiality.

If you are working from an Island Health clinic or hospital you can access an Arabic phone interpreter 24/7 by calling the Provincial Language Service (PLS) at [1-888-603-5087](tel:1-888-603-5087) and entering the site-specific access code.

With notice, the following settlement organizations can sometimes provide an interpreter to accompany the patient to medical visits:

- Intercultural Association, Greater Victoria **250.388.4728**
- Victoria Immigrant and Refugee Centre Society **250.361.9433**
- Cowichan Intercultural Society **250.748.3112**
- Central Vancouver Island Multicultural Society (Nanaimo) **250.753.6911**
- Multicultural and Immigrant Services Association
of North Vancouver Island (Campbell River, Comox Valley) **1.855.805.0171**

IFH will pay for [some interpretation costs](#) with prior approval: for the post arrival health assessment (to a maximum of 2 hours), psychiatry and psychotherapy. They will not cover interpretation for routine office visits.

The Refugee Health Vancouver website has many [patient handouts in Arabic](#).

IMMIGRATION MEDICAL EXAM

The immigration medical exam (IME) for GARs and PSRs is done prior to arrival in Canada. All Syrian refugees destined for Canada have their IME done in Lebanon or Jordan, and are given a paper copy of the results.

The IME consists of a medical history, a focused physical examination and the following investigations:

1. Urinalysis for patients >5y
2. Chest x-ray (posterior-anterior view) to rule out active pulmonary tuberculosis for patients >11y
3. Syphilis test for patients >15y
4. HIV test for patients >15y

Historically, Canadian practitioners have been unable to access these results. Only certain results, such as a positive HIV test, are communicated to public health officials in Canada. Rather than assuming that the absence of a notification means a negative screening result, consider repeating the HIV and RPR tests.

POST ARRIVAL HEALTH ASSESSMENT

The Canadian Collaboration on Immigrant and Refugee Health has developed [Evidence-Based Preventive Care Checklists for New Immigrants and Refugees](#) from different regions of the world. For Syrians, use the [Central Middle East](#) checklist, available as a printable online checklist or a PDF. The PDF version is also available on the Resource Page of Profile EMR, where it can be printed, completed, and scanned into EMR.

Other resources to guide care of newcomers include:

- [The Canadian Guidelines for Immigrant Health](#)
- [Caring for a Newly Arrived Syrian Family](#) by Dr. Kevin Pottie et al in the CMAJ
- [Caring for Kids New to Canada](#) by the Canadian Pediatric Society

[IFH will pay \\$94 for a post arrival health assessment \(PAHA\)](#) and for an interpreter (\$29/h x 2h), but the provider must apply for prior approval. The PAHA is usually completed over multiple visits, and divided among team members (e.g. physician and nurse). It ought to include the following:

HISTORY

- **Current complaints**

- **Psychosocial**

- Family members (who's missing?)
- Country of origin and transit, and dates
- Occupation, education, literacy, housing

- **Medical and surgical history**

Refugee patients rarely arrive with past medical records. The following are common/important issues to identify:

- Neglected chronic diseases, such as diabetes and hypertension
- Injuries (e.g. orthopedic or burn) and disability
- Mental health.
 - Do not ask directly about trauma or torture, but consider using a screening tool.
- Visual and hearing impairment
- Pregnancy and contraception
- For children, failure to thrive and dental issues

- **Medications and allergies**

Often the patient's chief concern is restarting medications that were discontinued during conflict/transit. To identify foreign medications, contact the [Drug Poison Information Centre](#) at 1-866-298-5909. Often medications that refugee patients were taking previously are unavailable in Canada or not covered, and substitutions must be made.

PHYSICAL

- Vital signs
- Visual acuity
- Dental check for painful disease
- Growth for children
- Targeted physical exam based on complaints

SCREENING BLOODWORK

CCIRH-recommended screening is included in the checklists.

Based on the CCIRH Middle East Checklist, the December 2015 CMAJ article [Caring for a newly arrived Syrian refugee family](#), and the Canadian Pediatric Society's [Caring for Kids New to Canada](#), and recent experiences from Vancouver Coastal Bridge Refugee clinic, Syrian refugee screening ought to include the following:

- Recommended:
 - **Complete blood count** with differential for women of reproductive age and children aged 1-4
 - **Hep B** serology (HBsAg, anti-HBc, anti-HBs)
 - General **age-based preventive screening** (e.g. mammography, fecal occult blood testing, diabetes screening)
- Consider:
 - **Ferritin** for iron deficiency anemia
 - **Varicella** serology. Those under 13 will qualify for varicella vaccine automatically.
 - **Hepatitis C** serology
 - ***Strongyloides*** serology, given the prevalence of strongyloidiasis in refugee populations and the potential of increased exposure to *S. stercoralis* in the unsanitary conditions of refugee camps.
 - **HIV** testing if the results from the IME are unavailable, in keeping with the provincial [STOP HIV](#) initiative
 - **Syphilis** testing if the results from the IME are unavailable
 - **Lead levels** in children. There are no Canadian screening guidelines for lead exposure in refugee children, but the [CPS recommends](#) screening: "When there is a suspicion that a child has been exposed to lead post arrival or if a child shows low hemoglobin at follow-up, lead level screenings at 3- and 6-month intervals should be considered.
- Not Recommended :
 - **Mantoux** or other TB screening. The incidence of tuberculosis in Syria and surrounding countries was below the threshold of 30 per 100 000 population in 2014 and is not currently recommended by CCIRH guidelines.

- Stool samples for **ova and parasites** in asymptomatic refugees

Screening blood work sets used for refugees of different ages and countries of origin developed by Bridge Clinic in Vancouver are [available here](#).

IMMUNIZATION

If a patient has no documented immunization history, assume that (s)he has had no immunization and follow the [provincial immunization 'catch-up' schedule](#). For adults without immunization records use Schedule D. Consider a referral to a [local health unit](#).

WOMEN'S HEALTH

[Right from the Start](#) offers support for pregnant women to connect with community services to work towards a healthy pregnancy. All women are encouraged to register early in their pregnancy. To register, women can call their local health unit or providers can use a [referral form](#). Services are available by phone or in-person at [Island Health Public Health Units](#) across the region.

INFANT AND CHILD HEALTH

Island Health provides some dental screening and preventative services such as fluoride varnish to young children through some public health units. Vision screening, nutrition counselling, and some speech and language services are also available through [local public health units](#).

NUTRITION

Caring for Kids New to Canada notes that the U.S. Centers for Disease Control and Prevention (CDC) recommends a multivitamin with iron for all refugee children younger than 5 years old. This may also be a consideration for older refugee children and pregnant and lactating women.

Vitamin D supplementation should also be discussed, particularly with pregnant and lactating women and for nursing infants. More information [available here](#)

La Leche League Canada has a Breastfeeding Tips handout in Arabic [available here](#)

Caring for Kids New to Canada has information on malnutrition [available here](#).

The Canada Food Guide is available in Arabic [here](#).

TRAUMA & MENTAL HEALTH

The new [Provincial Toll-Free Refugee Mental Health Line](#) (1-866-393-3133) is operated by the [Vancouver Association for Survivors of Torture](#) (VAST) and provides consultation during working hours to front-line providers (clinical, school and settlement) working with refugees.

For refugee and immigrants living on Vancouver Island, the **Immigrant and Refugee Wellness Center** at the Victoria Immigrant and Refugee Centre Society (250-361-9433) is a network of mental health counsellors who are willing to see clients from this population. Patients or providers should call VIRCS and book an appointment with the Wellness Centre. This may be also appropriate for patients who do not have or no longer have IFH coverage. Although based in Victoria, the Wellness Centre is building counselling capacity in communities across Vancouver Island, so referrals can be made from all parts of the island.

[IFH covers counseling](#) by a registered clinical psychologist who is an [IFH provider](#), with prior approval. Also consider referral to a community mental health team or psychiatrist. Psychiatry is also covered by IFH funding.

Among Syrian refugees, the most prevalent mental health diagnoses include depression, post-traumatic stress disorder (PTSD), prolonged grief disorder and anxiety disorders.

Over 80% of refugees exposed to trauma recover spontaneously upon reaching safety. Refugee patients' mental health benefits from attention to basic needs such as shelter, language acquisition and ability to work or attend school.

The CCIRH guidelines [recommend against](#) routine screening for trauma and torture, but recommend that clinicians be alert for impaired functioning or high levels of suffering that might be related to PTSD, depression, anxiety or exposure to violence.

The [PROTECT Questionnaire](#) was developed by the [International Rehabilitation Council for Torture Victims](#) (IRCT) as a tool to identify refugees with trauma-related mental health needs. It consists of ten questions and uses a simple rating scale to predict who is at risk of mental health deterioration, and would benefit from referral and further evaluation.

The [Centre for Addiction and Mental Health](#) (CAMH) has developed the [Refugee Mental Health Project](#), an initiative which aims to build providers' knowledge and skills around refugee mental health through online courses, toolkits and webinars.

In 2015 the UNHCR put out a review of the mental health needs of Syrians in the document [Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians](#).

HEALTH CARE SYSTEM ORIENTATION

Refugee patients need to be oriented to the Canadian health care system. They should be educated on the use of the emergency room, walk-in clinics, 8-1-1 and 9-1-1. They will require detailed instructions when sent to fill a prescription, obtain blood work, get an x-ray or attend a specialist appointment.

Due to language and other barriers, it is difficult for refugee patients to call to book medical appointments. Therefore, it is best to arrange the patient's next appointment at the end of each visit.

There is often confusion around Interim Federal Health Insurance. Remind patients to show their IFH certificate every time they access services. Consider writing "Covered by IFH" on prescriptions and requisitions to reduce confusion. Some providers will also require a copy of government photo identification to process services. For Syrian refugees, this is typically the "Single Journey travel document" that has been issued by the Canadian government.

Advise patients that if they are asked to pay for services (e.g. lab or x-ray), they should tell the provider to contact the family physician for clarification of coverage. If a patient pays for a service that should have been covered by IFH, it is very difficult for the patient to be reimbursed.

The Interim Federal Health Program Questions and Answers

General Questions

Q1. What is the Interim Federal Health Program?

The Interim Federal Health Program (IFHP) provides limited, temporary health coverage for resettled refugees, refugee claimants and certain other groups who are not eligible for provincial or territorial health-care coverage, as defined in the [IFHP Policy](#). The IFHP is a payer of last resort, limiting benefits to those who lack public health insurance or comprehensive private insurance.

Q2. How was the IFHP restored?

On April 1, 2016, the IFHP was restored to pre-2012 levels of coverage for all beneficiaries. All individuals [eligible](#) for [coverage](#) under the IFHP now receive:

- basic health-care services (i.e. standard physician and hospital care),
- supplemental services, including limited vision and urgent dental care, and
- Prescription drug coverage.

These program changes are **not retroactive**. Services provided to refugees prior to April 1 are rendered according to the IFHP temporary measures announced in November 2014.

Q3. How is the IFHP administered?

The program is administered by Medavie Blue Cross. Health-care providers must be registered with Medavie Blue Cross to submit claims for the services provided to eligible IFHP beneficiaries.

Q4. Where can IFHP beneficiaries seek care?

The IFHP does not provide services directly to beneficiaries but reimburses the cost of services provided by health-care providers (physicians, dentists, hospitals, pharmacies). IFHP beneficiaries must visit health-care practitioners who are registered, or willing to register, with Medavie Blue Cross. To find a health-care provider who is registered with the IFHP, visit the 'Search IFHP Providers' list on the Medavie Blue Cross IFHP website at <http://www.ifhp-pfsi.ca>.

IFHP Eligibility and Health Coverage

Q5. What is meant by basic, supplemental and medication coverage?

Basic coverage is similar to what provinces and territories provide their residents. It includes hospital services and services provided by a doctor, including pre-and post-natal care,

laboratory, diagnostic and ambulance services and vaccinations.

Supplemental coverage is similar to what provinces and territories provide their residents on social assistance. It includes both services and products such as:

- urgent dental and limited vision care;
- home care and long-term care;
- services provided by allied health care practitioners including clinical psychologists, occupational therapists, speech language therapists, physiotherapists; and
- assistive devices, medical supplies and equipment.

Medication coverage is similar to what provinces and territories provide their residents on social assistance and includes coverage for most prescription medications.

The benefits covered by the IFHP have certain limits including maximum dollar amounts. For more details, please consult the [IFHP benefit grids](#).

Q6: At what point does IFHP coverage end?

For resettled refugees, IFHP coverage for basic care ends as soon as they have provincial or territorial health insurance. IFHP coverage of supplemental benefits and prescription drugs for resettled refugees continues for the period that they are receiving either government assistance or the support of private sponsors, usually one year.

For successful claimants, coverage is maintained while they transition to provincial or territorial health insurance. For rejected claimants, they are covered until they leave Canada or until they become eligible for provincial or territorial health insurance through another immigration stream. Claimants who abandon or withdraw their claims before a decision is made, also lose IFHP coverage.

For others, IFHP coverage ends entirely when they become eligible for provincial or territorial health insurance or when they leave Canada.

Q7. How long does it take for IFHP coverage to become active in the Medavie Blue Cross system?

All refugees are eligible for IFHP coverage from the date the certificate is issued. However, it takes two (2) business days from the day the certificate is issued for the eligibility information to be reflected in the Medavie Blue Cross system. In cases where it appears that it is taking longer than the 2 business days, providers can contact the IFHP at IFH-PFSI@cic.gc.ca

To ensure that refugees can access services during this 2 business day period, health-care providers have been advised that they can confirm the beneficiary's eligibility by verifying the

“effective date” on the IFHP Certificate and delay the submission of the invoice or claim until the coverage has been updated in Medavie’s system.

IFHP providers have up to six (6) months from the date of service to submit invoices electronically (3 months for pharmacy claims). Additional information can be found on the Medavie Blue Cross provider website at <https://provider.medavie.bluecross.ca/>.

Information for Health-Care Providers

Q8. How do health-care providers register with the IFHP Claims Administrator, Medavie Blue Cross?

Health-care providers can sign up to become a registered provider by completing the [IFHP Provider Registration Form](#). Completed forms can be submitted to Medavie Blue Cross via post, fax or email. Providers also have the option of registering on the [provider’s website](#) by clicking on the “[Request Account](#)” link on the top right of the screen and following through the process. For more detailed instructions on how to register, providers can call Medavie Blue Cross directly at 1-888-614-1880.

Note: Pharmacies must register to become an IFHP provider by contacting Medavie Blue Cross directly at 1- 888-614-1880. Once registered with Medavie Blue Cross, pharmacies are required to contact their software vendors to update their carrier codes so that IFHP pharmacy claims can be submitted electronically to Medavie Blue Cross.

Q9. What happens once a health-care provider is registered with Medavie Blue Cross?

Once a health-care practitioner is registered with Medavie Blue Cross, they can submit claims for services rendered to IFHP beneficiaries. Each new registered provider will receive a complete [Provider Kit](#) from Medavie Blue Cross in the language of their choice (English or French). The Provider Kit includes a welcome letter, claim forms, a direct deposit request form, benefit grids, and the IFHP Information Handbook for Health Care Professionals. A link to the handbook is also available online on the [IRCC website](#).

Q10. How does a registered IFHP health-care provider verify that a person is eligible for treatment?

Registered providers must verify a client’s IFHP eligibility **prior** to providing the service. This can be done by contacting the Medavie Blue Cross Customer Information Centre or online through the IFHP Secure Provider Web Portal:

- Medavie Blue Cross Customer Information Centre: A beneficiary's eligibility can be verified by all registered providers by contacting the Medavie Blue Cross Customer Information Centre at 1-888- 614-1880 Monday through Friday from 8:30 a.m. to 4:30 p.m. (in each Canadian time Zone).
- IFHP Secure Provider Web Portal: All registered providers can verify client's eligibility and coverage for specific health benefits through electronic claims submission available on the IFHP Secure Provider Web Portal at <https://provider.medavie.bluecross.ca>.

Once providers have verified a client's eligibility for IFHP, they can consult the IFHP Benefit Grids available at <https://provider.medavie.bluecross.ca>. Each benefit grid contains the specific list of services and products covered under the IFHP plan. Benefits are subject to limits and maximum dollar amounts and some benefits require special authorization from Medavie Blue Cross.

IRCC does not advise on whether or not specific benefits/services will be covered for each beneficiary. In many cases, the beneficiary's current immigration status and specific clinical information can affect what is

covered. Medavie Blue Cross would be able to provide this information to health-care providers registered with IFHP, who can contact Medavie at CIC_Inquiry@medavie.bluecross.ca, via phone at 1-888-614-1880, or via fax at 506-867-3841.

Q11. What is the process for validating eligibility and submitting claims to Medavie Blue Cross for services rendered by health-care providers?

The IFHP provides several options for providers to determine whether the service or product is covered or not under the IFHP depending on their type (hospital, doctor, pharmacists, etc.) or their specialty/profession (general practitioner, psychiatrist, optometrist, etc). Claims can be mailed, faxed or submitted electronically to Medavie Blue Cross with the applicable information.

- **Health-Care Professionals** – *Secure Provider Web Portal and Electronic Claims Submission*: Medavie Blue Cross offers a secure provider web portal allowing hospitals, medical doctors, nurses, audiologists and other eligible health service providers to conveniently verify their patient's eligibility, submit claims (7 a.m. to 12 a.m. 7 days per week) or prior approval requests (24/7) online. This portal enables them to pre-determine client eligibility for specific treatment and depending on their speciality, submit claims with real-time adjudication and confirmation of the amount to be paid by Medavie Blue Cross.
- **Pharmacies** – *Pharmacy Claims for Point of Sale (POS) Claims Transmissions*: Pharmacy providers can verify coverage for specific drugs and submit claims electronically to Medavie Blue Cross through Pharmacy Claims for Point of Sale (POS) Claims Transmissions. A beneficiary's eligibility can be verified through the

IFHP Secure Provider Web Portal.

- **Dentists-** can verify coverage for specific treatment and send claims electronically through CDAnet, DACnet, or Reseau ACDQ to Medavie Blue Cross. A beneficiary's eligibility can be verified through the IFHP Secure Provider Web Portal.

Certain claims are not available for electronic submission, and providers have to contact the Medavie Blue Cross Call Center or submit claims/special authorization requests by mail or fax. Paper claim forms can be downloaded from the secure provider web portal at <https://provider.medavie.bluecross.ca> or by faxing a request to Medavie Blue Cross. Paper claims can be faxed to 506-867-3841 or mailed to the following address:

Interim Federal
Health Program
Medavie Blue Cross
644 Main St.
PO Box 6000
Moncton, NB
E1C 0P9

Q12. Who can submit a claim for reimbursement to Medavie Blue Cross?

Only registered health-care providers who have been authorized to submit a claim for reimbursement will be reimbursed by Medavie Blue Cross. A claim from an un-registered provider will be put on hold until the provider completes the registration.

Neither IFHP beneficiaries nor other persons or organizations (i.e. private sponsors) acting on behalf of a beneficiary should submit claims when they have paid up-front for health-care services or products. These claims will not be reimbursed.

Q13. What are the timelines for submission of claims?

It is important to note the timeline for submission of claims to Medavie Blue Cross:

- **Electronic Claims Submission:**
 - Medical Claims: Medical claims must be submitted within six (6) months from the date of service.
 - Pharmacy Claims: Pharmacy claims submitted through the POS system must be submitted within (3) months from the date of service.
- **Paper Claims Submission:** Paper claims must be submitted within six (6) months from the date of service.

Claims received later than six months from the date of service are not eligible for payment.

Providers should note that electronic claim submission through the secure web portal is a more convenient, faster and preferred submission method. Electronic submission allows sending and adjudicating claims in real time.

Q14. What are the fee rates paid to health-care providers?

Fees are paid in accordance with current provincial/territorial health insurance rates (where applicable), the usual or customary fees for a given service (where applicable) or standard IFHP rates.

Q15. When can providers expect to be paid once they submitted a claim?

Payment will be made within thirty (30) days of the receipt of the claim submission, after verification of the invoice, the allowable service, the procedure codes and the client's complete documentation. Cheques and electronic fund transfer payments are issued bi-weekly with a provider payment summary.

Q16. Does the Interim Federal Health Program offer co-payment arrangements with other insurance plans or programs?

The IFHP is a payer of last resort, meaning that it provides benefits to those who lack public health insurance or comprehensive private health insurance. The IFHP does not cover the cost of health-care services and products where a claim can be made under a public or private insurance plan/program, regardless of the amount that may be covered under that plan/program for those products or services. The IFHP does not coordinate benefits with other insurance plans or programs and therefore, does not offer co-payment arrangements.

Q17. Can health-care providers ask IFHP beneficiaries to pay for a service?

Health-care providers may not charge the IFHP beneficiary for covered services. The difference between the amount that a provider bills to Medavie Blue Cross and the amount being reimbursed cannot be billed to the client.

Q18. What dental services are covered under the IFHP?

IFHP dental coverage is limited to emergency relief of pain or infection, emergency examinations, restorations and extractions of severely-affected teeth, as well as the x-rays, emergency prescriptions and anesthetics.

Examples of dental services that are not covered include root canals, prophylaxis, orthodontic treatment, etc., including any procedures that are the initial steps towards these services. The IFHP provider website outlines the [dental care services](#) that are both covered and not covered. Providers are asked to use this information as a guide to IFHP dental coverage.

Q19. What dental codes and fees are paid for services covered under the IFHP?

The IFHP administers dental benefits based on provincial or territorial dental codes. The IFHP fees are based on Provincial and Territorial Dental Association suggested fee guides for General Practitioners. The IFHP adjudication system is not set-up to generate a list of dental codes eligible for reimbursement. The dental adjudication system is set up to determine whether or not a specific code is covered, not covered, or requires special authorization.

Providers can always contact the Medavie Blue Cross Call Centre at 1-888-614-1880 and can ask about the coverage status of specific codes.

Q20. Can dental providers submit claims electronically?

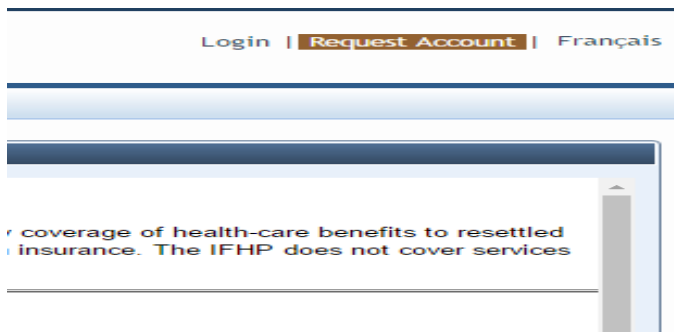
Yes, dental claims can be submitted electronically. Dental providers may consult the [electronic dental claims reference guide](#).

For additional information, please see the [IRCC IFHP website](#), including [Questions and Answers](#) for clients and health-care providers.

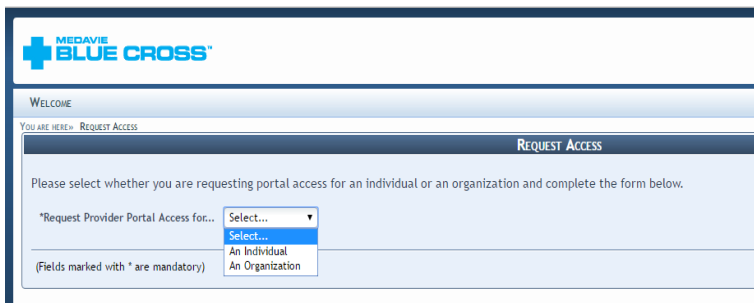
HOW TO REGISTER AS A PROVIDER WITH IFHP

All Syrian families will have both IFHP and MSP. Yet during the first year, IFHP will help cover specialized services like dental, physiology, neurology, etc. If you and/or your clinic would like to provide health care services to Syrian refugee families, registering with IFHP will allow you to bill for the services you are providing. Here is how to register:

1. Go to: <https://provider.medavie.bluecross.ca/>
2. → CLICK “Request an Account” (top right corner)



3. → SELECT “Individual” or “Organization” (your billing structure may provide guidance in choosing the designation)

A screenshot of the "REQUEST ACCESS" form on the Medavie Blue Cross website. The form is titled "REQUEST ACCESS" and includes the Medavie Blue Cross logo at the top left. Below the logo, it says "WELCOME" and "YOU ARE HERE: REQUEST ACCESS". The main heading of the form is "REQUEST ACCESS". The text below the heading reads: "Please select whether you are requesting portal access for an individual or an organization and complete the form below." There is a dropdown menu labeled "*Request Provider Portal Access for..." with a downward arrow. The dropdown menu is open, showing three options: "Select...", "An Individual", and "An Organization". At the bottom left of the form, there is a note: "(Fields marked with * are mandatory)".

4. → FILL in “Required Info” and → CLICK “Submit” (bottom right corner)

WELCOME

YOU ARE HERE: REQUEST ACCESS

REQUEST ACCESS

Please select whether you are requesting portal access for an individual or an organization and complete the form below.

*Request Provider Portal Access for...

*Requested Provider Programs Interim Federal Health Program (IFHP)

Personal Information

*First Name

*Last Name

*Email

*Business Address

*City

*Province

*Postal Code

*Telephone (format: (999) 999-9999)

Fax Number (format: (999) 999-9999)

*Preferred Language of Correspondence English French

Professional Information

*Licensing Province

*License / Registration Number

*Specialty

Additional Information

(Fields marked with * are mandatory)

Tools to Support Your Work with Refugee Families

List of Language Supports

The Provincial Language Support (PLS) System is a service offered to all medical offices within BC. To book an appointment with a translator or for immediate translation services call

1.888.603.5087 or go to <http://www.phsa.ca/health-professionals/professional-resources/interpreting-services>.

List of Translator Languages Provided:

Acholi	Croatian	Italian	Mayan (Aketeko)	Simplified Chinese
Afrikaans	Czech	Japanese	Mien	Sinhalese
Akan	Danish	Jarai	Mina (Gen)	Slovak
Akateko	Dari	Javanese	Minangkabau	Somali
Albanian	Dene	Kanjobal (Q'anjob'al)	Mixteco Alto	Soninke (Serahule)
Amharic	Dewoin	Kannada	Mexteco Bajo	Sorani(Central Kurdish)
Arabic	Dinka	Karen (Pa'o, S'gaw)	Mnong	Spanish
Armenian	Duala	Khmer (Cambodian)	Mongolian	Susu
Ashanti (Asante Twi)	Dutch	Kinyarwanda	Nahuatl	Swahili
Assyrian	Estonian	Kirundi	Navajo	Swedish
Azerbaijani	Ewe	Koho	Nepalese	Tagalog (Filipino)
Bahnar	Fante	Korean	Norwegian	Tai Dam
Bambara	Farsi (Persian)	Kpele	Nuer	Tiawanese
Bantu	Finnish	Krahn	Oromo	Tamil
Belarusan	French	Krio	Pangasinan	Telugu
Bengali	French Creole	Kunama	Papiamento	Thai
Bosnian	Fulani (Fulfulde, Fula)	Kurdish (Sorani)	Pashto (Pushto)	Tibetan
Brazilian	Fuzhou	Krumanji	Polish	Tigrigna (Tigrinya)
Portuguese	Ga	Lao	Portugese	Toishanese
Bulgarian	Gen	Latvian	Pulaar	Tongan
Burmese	German	Lingala	Punjabi	Traditional

				Chinese
Cantonese	Gokana	Lithuanian	Quiche (K'iche)	Turkish
Cape Verdean	Greek	Luganda	Rade	Twi
Cebuano	Gujarati	Maay(Rahanween)	Romanian	Tzotzkil
Chaldean	Hakka	Macedonian	Russian	Ukranian
Chamorro	Haitian Creole	Malay	Samoan	Urdu
Chaozhou (Teochew)	Hebrew	Malayalam	San Miguel	Vietnamese
Chin	Hindi	Malinke	Santa Eulalia	Wolof
Chuukese (Trukese)	Hmong	Mam	Saraiki	Xhosa
	Hungarian	Mandarin	Serbian	Yiddish
	Ibo (Igbo)	Mandinka (Mandingo)	Serbo-Croatian	Yoruba
	Ilocano	Marathi	Shanghainese	Yup'ik
	Indonesian	Marshallese	Sichuan (Szechuan)	Zulu

Health Information Websites

Below is a list of websites should you need any information or resources during your interaction or service to Syrian families.

BC HelpLink Arabic Services:

<https://www.healthlinkbc.ca/services-and-resources/translated-resources/arabic>

Created by BC HelpLink, this site offers the instructions of how to access the 811 Hotline, the Immunization Schedules and more information about what BC HelpLink is. Very helpful as it encompasses what is available for patients who speak Arabic. This site also includes links to **Arabic translated materials** that will be useful for their comprehension of health services.

IFHP BC Website for Registering and Determining Eligibility:

<http://www.cic.gc.ca/english/refugees/outside/arriving-healthcare/practitioners.asp>

Hosted by the Government of Canada, this website provides links for eligibility of providers to register with IFHP as well as how to register.

About Kids Health, all in Arabic Resources:

<http://www.aboutkidshealth.ca/En/HealthAZ/Multilingual/AR/Pages/default.aspx?name=b>

This is an extremely helpful site for to help Syrian parents gain knowledge about health for their children. This link provides a comprehensive list of Arabic translated resources all in regards child health.

Island Health Site for Physicians and staff Assisting Refugees:

<http://www.viha.ca/professionals/refugee-care/physician.htm>

Similar to the Island Health documentation previously noted in this package, this is the website to access any inquiry in regards to newcomer health. An excellent online resource for how to bill IFHP, how to make a referral and other additional supports for overall health with newcomer families.

IFHP Providers List Website:

<http://ifhp-pfsi.medavie.bluecross.ca/wp-content/uploads/sites/7/2017/01/BC-2017-01-03.pdf>

If you are in need of making a referral to another clinic who is already registered with the IFHP, this is an excellent resource for inquiring of all registered clinicians and physicians within BC.

Checklist of Questions to ask for Central Middle East Refugees:

http://www.ccirhken.ca/ccirh/checklist_website/en/central_middle_east.html

The CCIRH has created a website to help inquire of Syrian family's health. This is helpful if there is a lack of medical history or absence of any previous medical screening information.

Cultural Humility and Care within the Health Sector:

<https://culturallyconnected.ca/library/resources/>

This site is an excellent source of toolkits, webinars and information regarding how to interact effectively and supportive of Syrian culture. The health sector can be among the most fear for many refugees and knowing how to interact with them is key to helping them heal.

List of Midwives Taking Syrian Refugees Registered with IFHP:

http://refugeehealth.ca/resources?tid_service=239&tid_language=All&tid_location=All&tid_coverage=All&view_name=community_resources&view_display_id=page_1&view_args=&view_path=resources&view_base_path=resources&view_dom_id=1&pager_element=0

If a patient is in need of referral to a Midwife for their pregnancy, this is a site which lists all midwives registered with IFHP.

Quick Sheet for Serving Syrian Families

Island Health, Victoria Clinic (Refugee Health Hub)	Charlotte Brown, R.N., P: (250) 388-2200
Provincial Language Services Line	1(888) 603-5087 http://www.phsa.ca/health-professionals/professional-resources/interpreting-services .
Arabic-Speaking Pharmacist	Amr Farghali P: (250) 818-3844 E: amrah78@hotmail.com
BC HelpLink Hotline (available in Arabic)	8-1-1 For Arabic interpreter, state "Arabic"
Audiology Services	Connect Hearing 645 Fort Street., Contact: Mae P: (250) 385-3103 Speech & Hearing Clinic 1947 Cook Street, Contact: Niki Timar P: (250) 388-2250
Provincial Toll-Free Refugee Mental Health Line	P: 1 (888) 393-3133 Operated by Vancouver Association for Survivors of Torture
Counselling Centre for Immigrants and Refugees (CCIR)	P: (250) 999-8170 3939 St. Peter's Rd, Victoria, BC V8P 2J9
Interim Federal Health Program (IFHP) for how to register and questions regarding coverage	P: 1 (888) 614-1880 Medavie Blue Cross to field inquiries and process applicants http://www.cic.gc.ca/english/refugees/outside/arriving-healthcare.asp
Victoria Immigrant and Refugee Centre Society (VIRCS)	P: (250) 361-9433 637 Bay St., 3 rd Floor Victoria, BC V8T 5L2
Intercultural Association of Greater Victoria	P: (250) 386-4395 930 Balmoral Road, Victoria, BC V8T 1A8