

# Emergency appeal operations update

## Greece: Population Movement

Emergency appeal n° MDRGR001	GLIDE n° <a href="#">OT-2015-000050-GRC</a>
Operations update n° 4	Timeframe covered by this update: 3 June – 3 September 2016
Date of issue: 7 October 2016	Date of disaster: since January 2015
Operation manager responsible for this EPoA: Tiina Saarikoski, Operation Manager	Point of contact at the Hellenic Red Cross: Zefi Thanasoula, Head of Operations
Operation start date: 2 September 2015	Operation end date: March 2017
Operation budget: CHF 28,667,500 DREF allocation: CHF 296,549	Appeal's coverage: 100%
<b>Number of people being assisted:</b> More than 370,000 migrants (this number includes migrants in transit and stranded) <sup>1</sup>	
<b>Host National Society's presence (n° of volunteers, staff, branches):</b> The Hellenic Red Cross's 1,261 volunteers and 110 staff from its HQ and the branches are involved in the operation.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> American Red Cross, Austrian Red Cross, Belgian Red Cross (Flanders), British Red Cross, Canadian Red Cross, Croatian Red Cross, Cyprus Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Hungarian Red Cross, Hong Kong Red Cross, Icelandic Red Cross, Irish Red Cross, Italian Red Cross, Japanese Red Cross Society, the Netherlands Red Cross, Norwegian Red Cross, Red Cross of Monaco, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, UAE Red Cross.	
<b>Other partners actively involved in the operation:</b> The British, Icelandic, Luxembourg, Netherlands, Norwegian, Swiss, United States of America Government, and several private and corporate donors also contributed to the emergency appeal. The EU's Humanitarian Aid and Civil Protection department (ECHO), Ministry of Internal Affairs, Ministry of Migration, Ministry of Health, Ministry of Defence and other Greek authorities, IOM, UNHCR, UNICEF, WHO, Médecins Sans Frontières (MSF), Médecins du Monde (MDM), Save the Children, International Medical Corps, Mercy Corps, WAHA, Praksis, IsraAid as well as local associations and groups of volunteers.	

### Summary of the appeal

***This Operations Update no. 4 is to report on the implementation progress of activities from 3 June – 3 September 2016 against the [revised Emergency Appeal](#) which was published in May 2016. Another revision of this appeal will follow in the coming months to take into account the current operational needs in view of the evolving situation.***

**Click for appeal history:**

- [Revised Emergency Appeal n° 1](#) | October 2015
- [Operations Update n° 1](#) | December 2015
- [Operations Update n° 2](#) | January 2016
- [Revised Emergency Appeal n° 2](#) | May 2016
- [Operations Update n° 3](#) | July 2016
- [Donor response.](#)

<sup>1</sup>This number possibly involves double counting of migrants who were in transit and now stranded in Greece to whom services were provided in informal and formal sites. Currently, there are more than 59,000 migrants stranded in Greece. The current emergency appeal is targeting an estimated 23,000 stranded migrants with strategic presence in the main operational sites in Attica and Central Macedonia, as well as the islands in Greece.

## Situation



The Hellenic Red Cross, together with the IFRC, is providing much needed support to the migrant population in formal sites in Attica, Central Macedonia and the islands in Greece. Red Cross services include health care and psychological support, water and sanitation and hygiene promotion, relief distributions (including cash transfer programming), restoring family links and community engagement and accountability. *Photo: IFRC*

As of 5 September, more than 59,000 migrants are stranded in the mainland and islands in Greece, with some 8,000 migrants accommodated in the housing scheme of UNHCR's relocation programme<sup>2</sup>. In March this year, the border closures and new restrictions caused a sharp decline of migrant arrivals in the following months. However, during the period of June to August, migrant arrivals resumed an upward trend (although significantly lesser than the same time last year) reporting an average daily sea arrivals of 52 in June, 62 in July and more than 100 daily arrivals in August and September. This increase of arrivals coupled with slow transfers to the mainland, is causing serious challenges with capacity and shelter allocation at the Reception and Identification Centres (RIC) on the islands. The maximum capacity on the five islands remains 7,450 while the total presence on the islands showed 12,429 as of 4 September<sup>3</sup>.

During the reporting period, the Greek government released a list of 40 sites that will be upgraded to serve as longer term accommodation for the migrant population. Following this list, many questions remain unanswered, such as the disputable conditions of the majority of the sites listed; unclear plans and timing regarding the enhancement of those 40 sites; as well as the transition process of the migrant population. It is anticipated that many of the sites will not be ready in time for winter in December.

On 25 July, the Greek Asylum Service concluded its pre-registration exercise of 27,592 migrants. Following this, first appointments have been scheduled to begin in September for the full lodging of asylum claims throughout the mainland for pre-registered asylum-seekers. The UNHCR supported the Asylum Service by informing asylum-seekers about their appointments through various channels such as initiating an SMS-system, calling applicants directly in cooperation with the EASO call-team, posting announcements at various reception sites of the appointment schedules, and disseminating information through UNHCR field teams and partners on site. In addition to the appointment lists posted in sites, UNHCR has created and shared a [FAQ document](#) on the registration process for asylum-seekers in relevant languages. As of 5 September a total of over 3,000 asylum-seekers against the targeted 66,400 (by September 2017), have been relocated from Greece to other EU countries since the beginning of the relocation programme in November 2015.

While the Greek government is continuously dedicating efforts in improving site conditions, they remain inadequate. The overcrowding and sub-standard conditions of the sites, lengthiness of the asylum registration and processing, inter-ethnic clashes, growing distrust of the migrant population towards humanitarian agencies, coordination challenges as well as the increasing lack of tolerance from the host communities are

<sup>2</sup> [UNHCR](#)

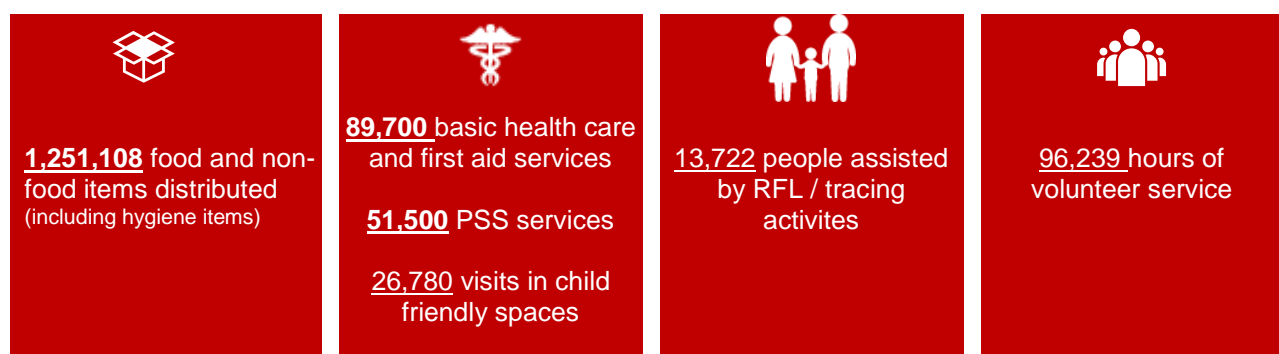
<sup>3</sup> [UNHCR – Weekly Europe Regional Report as of 7 September](#)

contributing to escalating security incidents in the previous few months. All these not only significantly undermine the humanitarian operations in delivering much needed services on the ground, but more importantly, pose severe physical, emotional and mental health risks to the migrant population, in particular to the vulnerable.

### Summary of Red Cross response

Despite operating in an extremely challenging contextual climate, the Red Cross Red Crescent Movement continues to be flexible and adapt to the continuously changing situation to deliver much needed services on the ground.

From the beginning of the operation in May 2015 to 1 September 2016, the Hellenic Red Cross, together with the International Federation of Red Cross Red Crescent Societies (IFRC), provided services in the following locations: islands (Chios, Samos, Kos, Lesbos), Athens and Attica (*Piraeus\**, *Eleonas\**, Ritsona, Skaramagas), and northern Greece (Central Macedonia - Nea Kavala, *Idomeni*<sup>4\*</sup>, Cherso, Diavata, Oreokastro and Softex, Kordelio).



IFRC/HRC is currently focusing its services on the **main operational sites as of 3 September**<sup>5</sup> (see below).

Region	Sites	Migrant population	Current Activities	Active RC partners
Central Greece, Thessaly	Ritsona	690 (507)	Health, PSS, Relief RFL, WASH	HRC, IFRC, Spanish RC, French RC
Attica	Skaramagas	3,050 (3,181)	Health, PSS, Relief, WASH, RFL	HRC, IFRC, Spanish RC, French RC
Attica	Eleonas	2,183	PSS (to be discontinued)	HRC
Central Macedonia	Oreokastro	1,294	Relief and RFL	HRC, IFRC
Central Macedonia	<b>*Nea Kavala</b>	1,975 (971)	Relief and Health, WASH, PSS	HRC, IFRC, Austrian RC, British RC, Finnish RC, German RC
Central Macedonia	<b>*Cherso</b>	1,800 (1,200)	Relief, Health, WASH, PSS	HRC, IFRC, Finnish RC, German RC
Central Macedonia	Diavata	1,089	Relief, Health, PSS	HRC, IFRC
Central Macedonia	Softex, Kordelio	1,339 (1,050)	Relief, Health, PSS, WASH	HRC, IFRC, Austrian RC, British RC, Finnish RC, German RC,
Island	Samos	1,351	Health, PSS, Relief, RFL	HRC, IFRC
Island	Kos	1,531	Relief, PSS, RFL	HRC, IFRC,
Island	Lesvos	5,388	PSS, Relief, RFL, Rescue and first aid	HRC, IFRC, Danish RC, Swiss RC
Island	Chios	1,100	Relief, Health, PSS, RFL	HRC, IFRC, Spanish RC

\*these sites are expected to close by the end of the year

<sup>4</sup> Sites marked with asterisks - Informal sites of Idomeni and Piraeus are no longer operational. In Eleonas, Hellenic Red Cross will no longer be providing child friendly services.

<sup>5</sup> The number of people on the sites is taken from UNHCR website as of 5 September: The numbers in red are from the latest site mapping exercise conducted by Red Cross Red Crescent ERU teams present on those sites. Timing of the latest census conducted was within the period of end August to early September.

It is important to note that these sites adopt an open system approach; there is no proper monitoring and registration in the sites and migrants are free to enter and leave. Therefore, numbers of the site populations vary on a daily basis which makes it challenging to plan certain activities as well as establish a systematic collection of beneficiary data. Based on regular site mapping data, also worth noting is that an increasing number of migrants are leaving sites on the mainland; the possibility of migrants leaving the country through unofficial channels remain significant.

In addition to providing services to the migrants in the sites, the IFRC and HRC are in the midst of revising the current Emergency Appeal, taking into account contingency planning needs. IFRC-HRC are also strongly advocating and supporting winterized shelter solutions (given the potential delays in preparing the sites for the winter season) for the sites in coordination with the government and the humanitarian community. Active steps are likewise being taken to scale up on advocacy efforts concerning protection and security issues. To address the deteriorating security situation, IFRC has hired a security advisor to monitor and establish proper standard operational procedures in place for Red Cross Red Crescent staff and volunteers on the operational sites.

## Coordination and partnerships

The Hellenic Red Cross (HRC) continues to lead the coordination of the response with support from the Red Cross Red Crescent Movement in the form of emergency response units (Austrian, British, Finnish, French, German, Spanish Red Cross), specific bilateral projects (Danish and Swiss Red Cross) and support from different National Societies offering specific technical skills. The IFRC Regional Office for Europe provides advocacy, technical and surge support to the Greece operations team when necessary, in particular assisting with donor relations and coordinating with Partner National Societies.

The ICRC is supporting HRC in RFL activities. During the reporting period, The ICRC strengthened its support to Greek authorities through monitoring of administrative detention facilities for migrants. It has completed a second round of visits in five reception identification centres (previous hotspots), in seven pre-removal facilities in mainland and priority police stations. ICRC activities include ad hoc assistance (hygiene items, clothing, and basic furniture). The ICRC also continued its support to local forensic authorities and the Hellenic Coast Guard with a focus on appropriate identification procedures, training for first responders, and provision of ad hoc material support and the dignified management of deceased migrants. In this framework, a series of training seminars were held at the Coast Guard on the proper management of bodies in emergency conditions in Crete with the participation of 93 officers from all over the island. Also in Crete, staff from the ICRC and the Hellenic Red Cross (HRC) Tracing Service conducted their first mission together in which they met with HRC staff and volunteers from Crete and briefed them on key restoring family links (RFL) issues. ICRC RFL support was also given to HRC colleagues in Thessaloniki branch. Since August 16, Ms Sari Nissi was appointed as the new Head of Mission in Greece, replacing Mr Patrick L'Hote.

The IFRC and the HRC attend ECHO's regular coordination meetings in conjunction with other partners receiving ECHO funding. The meetings serve as informative sessions with participation and updates from the Ministry of Interior. Bilateral coordination also takes place with the ECHO communications team on media and visibility issues.

IFRC and HRC actively participate in inter-agency meetings which are coordinated by UNHCR in Athens (in support to the Government of Greece) to exchange information and discuss future plans of the humanitarian community and the Greek government in relation to the migrant crisis. The IFRC and HRC technical counterparts also regularly attend technical working groups at national and regional level (e.g. health, PSS WASH, NFI, cash, CEA advocacy and site management support (SMS) working groups). For WASH, close collaboration is forged with the technical unit of the Ministry of Migration Policy, Ministry of Defence, and the army for the design and construction of sanitation infrastructures. The IFRC and HRC health team participate in bi-monthly health working group coordination meetings with other international or/and local NGOs in Athens and in Thessaloniki chaired by UNHCR. Representatives from the Department of Child Health at the National School of Public Health participated as the main responsible body for children vaccination for the migrant crisis. IFRC, with HRC, have been active participants of the cash working groups, and has led sub-groups discussing the implementation of a winter cash component and harmonisation of a post distribution monitoring (PDM) form to enable consistent reporting by actors, and analysis of the situation.

IFRC and HRC's active participation in the bi-weekly advocacy working group contributed in the drafting of two letters, (on site conditions with recommendations; and safety and security of migrants, staff and volunteers in sites) to the Greek government. IFRC, with inputs from its Regional Office for Europe and also its EU Office, also contributed to a Policy Brief outlining the current situation in Greece and making recommendations to the

government, UNHCR and other humanitarian actors with endorsements from more than 10 national and international organizations operational in Greece.

## Operational implementation

\*Figures are accumulative from the beginning of the operation until 1 September unless otherwise stated

<b>FOOD AND NON-FOOD DISTRIBUTIONS</b>	
<b>Outcome 1: The immediate food needs of the most vulnerable migrants are met</b>	
<b>Output 1.1: 17,500 migrants have access to appropriate food rations, cooking utensils and means of storage</b>	
<b>Indicators</b>	<b>Accumulative</b>
1.1a # food parcels distributed	To commence
1.1b # kitchen sets distributed	
1.1c # kitchen stoves distributed	
1.1d # trolleys distributed	
1.1e # storage containers distributed	

### Progress towards outcomes

As a result of a relief assessment conducted in May, the relief plan of action was revised (refer to [Operations Update 3](#)) to take into consideration the needs of the migrant population and the cultural appropriateness of the services being provided.

During the reporting period, procurement of the new relief items according to the new plan was undertaken. Although the food parcels have been procured, distribution has not yet commenced due to several factors: pending approval from the respective site management, receipt of other new items and sites not having designated spaces for cooking (delay of communal kitchen strategy - see below). In addition, IFRC-HRC is prepared to support the planned inter-agency communal kitchen strategy with procurement of kitchen sets and kitchen stoves. However, developments on the communal kitchen strategy has been slow moving forward due to the lack of clarity regarding the permanence and future set up of some of the sites.

<b>Outcome 2: Non-food items provided to migrants in transit and stranded</b>	
<b>Output 2.1: Essential non-food items distributed to migrants</b>	
<b>Indicators</b>	<b>Accumulative</b>
2.1a # bed linen distributed	To commence
2.1b # hygiene kits distributed	298,897
2.1c # winterization items distributed (socks, sleeping bags, duffel bags)	66,574

During the period of June to August, more than 160 distribution activities were conducted with a total of 302,113 food-to-go kits and hygiene kits distributed to migrants on a weekly basis in Skaramagas, Ritsona, Nea Kavala, Cherso, Kordelio, Oreokastro, Diavata, Lesvos and Samos. These items will no longer be replenished and will be replaced by the new items in the revised relief plan, and supplemented by the cash transfer programme. Winterization items (socks, winter hats, blankets, trousers, shoes) were also distributed to the migrant population in preparation for the anticipated cold winter months. Subsequently, the Greek government has recently provided a list of minimum winter items to be distributed in all sites. In this regard, IFRC and HRC are coordinating with UNHCR and other actors on joint distributions.

In the islands of Samos, Kos and Chios, distribution activities have been intermittent and stalled in some locations during the reporting period as a result of the escalation of security issues (and lack of HRC resources in Samos) however distribution is planned to resume once situation shows improvement.

From the beginning of the operation until 1 September 2016, HRC has distributed the following items in support of the migrants in Athens and the Attica region (Victoria Square, Eliniko, Eleonas, Piraeus,

Skaramagas, Ritsona), islands (Rhodes, Crete<sup>6</sup>, Samos, Kos, Lesvos, Chios) and Central Macedonia (northern Greece- Nea Kavala, Cherso, Idomeni, Diavata, Oreokastro, Kordelio).

Table 1: Total items distributed from the beginning of the operation as of 1 September 2016

Distributions items	No of items
Water Bottles	353,204
Total Food	242,806
Total Hygiene items	298,897
Sleeping bags, mats and blankets	66,574
Clothing	19,484
Total NFI Other	247,037
Total all distributions	1,228,002

### Successes

HRC provided tea to the migrants during the Ramadan season (6 June to 5 July) which was appreciated by the migrant population. More than 23,000 boxes of tea leaves and sugar were distributed in the migrants sites in Lesvos, Kos, Samos, Ritsona, Skaramagas, Nea Kavala, Diavata and Cherso.

The on-going monitoring of relief stocks in the central warehouse, operational sites in the north as well as the islands enabled the flexibility and smooth reallocation of needed supplies from one site to another within short notice.

### Challenges

There has been increased difficulty in carrying out distribution activities due to the mounting tension and frustration of the migrant population in the sites. Distribution activities were often cancelled due to the unsafe environment or volunteers' reluctance to work in the sites. This was seen almost in all sites - Diavata, Kordelio, Cherso, Oreokastro, Nea Kavala, Ritsona, Lesvos, Kos, Samos and Chios.

Proper data collection of beneficiaries remains a challenge in the sites due to various factors: unsafe environments in some sites, difficulty of volunteers to adapt to the open data kit (ODK) data collection system, differing distribution systems, changes of migrant population without proper registration, and lack of technical support for relief distributions on the ground. However, key steps are currently being taken to mitigate some of those mentioned, including increasing support on the ground (through recruitment of relief officers) as well as standardising the standard operating procedures (SOP) for relief distributions, with support from the Spanish Red Cross.

It is also unclear how soon the communal kitchen strategy can be functional which will affect the distribution of the items in the relief plan.

### Looking ahead

Distribution of winterization items and the implementation of relief distributions according to the relief plan will be the main focus in the coming months. In addition, other plans going forward include: prepositioning of relief items to respond to the possibility of increased migrant arrivals to Greece; standardization of SOPs on distribution system; building the capacity of HRC in disaster management with a focus on relief activities via recruitment and training of HRC relief officers.



Distribution of non-food items by HRC volunteers. Photo: IFRC

<sup>6</sup> Rhodes and Crete were part of the DREF operation

**Outcome 3: Crisis affected households and host population are able to consume sufficient quantity and quality of food and have access to other essential basic needs without having to adopt harmful coping strategies**

**Output 3.1:** Crisis affected households and vulnerable host population receive unconditional HRC cash transfer assistance to meet essential basic needs items

<i>Indicators</i>	<i>Accumulative</i>
3.1a% of beneficiaries reporting that they were able to meet their essential needs that they would otherwise not have	To commence
3.1b # of cash cards redeemed by the crisis affected households and individuals to meet their immediate needs	
3.1c # of HRC staff trained on CTP and ODK	

In August, a longer-term cash transfer programme (CTP) delegate was hired to support the HRC CTP officer. The programme, significantly delayed due to various reasons, will be piloted in Ritsona in October. During the previous months, activities included: discussions and coordination with the cash working group on a common modality for cash; the selection of a financial service provider via tender process and site assessments to develop implementation plans at the different locations.

The IFRC CTP team has received significant support from the Spanish Red Cross ODK team to develop a database and data collection solution to enable CTP distributions to be undertaken. With access to the financial service provider (Prepaid Financial Services) system enabling the completion of program SOPs, and on-going CTP staff recruitment (two cash officers hired so far), plans are in place to deliver training to IFRC and HRC CTP staff and volunteers in October.

As mentioned, CTP is on target for an early-October start in terms of commencement of activities (Ritsona), which will eventually expand to sites in Central Macedonia in November and possibly to the islands as well. The program will consist of five main stages (see chart below), with on-going monitoring. It is expected to take two weeks to complete the first site, with reduced implementation time as the programme scales up.



Five main stages of cash transfer programming

### **Challenges**

The lack of consistent communication between the cash and NFI working groups has been a significant challenge to ensure that work is not being duplicated and that contradictory plans are not being made. This is not just an issue in coordination, but that the cash actors' agreement on using unconditional multi-purpose grants as the means of assistance, would possibly duplicate, to an extent, activities undertaken by other sectors as well, for instance food and WASH sectors. To mitigate this, there needs to be improved collaboration and harmonisation between the different actors and its sectors. In addition, it was recently made known that some actors are not being able to deliver cash distributions in the respective sites as originally planned, and IFRC and other actors have had to rework their implementation plan to cover the gaps.

### **Looking ahead**

With a strong foundation in CTP database and support from the ODK team, combined with the training and community engagement materials, IFRC is in a good position to rapidly scale up activities in the coming two months, especially once the initial 'stress test' is completed in Ritsona.

HEALTH – First Aid & Basic Healthcare	
<b>Outcome 4: The immediate risks to the health of migrant population are reduced through provision of basic health care, first aid and referral services (first aid)</b>	
<b>Output 4.1:</b> Target population is provided with rapid management of injuries	
<b>Output 4.2:</b> Target population is provided with Basic Health Care services in established facilities	
<b>Output 4.3:</b> Disease prevention and health promotion is provided in accommodation facilities	
Indicators	Accumulative
4.1a # of first aid services rendered to migrants through Samaritans Rescue Teams of Hellenic Red Cross	26,780
4.2a # of new consultations given outpatient services in established Red Cross Red Crescent health facilities	89,700
4.2b # of migrants referred to external health facilities	2,006
4.3a # of children vaccinated	2,763 (MMR) 713 (Tetravac)
4.3b # of people reached by health promotion	To commence

### Progress towards outcomes

#### Output 4.1 Target population is provided with rapid management of injuries

The Samaritans, one of HRC's key flagships, are active mainly on islands (Lesvos in particular) providing search and rescue and first aid services. From the beginning of the operation to date, a total of 26,780 first aid and 38,931 rescue services were provided. As migrant arrivals started slowing down during March and months thereafter, the Samaritans continued to be present in the sites with Red Cross activities, supporting the teams in first aid (when needed) and distribution activities.

During the reporting period, a total of 1,618 services were provided by the Samaritans with highest concentration in Lesvos island. ODK forms for data collection were developed, although not yet in use. The Samaritans are planning to commence first aid training for migrants in sites in September.

#### Output 4.2: Target population is provided with basic health care services in established facilities

During the reporting period, basic health care (BHC) activities continued in eight sites with support of the Red Cross Red Crescent Societies (see below table). In the informal sites of Athens (Piraeus) and Idomeni activities were completed in early June, as migrants were transferred out of the sites to formal sites.

A total of 28,647 consultations were registered using the ODK data collection system during the reporting period (see table below) and 89,700 consultations from October 2015. As for referrals, 1,037 cases were referred to the hospitals or other external health facilities during the reporting period, with a total of 2,006 cases since the beginning of the operation.

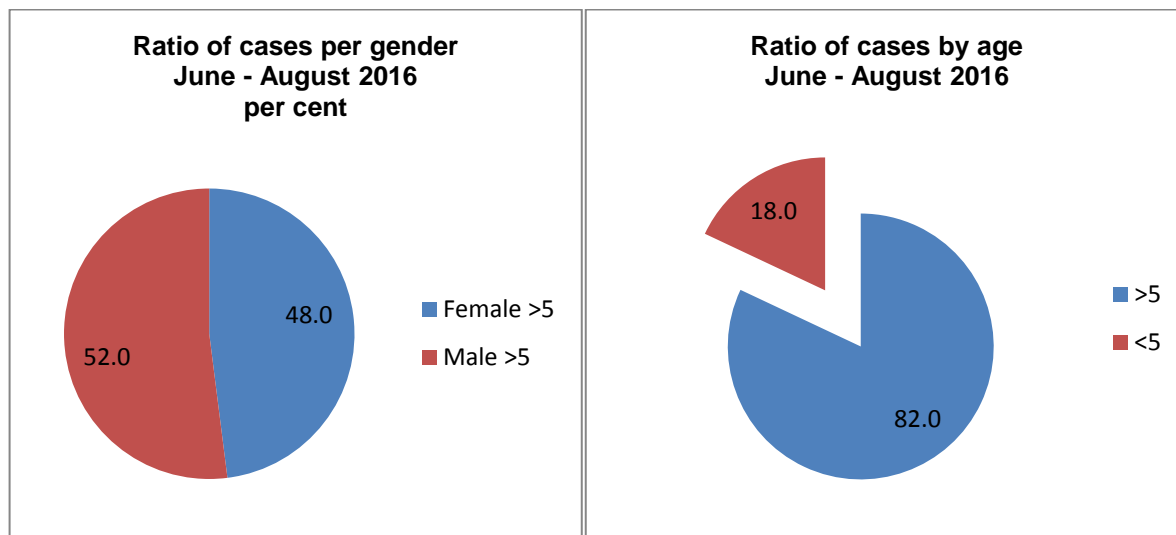
Table 2: Number of consultations and National Societies providing basic health care during the reporting period

Locations	Athens	Skaramagas	Ritsona	Diavata	Idomeni	Kordelio	Cherso	Nea Kavala	Samos	Chios	TOTAL
Health services	20	4,401	2,524	1,869	7	5,322	4,822	5,968	2,151	1,563	28,647
Red Cross Red Crescent	HRC	Spanish Red Cross BHC ERU		HRC with PNS support (AustRC, Italian RC)	Evacuated by early June		Finnish, German Red Cross BHC ERU		HRC	HRC with PNS support (SpRC)	

To meet the needs of migrants now stranded for a longer period of time, a wider spectrum of services were offered. Besides continued consultations and referrals; antenatal care, screening of nutritional status of children under five and health education, as well as psychological support services were carried out in a clinic

for patients attending it for various medical reasons. The Red Cross teams also coordinated with the relevant ministries in conducting vaccination campaigns. First aid training and further health education are planned to be developed in the coming months for the migrant community through community-based activities.

During the reporting period, out of the total number of consultations, 82% were for patients above five years of age. Among them 48% per cent were female and 52% per cent male. The ratio of children under five remains the same (18%) compared to the first five months in 2016. The ratio of female above 5 also remains at the same compared with the first five months of 2016.



Gynaeco-obstetrics support was provided in 946 cases and ante-natal care in 433 cases. Pregnant women were referred to the external facilities for delivery. Among the most frequent diseases were trauma (15%), upper respiratory infections (12%) and musculoskeletal problems (5.3%). A total of 8.8% consultations were for regular health checks. This indicates that migrants started adopting a more preventive approach by conducting regular health checks.

The number of dental problems decreased from 4% to 2.6%, compared to the last reporting period, due to services by Health Point Foundation (HPF), who started providing dental care in the sites in Central Macedonia in July. In Attica a dentist has been identified by the HRC to provide dental care, however the necessary equipment is still under procurement process.

As there was a need for psychiatric services, IFRC contracted a psychiatrist consultant to fill the gap in Kordelio and Diavata sites, who will continue providing this much needed service, in coordination with MSF. A total of 94 consultations were carried out by the psychiatrist in Diavata during June-August and 24 consultations in Kordelio during August which included diagnosis of various types of mental health disorders and prescription of treatment.

The procurement of medicines according to the standard medicine list, which was in process since early this year is currently in its final stage, but could not be delivered as suppliers were not available in August (summer holidays). Consumables are also in the process of procurement.

In late August, assessments were conducted in Samos and Chios to identify the need for HRC to continue providing health services there. The following recommendations were made:

- HRC will suspend health activities in Samos, as MedIn has recently been contracted by MoH to cover health needs in Samos. The option for HRC to support health education and FA activities through a community-based approach is being considered
- HRC will continue activities in Chios as there is still need for BHC services there.

### Output 4.3: Disease prevention and health promotion is provided in accommodation facilities

The requirement for the vaccination of migrant children was discussed and planned by the Department of Child Health at National School of Public health together with relevant stakeholders. The Red Cross teams were requested to conduct the vaccination campaign in sites where it was leading the BHC activities, as well as in two other sites not covered by other organizations. The MMR vaccine for Measles, Mumps and Rubella, and Tetravac vaccine for DTPP (Diphtheria, Tetanus, Pertussis, and Polio) and cold chain were provided by the MoH.



Vaccination campaign in Ritsona. Photo: IFRC

In July, vaccination activities (MMR and Tetravac) commenced in Skaramagas, Ritsona, Lavrio, and Oinofyta following instructions from the MoH. According to MoH guidelines, a combined vaccine with six components should be used. However not all six components were available; and MoH provided 800 doses of a combined vaccine with only four components. HRC is requested to complete another round of vaccination in the coming months with the remaining two vaccines which will be provided by MoH.

In three sites in Central Macedonia, only MMR vaccination was completed due to a lack of Hexavalent vaccine in the MoH. HRC was requested to procure (with support from MSF) the vaccines in coordination with other stakeholders.

Red Cross also continued its participation in the daily disease surveillance which KEELPNO (centre for disease control of the MoH) carries out to monitor health trends for early detection of infectious diseases and outbreaks. As Hepatitis A cases were identified in Ritsona, Nea Kavala and Kordelio, the Red Cross teams carried out Hepatitis A vaccination on those sites, including the procurement of vaccines upon request of KEELPNO and according to its guidelines.

Table 3: Number of children/adults vaccinated (July-Aug 2016)

Site/Vaccines	MMR	TETRAVAC	HEPATITIS A		
			Children	Adults	Total
Skaramagas	949	478			
Ritsona	188	117	181	65	246
Lavrio	116	60			
Oinofyta	94	58			
Nea Kavala	669		3	6	9
Cherso	381				
Kordelio	366		4	6	10
<b>TOTAL</b>	<b>2,763</b>	<b>713</b>	<b>188</b>	<b>77</b>	<b>265</b>

Under the framework of providing assistance to migrants, this operation is also focusing on strengthening key intervention areas where HRC already has an active role in providing assistance to the migrant population. This is achieved by absorbing some of HRC's current programming costs under this appeal, namely the operation costs of two primary health care centres in Athens and the Attica region (Ampelokipi and Aneliosia) which have been in operation for a long time. These centres, with services provided by nurses, paediatricians and gynaecologists, not only targets a diverse population of migrants but also targets families with low social and financial status, unemployed persons and Roma; offering services such as mother and child healthcare and consultation services, home visits for health checks, school hygiene and health education activities, vaccination programmes and diseases surveillance with collaboration with the Ministry of Health. A total of 1,488 (of them 761 Roma) beneficiaries were assisted in Aneliosia and 671 in Ampelokipi during the reporting period.

#### Challenges

- Lack of coordination and information from the Ministry of Health makes it challenging to plan and implement activities which increases the needs for regular adjustments of activities, and revision of plans.
- Despite the Greek government having confirmed the 40 longer term sites, there is still some uncertainty and lack of further information in terms of the transition process of these sites.
- The government's future plan for health service provision for the 40 longer term sites is not clear. Thus planning an exit strategy has been challenging.

- There is still a lack of local staff (especially doctors) and difficulties with hiring (in process since January 2016).
- Delay in procurement of medicines as a result of lengthy procurement procedures, high costs of procuring medicines in-country and suppliers being on holiday throughout August.
- Growing security issues resulting in high-risk working environments.
- Protracted need for emergency response units (ERU) has resulted in frequent staff turnovers (as international staff are often only available for short term deployments), which has been disruptive and challenging to manage.
- Different modalities of implementation at various sites: ERU/HRC, HRC/PNS, HRC.
- With the phasing out of the ERU modality mechanisms, future coordination/management needs to be identified.
- Transportation of non-urgent cases of patients needing higher level of medical support to and from respective medical facilities has been an on-going challenge. The issue was discussed several times at the health coordination meetings, as well as at site management and EKEPY (National Health Operations Centre) levels. In Central Macedonia, bus tickets and taxi services were provided for transportation. UNHCR has assumed the overall responsibility of providing transportation for referral cases.

### Looking ahead

Considering that migrants will be living in the sites for longer periods, it is planned to adopt a community-based approach in terms of health programming.

HEALTH – Psychosocial Support	
Outcome 5: Migrants and HRC staff and volunteers in the operation have access to PSS	
Output 5.1: Migrants are provided with psychosocial support	
Output 5.2: Child friendly spaces are provided for children	
Output 5.3: HRC staff and volunteers are trained on psychosocial support	
Output 5.4: HRC staff and volunteers receive psychosocial support sessions	
Indicators	Accumulative
5.1a # direct Psycho Social Support (PSS) services provided to migrants, especially children, women and other vulnerable groups	51,500
5.2a # of visits to child-friendly services	26,780
5.3a # of HRC staff and volunteers receive PSS relevant training	56
5.4a # of HRC staff and volunteers have access to PSS support and assisted referral, if needed	24 (only in Lesvos)

### Progress towards outcomes

#### Output 2.1: Migrants are provided with psychosocial support (PSS)

In emergencies, people are affected in different ways and require different kinds of support. Psychosocial support activities are organized in a layered system of complementary supports that meets the needs of diverse groups in the different sites. Activities have been designed to match the needs of migrants in each site and cover the existing gaps. During the reporting period, PSS services were available in Chios, Samos, Kos, Lesvos, Cherso, Nea Kavala, Diavata, Kordelio, Eleonas, Skaramagas and Ritsona. This consists primarily of direct psychosocial services provided to migrants, (which include psychological first aid (PFA)) and meaningful activities organized for the migrant population.



Migrants playing boardgames in Skaramagas.  
Photo: IFRC

The HRC has been implementing PSS activities on the islands as well. In Samos and Chios trained health staff have been providing PFA services to migrants in distress who visit the clinic.

The Danish Red Cross is operating on Lesvos in PSS sector under the appeal through a bilateral agreement with the HRC. A recreational centre for men as means of forging resilience has been established in Lesvos (outside Moria) during this reporting period. Additionally, DRC is also supporting PSS activities in the existing Multifunctional Centre of the Hellenic Red Cross in Attica, providing case management and counseling for urban migrants.

In collaboration with the HRC, the Spanish Red Cross ERU is providing PSS services in Ritsona and Skaramagas. In **Ritsona** a female friendly space was established, targeting teenage girls two evenings per week, however the activity was discontinued due to lack of response after the Ramadan season. The team is now plans to open a learning centre with educational and recreational activities targeting women with children. The space will incorporate a child care nursery component. In **Skaramagas**, ERU delegates and HRC staff are providing individual support through two case workers available at the site five days per week, in addition to meaningful activities organized for adolescents and adults. During the reporting period activities included: physical activities, weekly meetings with community representatives to discuss community issues, morning outreach works, and cinema sessions with cartoons for children and young people. Gardening and other workshops are currently being planned in collaboration with the community. Skills within the community were mapped to identify possible teachers and migrants interested in learning those skills.

The Finnish Red Cross continued providing PSS services in **Cherso** and **Nea Kavala** and recently in **Kordelio** during this reporting period. So far in Cherso and Nea Kavala, these activities have been in place: weekly men's group once per week to voice their concerns, fears and personal issues; weekly group meetings for women community leaders to reinforce their circle and plan ways to offer their support to others according to the needs, and one to one counseling sessions for people of concern referred by the Red Cross health unit and other organizations.

PSS activities recently commenced in **Kordelio**. Both women's and men's support group have been scheduled with limited success due to low take up rates.

Table 4: PSS activities in Central Macedonia sites

Site activities	Educational	Women's group	Men's group	Counselling
Cherso	Three days a week (English classes)	Weekly	Once per week	Available
Nea Kavala	Not available	Available	Available	Available
Kordelio	Not available	Available	Available	Available

During the reporting period, the Spanish Red Cross ODK team has been supporting the PSS team in creating forms for data collection and training the staff and volunteers to use ODK. As of August, the PSS teams started using ODK in all sites.

## Output 2.2: Child friendly spaces are provided for children

In **Samos** and **Chios**, securing adequate areas to establish a proper child friendly space (CFS) has been challenging. Currently the CFS in Chios is on hold and the CFS activities in Samos are taking place in a temporary tent. The HRC has been providing limited activities for children in **Kos**, organizing games twice per week in the registration and identification centre, however those activities were recently discontinued due to security reasons.

In **Ritsona** and **Skaramagas** activities for children were offered during the vaccination campaigns in waiting areas. In Ritsona the CFS initially operated on a daily basis, but is no longer needed as there are other organizations already providing the same services there. In Skaramagas, the migrant community was involved in the planning process of setting up a space for adolescents to organize lesson activities (craft making, music, language, etc) and hold group discussions. As there are plans for migrant children to attend school in the near future, the activities for this space will be coordinated with the school schedule. At the moment the team is waiting for a container to arrive to run the activities.

The HRC also has presence in **Eleonas site in Attica**, where a group of HRC volunteers are running child friendly space activities once per week. However this will discontinue soon.

In **Cherso**, **Nea Kavala** and **Kordelio**, child friendly spaces are currently being managed by other humanitarian actors. The Finnish Red Cross ERU is currently supporting this by organizing children activities few days in a week. In **Diavata** the HRC runs a child friendly space three times per week and will expand the program with the recruitment of two additional facilitators.

**Output 2.3: HRC staff and volunteers are trained on PSS**

During the reporting period, the Spanish Red Cross and Finnish Red Cross have started training volunteers in Attica and Central Macedonia.

Training for PSS officers on CFS were conducted at the headquarters in Athens. Newly identified PSS officer and CFS facilitators will be trained in the next reporting period.

**Output 2.4: HRC staff and volunteers receive PSS sessions**

The action plan for access to PSS services for HRC staff and volunteers has been developed and at the moment the PSS team is forming groups and conducting planning sessions for the coming months. The Danish Red Cross started providing this service for the staff and volunteers in Lesvos and will continue implementing team building activities and sessions in this regard.

**Challenges**

- Lack of coordination with other organizations in some sites.
- Increased competition for humanitarian space; related to this, the lack of HRC capacity to speedily implement activities.
- Local recruitment process is slow.
- Difficult to implement PSS activities when the basic needs of the beneficiaries are inadequately met.
- Difficult to secure physical space and authorizations in the sites (Samos, Chios).
- Increasing mental health needs reported in the sites, yet still a lack of coordination with the organizations in meeting this need.
- The referral system to public services is not working well with long waiting times for appointments and lack of interpreters in the medical institutions for mental health issues.

**Lessons learned**

- Due to the stigmatisation of mental health issues and lack of knowledge on PSS, it is critical to inform migrants on its importance and engage them through other activities such as recreational activities or workshops.
- There is a need for improved cooperation with other sectors and provide integrated services.
- There needs to be increased engagement and training with the migrant community in PSS activities.
- It is important to have a hired CFS staff in place to ensure smooth running and quality of the CFS activities. Volunteers are important and valuable support in the activities but the running of a CFS cannot be solely the responsibility of the volunteers who might not be able to commit on a regular basis.
- CFS must also follow minimum standards<sup>7</sup> and linkages formed with parenting training.
- There needs to be early planning for integration activities and PSS for urban refugees.

**Looking ahead**

As discussions with the Ministry of Migrations continue regarding the space for PSS activities, these will be further reviewed and adjusted taking into consideration site-specific contexts.

**WATER AND SANITATION AND HYGIENE****Outcome 6: Immediate reduction in risk of waterborne and water related diseases in targeted sites and improvement of the hygiene situation of the migration population**

**Output 6.1:** Continuous assessment of water, sanitation, and hygiene situation is carried out

**Output 6.2:** Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

**Output 6.3:** Hygiene promotion activities which meet Sphere standards provided to target population

**Output 6.4:** All women & girls of menstruating age are provided with necessary privacy and appropriate material for Menstrual Hygiene Management

<sup>7</sup> [http://www.unicef.org/iran/Minimum\\_standards\\_for\\_child\\_protection\\_in\\_humanitarian\\_action.pdf](http://www.unicef.org/iran/Minimum_standards_for_child_protection_in_humanitarian_action.pdf)

<b>Output 6.5: Hygiene-related goods (NFIs) which meet Sphere standards are provided to the target population</b>	
<b>Indicators</b>	<b>Accumulative</b>
6.1a % of target population have access to latrines (open defecation at site vicinity is reduced)	100%
6.2a % of target population who state they have access to improved water and sanitation facilities	<b>To be revised</b>
6.3a # of target population reached by hygiene promotion activities	30,753
6.3b # of migrants involved in facilitating hygiene promotion activities	115
6.4a # of female population provided with a set of essential hygiene items for MHM.	594 <sup>8</sup>
6.5a # of migrants provided with essential hygiene and cleaning items	14,300 <sup>9</sup>

### Progress towards outcomes

During the reporting period, with each site offering its own context-specific challenges, the water and sanitation and hygiene (WASH) teams have mainly focused on promoting improved hygiene within the migrant community through distribution of hygiene items, mobilizing cleaning teams, and organizing educational topic-specific sessions on hygiene for the migrant population.

In addition, the WASH teams have also been supporting and coordinating with the government and other lead WASH agencies in the respective sites on ensuring access to water and sanitation facilities through maintaining and/or establishing necessary hardware infrastructures in Skaramagas, Ritsona, Nea Kavala, Cherso and Kordelio.

The engagement of the migrant volunteers in implementing and facilitating hygiene promotion activities continues to be a motivation not only for the Red Cross Red Crescent teams but for the migrant community as well. Not only does it forge improved collaboration among different stakeholders, it also facilitates ownership amongst the migrant community and increase the successful implementation of the activities.



32 rental chemical toilets (2 for disabled people) marked with gender stickers in Kordelio.  
Photo: IFRC

### Central Macedonia – Cherso, Nea Kavala and Kordelio

The Austrian/British Red Cross MSM (mass sanitation module) teams have been operational in **Cherso** and **Nea Kavala** migrant sites since March and commenced activities in **Kordelio** since June. Red Cross has been appointed as lead agency (in particular WASH) in Kordelio, which was opened to receive migrants who were transferred from the unofficial site in Idomeni. In Cherso and Nea Kavala, Red Cross is supporting International Rescue Committee (IRC), who is the WASH lead agency in those sites.

In **Kordelio**, one of the main WASH activities undertaken by the Red Cross teams was to ensure water supply to the migrant population. Water storage capacity was increased and a new water system was installed in Kordelio with water analyses carried out periodically by the MSM team. The MSM team also worked on improving the drainage systems through digging gravel drainages and providing tools and support to migrants.

<sup>8</sup> The number is low here as sanitary pads were formerly distributed together with relief items (as well as part of the female hygiene kits in the initial stages of the operation) which uses a different data collection system. Sanitary pads will now be distributed on a needs basis through the hygiene kiosk system which is now being undertaken under the WASH framework. A total of 32,846 MHM items have been distributed as of 1 September.

<sup>9</sup> The items were distributed from tent-to-tent and therefore the whole migrant community was covered in those sites with WASH activities.



Before and after the drainage construction in the water points in Kordelio-Softex. *Photo: IFRC*

Four shower containers equipped with hot water, donated by the UNHCR in Kordelio, were connected to the water and sewage network and are maintained by the Red Cross MSM teams. Screens have been installed in Kordelio showers in order to ensure the privacy and safety of women. Thirty-two chemical toilets (two for disabled people), three toilets and four hand washing points were installed in Kordelio. However, HRC distributed baby potties in the site when it was reported by the hygiene promotion team that the toilets were unsuitable for children.

A waste management team (comprising of the migrant volunteers) was established in the site with the aim of encouraging the migrant population to manage solid waste in a proper way. Protection equipment and training on safety hazard were provided to the team. During the reporting period, a canal in Kordelio which was causing breeding of vectors such as snakes, rats and mosquitoes was cleaned during the reporting period.



The waste management team working in the canal. *Photo: IFRC*

The issue of vectors is also a problem in **Nea Kavala** and cases of scabies and lice were reported. To mitigate this, awareness raising campaigns were conducted as well as periodic grass cutting activities organized with migrant volunteers. Training for community volunteers was held in Nea Kavala on spraying chlorine in tents, toilets and showers, as well as on personal belongings. The MSM and BHC teams worked closely to rapidly identify health problems and support the migrants with vector control. Blankets and bed sheets of the families affected by scabies and lice were replaced and laundry machines (with hot water) have been installed in Nea Kavala by the Red Cross teams. Additionally, mosquito nets were also distributed by the migrant community volunteers in Nea Kavala.

The MSM team in Nea Kavala also created a “mapping team” to regularly monitor the site population. Figures from this mapping exercise are informally shared with partners and also used for Red Cross distribution activities.

The **hygiene promotion** (HP) teams provided gender marking stickers to separate male and female toilets and showers in all three sites; this has been well received by the community. The HP team also supported HRC’s distributions of hygiene kits and assisted in distributing the Ramadan kits (tea, sugar and cups), while complementing it with additional hygiene and cleaning items, based on feedback of migrants. The HP teams ensured the availability of soap and garbage bags in all WASH facilities, and regularly conducted focus groups with women and girls in all sites to discuss menstrual hygiene management (MHM), design and adaptation of facilities to the needs of females and provision of toilet attendants. In Cherso, MHM kits (each kit containing 20 sanitary pads, one pack of wet wipes and three small



The Fun Team performing in Kordelio. *Photo: IFRC*

towels) were distributed monthly to women and age-appropriate girls.

Due to cases of Hepatitis A being reported by the health teams in the three sites; information, education and communication (IEC) materials were designed and distributed along with awareness raising campaigns carried out. The HP teams supported the health teams on informing migrants about the vaccination campaigns. Specific toilets were assigned to the hepatitis-affected families with regular disinfection of facilities carried out.

Other hygiene messages to be promoted were identified by the HP teams, such as dental hygiene, hand-washing with soap (mainly for children), and management of food waste, which is managed in different ways by migrants according to their cultural background.

“Fun Teams” were created within the HP teams from the migrant community, targeting children with shows and games (clowns, puppets, etc) to promote hygiene messages. A team of professional clowns (Red Noses International) collaborated with Red Cross teams and performed in the sites, in addition to providing training to the Fun Team on communicating with children. The Fun Team also collaborated with other partners, such as the Cultural Center run by volunteers, Save the Children in Cherso, and the Open Cultural Center in Nea Kavala.

#### **Attica: Skaramagas and Ritsona**

In **Skaramagas**, the Spanish Red Cross has been focused primarily on hygiene promotion, menstrual hygiene management and distribution of sanitary pads and diapers and other hygiene items, together with the HRC. The current system of blanket distributions for hygiene items will be transitioning to the kiosk modality, distributing items on a needs basis. Post distribution monitoring was conducted through meetings with beneficiaries and focus groups discussions.

To counteract the issue of scabies and lice, prevention campaigns were carried out in coordination with the basic health care teams. Specific hygiene promotion activities, focusing on hand washing with soap were conducted for children. A group of female community volunteers representing all the groups in the sites, carried out focus groups with women specifically on menstrual hygiene management and also to collect feedback from the women and involve them in the planning of activities.

Other works included cleaning and repairing of drainage systems and emptying septic tanks via desludging trucks. The Red Cross is exploring cost-efficient solutions to replace the current system. In the coming months, the Spanish Red Cross will increase its involvement in the maintenance and construction of sanitation infrastructures. A pressure cleaning machine was procured for the cleaning of the areas between and under containers where garbage was accumulated, facilitating the proliferation of rats and other vectors.

In **Ritsona**, the French and Spanish Red Cross continued providing operation and maintenance of toilets, showers and sewage, drainage and hygiene promotion services.

A water treatment plant and water storage tanks have been installed in Ritsona, and as of reporting date, authorization from the army and confirmation of the water quality are currently being awaited. Water pressure problems were also identified. The fire hoses which were used as water points by the site population were causing a big waste of water. In order to address this issue, new water points were installed. A laundry area designed in collaboration with the women migrants, has been built and is now a closed space for women to ensure privacy.

The French Red Cross installed 10 septic tanks in Ritsona and connected them to the showers and toilets containers (which were provided by IOM), and built an infiltration field. Desludging of septic tanks remains the responsibility of the army. The ratio of persons per latrine and shower were below Sphere standards but has since improved.



Distribution of diapers through 'hygiene kiosk' in Skaramagas. Photo: IFRC



Cleaning team of community volunteers. Photo: IFRC

The HP team continued with activities which included conducting focus group discussions, participatory design of facilities, educational hygiene promotion session and cleaning campaigns. The latter involves equipping the migrants with cleaning tools as well as distribution of garbage bags.

When open defecation was observed in the site, focus groups discussions were held with the community leaders in order to identify the causes. It was revealed that migrants were not satisfied with the cleanliness of the sanitation facilities, therefore a team of toilet attendants was recruited to monitor proper gender usage of showers and latrines as well as the availability of garbage bags, soap, buckets or brushes in the toilets and showers. In addition hygiene messages have been placed at the latrines.

### Challenges

- Some sites do not have infrastructure in place to meet minimum living standards, such as access to safe water and sewage network, proximity to surface water, etc. which makes WASH implementation incredibly challenging.
- The list of official sites shared by the government indicated the closure of Cherso and Nea Kavala however the timeline remains unclear. It is planned for shelter partners to install living containers equipped with toilets and kitchens connected to the water and sewage networks, however the detailed plans and the timeframe are not yet known, affecting the ability to plan WASH activities.
- Living conditions will be challenging with the onset of winter, especially in Central Macedonia which might lead to escalated tensions in the sites. In preparation for winter, changing and waiting areas will be added to the showers and toilets; and improvement and cleaning of drainages.
- The presence of multiple WASH partners on each site coupled with the fact that some organizations were not able to follow through on commitments has resulted in Red Cross teams having to 'gap fill' in the sites. For example, some of the WASH actors have installed toilets and showers but are not providing adequate operation and maintenance of these infrastructures which had to be covered by the Red Cross teams.
- The HP strategy needs to transit from emergency mode and adapted to cater to different cultural groups.
- In some of the sites it is not easy to engage community volunteers in the activities due to lack of ownership from the migrants as they are not expecting to stay there for a long time.

### Looking ahead

The exit strategy is for HRC to take over hygiene promotion programming. This will be achieved by building HRC capacity and training new staff and volunteers. The strategy also includes eventual discontinuation of hardware activities in the sites. Two out of five sites where Red Cross is implementing WASH will close in the coming months and the arrival of containers equipped with built-in toilets and kitchens will further decrease the need for WASH hardware activities. In future a more integrated approach with the health sector will also be developed with HRC volunteers trained in both health and hygiene activities.

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY	
<b>Outcome 7: Outcome 1: Red Cross contributes to better informed migrant populations in Greece and to sensitize host communities</b>	
<b>Output 7.1:</b> Red Cross provides relevant, timely and reliable information connected to the main information needs of migrants communities	
<b>Output 7.2:</b> Two-way communication channels with host communities are established and sensitization messages disseminated	
Indicators	Accumulative
7.1a # of communication materials produced: posters and other graphic information, audio recorded messages, etc.	15  <b>Graphic material</b> - Health Promotion (2), Red Cross services (8), Social integration (2) <b>Audio recorded information</b> about access to services and administrative procedures upon arrival (2) <b>Internet based information:</b> Virtual Volunteer Platform

7.1b # of information points (information boards, information kiosks, etc.) set up by RC inside the sites.	<b>Community information billboards</b> in 6 sites with community information desks managed by migrant volunteers in 2 sites
7.1c # and type of information requests received	5,027 calls
7.2a # and type of communication material produced for host communities	To commence
7.2b # school based activities participated by children from host and migrant communities	To commence
7.2c # community forums and social intercultural encounters attended by host communities	To commence

### Progress towards outcomes

During the reporting period several information materials were produced to communicate on various messages including promoting Red Cross services to the migrant population with the aim of facilitating a better understanding on the way that Red Cross conducts its programs and activities (types of services, schedule etc.) in the field. These materials are on top of previous information materials produced since the start of the operation (printed and audio recorded information played during the peak of arrivals in transit sites in Lesvos and other islands where RC provided relief, first aid and basic health services at the start of the operation). The materials were not only produced and disseminated to migrant communities and partner organisations but were also translated into the main languages spoken by migrant communities (mainly Arabic, Kurdish and Farsi).

The Red Cross has established information billboards in six sites (Skaramagas, Ritsona, Nea Kavala, Cherso, Kordelio and Diavata); other agencies are providing this service in other sites.

**Psychosocial support in Cherso**

**Group sessions (weekly)**  
Everyone is welcome to join. Come to the PSS tent at Red Cross area.

**Women's group**  
Saturday - 3pm

**Unaccompanied children**  
Weds - 12pm

**English lessons**  
Weds, Saturday - 11am

**Private sessions**  
Individual and family sessions week. No appointment needed, everyone is welcome.

**Consultation hours**  
Tuesday, Weds, Thurs, Sat - 2pm - 3.30pm

Female psychologist on site every Saturday for private consultations - please talk to Red Cross staff for appointment

**Ramadan 2016**

Q: What is Ramadan and when does it start?  
A: Ramadan is a month of fasting for Muslims. The year begins on Monday 1st of June 2016 and continues until Tuesday 27th of July 2016.

Q: What is the purpose of Ramadan?  
A: Fasting aims to help Muslims learn self-discipline, education, generosity and justice. It also aims to clean the soul and boost spirituality in life.

Q: Is it true that during Ramadan those fasting don't eat, drink water?  
A: Fast starts at dusk and ends when the sun sets. During this time people don't eat or drink anything. They don't eat, drink water. Please be aware that the fasting schedule changes daily.

Q: Is it allowed to eat a child if they are fasting?  
A: It is totally acceptable to eat a child in the house of their fast, although we must ensure that most of the adults will be fasting.

(Left) Poster providing information on Red Cross services in the sites.

(Right) FAQ leaflets for Red Cross staff and volunteers regarding the celebration of Ramadan, that started on 6 June. Also in relation to the celebration of Ramadan, there were printed Ramadan greeting posters translated into Arabic and Farsi distributed to all the sites where Red Cross is implementing its programs.

In August migrant volunteers have been identified and engaged in two sites (Cherso and Nea Kavala) to act as information focal points for migrants residing there. The availability of persons from the same community who are able to speak the same language with site residents is important to facilitate the provision of face-to-face communication and positive reception of community feedback. The identification and engagement of migrant volunteers in other sites will continue in the month of September.



Information billboards. Photo cred: IFRC

## Virtual Volunteer Platform

During the month of August, the virtual volunteer and migrant information platform was launched through information dissemination within community working groups as well as in the sites. The platform is a web application developed by the IFRC in collaboration with the Hellenic and Swedish Red Cross in partnership with IBM, the Swiss Confederation and the European Union Humanitarian Aid Office.

The platform is a means to provide useful information to migrants in order to support them on accessing basic services within and outside the reception sites. It aims to also be an entry point to provide answers to common questions, link migrants to news services and to other applications developed by National Red Cross and Red Crescent Societies, partner organisations and Greek government agencies.

The platform is also a tool to facilitate interaction and two-way communication between Red Cross and the migrant population as migrants are able to send messages to the HRC staff attending the information hotline (see below), who in turn will respond to the information needs.

After the initial testing in Greece the platform will be extended to Sweden and other European and non-European countries within the migration trail of migrant and refugee communities.

### Hellenic Red Cross information hotline

One of HRC's long standing services in supporting migrants is the information hotline service for refugees which is being funded through the Emergency Appeal. The information hotline received a total of 1,811 calls during the period of June-August 2016. The calls were mainly requests for interpretation needs (53%), information needs (29%) and referrals (17%).

During September 2015 to August 2016, the hotline has received a total of 5,027 calls. The highest number of calls were during the months of March (855), and August (702). This fact could be interpreted as a result of the wider dissemination of the services of the hotline both through printed material and through the Virtual Volunteer platform, as well as to the access of free calls through the WhatsApp and Viber app on top of the existing landline phone number.

Table 5: Accumulative number of calls to HRC information hotline (Sep15-Aug16)

Hotline services	Sep15	Oct15	Nov15	Dec15	Jan16	Feb16	Mar16	Apr16	May16	Jun16	Jul16	Aug16	TOT
Mediation	2	1	1	2	0	8	3	6	2	2	6	1	34
Interpretation	27	30	37	133	43	162	174	123	159	310	256	386	1,840
Referrals-Guidance	65	87	79	44	42	121	472	182	78	110	83	125	1,488
Information	74	79	97	141	111	149	206	148	128	143	199	190	1,665
<b>TOTAL</b>	<b>168</b>	<b>197</b>	<b>214</b>	<b>320</b>	<b>196</b>	<b>440</b>	<b>855</b>	<b>459</b>	<b>367</b>	<b>565</b>	<b>544</b>	<b>702</b>	<b>5,027</b>

The majority of the calls during this one-year period were related to interpretation services (37%), followed by information requests (33%), and referrals to other organisations' services (30%).

Community engagement involving Greek host communities and social integration of migrants has been delayed until there is a clearer pattern of migrants' potential movement outside the sites in terms of employment opportunities and lodging options in residential areas, in particular once the registration process (commencing in September) facilitates the granting of asylum seekers cards which will allow them legal employment in Greece.



**Outcome 8: Implementation of RC programming is improved by taking into account migrants' feedback and engaging them actively in the definition and implementation of Red Cross activities.**

**Output 8.1:** Migrants are engaged in two-way communication, incorporating migrants' opinions and needs to improve the design and implementation of Red Cross Red Crescent programs

Indicators	Accumulative
8.1a # and type of decisions on program design and implementation taken following needs expressed by migrants and host communities.	1 Changes in the food and non-food relief items distributed by RC after needs assessment conducted in May 2016.
8.1b At least one information point and one suggestion box placed in those sites where RC has more permanent presence.	<b>Community information billboards</b> in 6 sites with community information desks managed by migrant volunteers in 2 sites
8.1c % of targeted beneficiaries satisfied with the services provided by RC that they received	Will be conducted in the coming months
8.1d At least one monthly updated report of community feedback collected in the sites where Red Cross implements its programs.	1
8.1e # of migrants that are engaged in the definition and implementation of Red Cross activities at site level	137

### Collection of community feedback

The setting up of formal community feedback mechanisms have been delayed as a result of the unavailability of focal persons able to implement and follow up on CEA activities at site level. However, required personnel were finally in place in August. During the reporting period steps have been taken in order to facilitate the collection and analysis of community feedback regarding services provided by Red Cross teams. The aim is to become more accountable to site residents and facilitate appropriate responses to feedback received. In this regard some actions were already undertaken such as the adaptation of relief food parcels according to the needs expressed by people living in the sites; and the preparation of community information notes and FAQ guides following complaints received, specifically about Red Cross's provision of the basic health services.

In the meantime, a questionnaire template to collect community feedback through the Open Data Kit (ODK) data collection software were finalized and suggestion boxes in two sites (Nea Kavala and Cherso) were installed. The installation of suggestion boxes in other sites will continue in September.

During late August, in Cherso, a systematic way of registering and analysing feedback, through the creation of a database was established in order to follow up on the feedback received. The feedback was shared with Red Cross field teams, site management and also with other organisations working in the site in order respond to the feedback received from the migrant community.

### Community Engagement

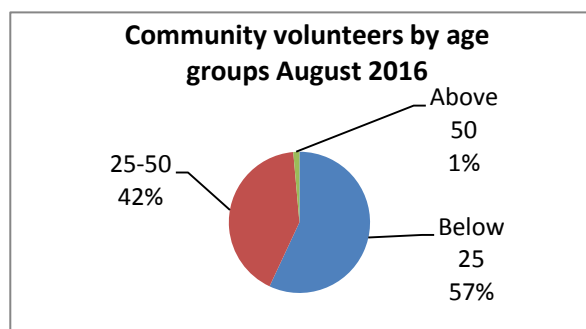
Red Cross teams began identifying relevant community leaders within the migrant population in the sites willing to support and be actively engaged in the different services and activities of the program. This active participation of migrant community members is especially relevant as interpreters and in the implementation of community-based services such as health and hygiene promotion, and PSS activities (child friendly space, women safe space and education and recreational activities with young adults and women). They are also supporting the maintenance and cleanliness of the BHC units and WASH facilities at site level.

At the end of May 2016 a **community engagement profile** assessment was conducted in the sites with Red Cross presence



Community volunteers designing hygiene promotion posters in Kordelio (July 2016).  
Photo: IFRC

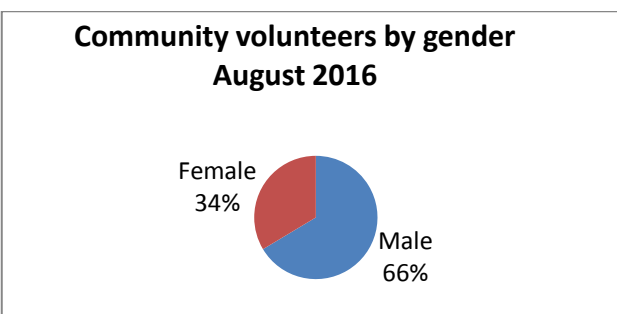
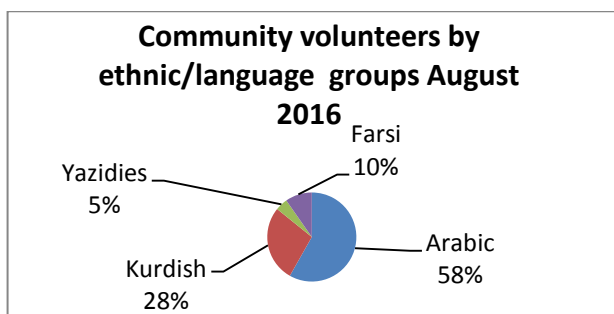
- Nea Kavala and Cherso (Central Macedonia and Thessaloniki area), Ritsona (Central Greece/Thessaly area) and Skaramagas (Attica). The profile collected age and gender disaggregated information to identify the number and demographic profile of the migrant population living in those sites who are collaborating in the implementation of Red Cross services and activities.



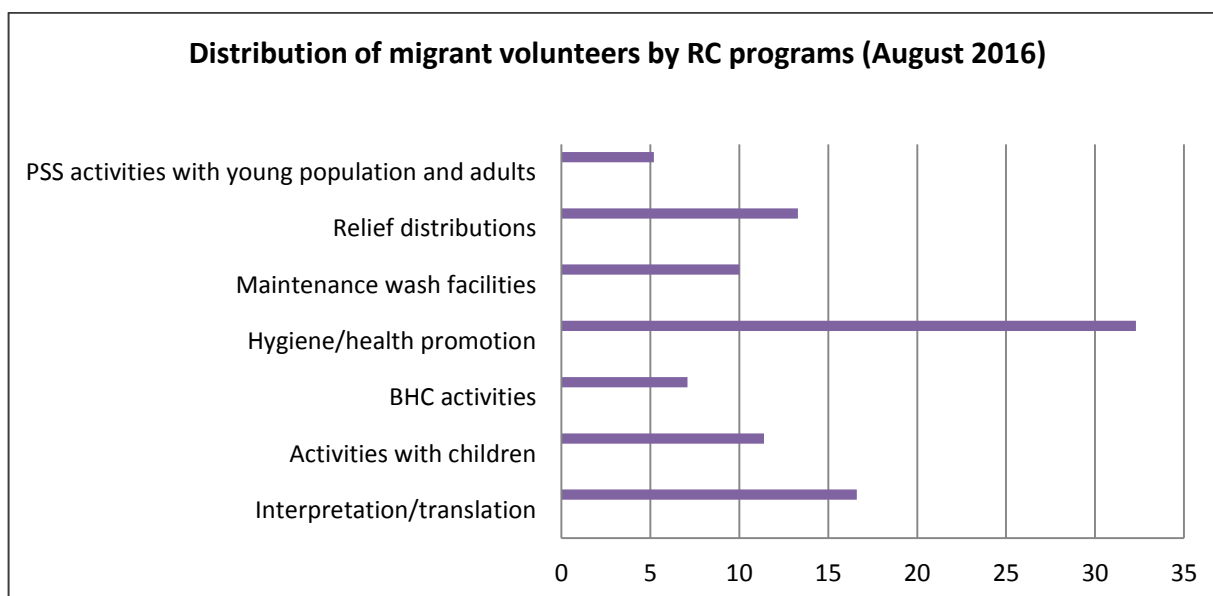
The number of migrants engaged in the implementation of Red Cross activities has increased to 137 persons compared to 94 in May. This increase has been mainly due to the commencement of Red Cross activities in Kordelio (Central Macedonia).

The demographic profile of these volunteers show that the majority of them are below 25 years of age (57%) and male (66%), with a 10% increase in the percentage of male migrants supporting Red Cross activities from May.

Regarding the ethnic/linguistic groups where the volunteers come from it is observed that Arabic migrants were the majority (58%) of the total number of migrants engaged. This is in contrast to the profile in May which presented a majority of them from Kurdish origin (57%). However, this could be due to the transferring of Kurdish migrants to other sites at one point during the reporting period.



The sectorial activities in which migrants are actively engaged (refer to chart below) are principally related to (in this order) hygiene and health promotion, interpretation and translation services, relief distribution activities, activities with children, maintenance of WASH facilities, operational support to Red Cross Basic Health Units, and PSS activities with young adults and women.



<b>Outcome 9: CEA is integrated in all the programs as a transversal cutting approach.</b>	
<b>Output 3.1: Hellenic Red Cross and Participating National Societies incorporate CEA approach within their programs</b>	
<b>Indicators</b>	<b>Accumulative</b>
# of CEA focal persons working within HRC and other RCRC members in the implementation of the program	6 Focal CEA (1) in HRC; Red Cross sites officers (5) in charge to develop CEA activities and Community Engagement officer (1) providing technical support.
Elaboration of guidelines and training modules on CEA	Done and continuous
# of trainings on CEA provided to RC staff and volunteers.	2 training sessions conducted to PSS officers and Site officers.

During the reporting period, the CEA programme continues to strengthen through the reinforcement of human resources. This included the appointment of a HRC CEA focal person in May 2016, which increased integration of CEA within HRC programmes; the appointment of four site-level focal persons in charge of coordinating CEA activities in Central Macedonia sites; four additional interpreters; and a CEA technical officer working in Attica sites (Ritsona and Skaramagas).

CEA training sessions were provided for HRC staff and volunteers in order to facilitate the integration of the CEA approach into the regular activities of the teams working in the different sites where Red Cross is present.

### **Challenges**

- The ability to deliver timely and accurate information to the migrant population is inherently affected by unclear site management coordination and lack of information, in particular on asylum seeking, family reunification and relocation processes and waiting time. In addition, migrants are growing increasingly distrustful of humanitarian agencies which further makes it challenging to effectively engage with them.
- The complexities of language with both Red Cross volunteers and staff and many of the migrants, who are not able to use English as a common medium for information exchange creates a barrier of communication between the migrants and aid agencies. Red Cross has responded through the hiring of four new interpreters during the reporting period, and more interpreters are planned to be incorporated in coming weeks.
- While the lack of CEA focal persons on-site has caused serious delays in the implementation of CEA activities, it has improved now with the incorporation of site officers in four sites in Central Macedonia to plan and coordinate CEA activities at site level. Also the hiring of a CEA officer to support the development of CEA activities in Skaramagas and Ritsona has increased the implementation rate during the reporting period.
- The CEA approach has not been incorporated as a transversal component in the work plans of technical sector teams during the inception of the programmes which has made it challenging to follow through. This constraint has been addressed by the preparation of training modules in order to provide training to other sectors technical staff and to HRC volunteers and CEA will be integrated in the revision of the Emergency Appeal.

### **Looking ahead**

- A database storing community feedback (collected weekly) is now in place, which allows for regular analysis and follow up on feedback received from the migrants in the sites where Red Cross is currently operating. Feedback will be shared on a weekly basis with Red Cross program managers as well as with other organisations and agencies working in the same sites, promoting higher accountability and advocacy in order to improve the living conditions and address the needs of migrant population living in these sites.
- Moving forward there will be emphasis on working with host communities, facilitating the reduction of negative prejudices and integration of migrants in urban areas, in particular through school activities, where migrant children will be attending (based on Ministry of Education list).

<b>RESTORING FAMILY LINKS</b>	
<b>Outcome 10: Families are kept united and family links are restored wherever people are separated from, or are without news of, their families</b>	
<b>Output 10.1: Families and vulnerable groups (UAM) have access to RFL services</b>	
<b>Indicators</b>	<b>Accumulative</b>
10.1a # of migrants receiving RFL services	13,722
10.1b # of phone cards and free calls	4,673
10.1c # of migrants using wifi or mobile charging services	55,898

### Progress towards outcome

With funding and technical support by the ICRC, HRC's Tracing Service team continues to deliver much needed RFL services to the migrants in the sites on the mainland and islands, namely tracing services and access to three-minute phone calls and phone charging services. RFL services are currently provided in these sites: Athens (Eleonas, Eliniko, Skaramagas and Ritsona), Diavata, Derveni, Cherso, Kordelio, Nea Kavala, Lagadikia, Oreokastro, Raidestos and in the hotspots on the islands.

In July and August 2016, emphasis was given to capacity building efforts and strengthening the presence of RFL services in existing and new sites; a new team of RFL volunteers were trained to respond to RFL needs in Ritsona. In July, an RFL mission to Creta island was undertaken by HRC and ICRC. HRC's Tracing Service team is also participating in UNHCR's Blue Dot<sup>10</sup> initiative.

Moving forward, HRC's Tracing Service team continues to advance the mobility of its teams and increase awareness of its services, and at the same time collaborates closely with the ICRC forensic advisor on identifying missing persons involved in shipwrecks. Worth mentioning is that from June to August more than 1,200 phone calls were offered to migrants to restore contact with their loved ones and 12 tracing cases were closed.

<b>QUALITY PROGRAMMING</b>	
<b>Outcome 11: Effective response to the operation is ensured</b>	
<b>Output 11.1: On-going operation is informed by continuous and detailed assessment and analysis is conducted to identify needs and gaps with plans revised accordingly</b>	
<b>Output 11.2: The management of the operation is informed by a comprehensive monitoring and evaluation system</b>	
<b>Indicators</b>	<b>Accumulative</b>
11.1a Assessments conducted and acted on	See narrative below
11.1b # of regional/global tools utilized	14 FACT deployments and 7 ERU units
11.2a Evaluations and lessons learned conducted	3 (IFRC RTE and audit in 2016; lessons learned in 2015)
11.2b Monitoring systems in place	On-going

### Progress towards outcomes

Multiple assessments have been conducted throughout the operation due to the constantly evolving nature of the situation, resulting in two revisions of the emergency appeal since its launch in 2015. In addition, informal assessments were constantly on-going (CTP, WASH, Health, CTP) in the respective sectors to ensure relevance and appropriateness of Red Cross Red Crescent services in meeting the needs of the migrant population. The IFRC Head of Country Office and HRC cash transfer program officer visited Chios on 27-28 July for a feasibility assessment on cash transfer programming on the island.

During the reporting period, a security assessment was undertaken in August to review the situation in respective sites. As a result of the assessment, a dedicated IFRC security advisor was hired to undertake the

<sup>10</sup>Blue Dot: A safe space for children and their families to play and interact, with provision of vital services, such as protection and counselling in a single location.

following tasks: conduct continuous security assessments on all sites with Red Cross operations, ensuring compliance with IFRC's Minimum Security Requirements (MSR's), establishing effective security information networks with external actors, and managing the security incident reporting system.

A Real-Time Evaluation (RTE) on the European migration crisis was conducted in July 2016. The RTE team visited migrant sites in the Attica region, Lesvos island and Central Macedonia (northern Greece) and conducted interviews with IFRC and HRC staff and volunteers. Initial findings were presented in the HRC office, Athens on 29 July and a draft report was issued in late August. A final report with management response will be expected in the next reporting period. A global tools review was also conducted and led by the Secretariat in Geneva to evaluate and review the IFRC response tools, and improve its efficiency. A draft report is being prepared and will be distributed to stakeholders once ready.

High officials from the IFRC (USG Programs, Regional Director for Europe, Head of Migration) and NS with ERUs on the field (Austrian, British, Finnish and Spanish) visited Greece on 5 August to meet with HRC, UNHCR and government representatives. The objectives of the mission were to take stock of the operation; identify issues and concerns; and agree on how to address them. Several recommendations were made to the HRC and the operations team to enhance protection and security in the sites; to assess how to transition from sites to longer term solutions, such as housing schemes and social inclusion activities; and to revisit and enhance existing contingency planning for different scenarios, including the possibility of an increase in migrant arrivals.

NATIONAL SOCIETY CAPACITY BUILDING
<b>Outcome 1: The HRC has improved capacities to respond during emergencies and crisis</b>
<b>Output 1.1:</b> HRC has more active and skilled volunteers for emergency response
<b>Output 1.2:</b> HRC volunteers and staff receive relevant training
<b>Output 1.3:</b> HRC and operational branches receive necessary equipment to conduct emergency response

### Progress towards outcomes

With a more harmonized IFRC-HRC structure and organigram in place, IFRC delegates continued to work in close collaboration with their HRC counterparts in building their capacity and supporting them in leading the response.

HRC volunteers remain integral to the response of the operation and capacity building of the volunteers continued with relevant training provided to them during the reporting period (refer to table below). To date, a total of 1,261 HRC volunteers are registered and subsequently insured (compared with 1,032 in June).

During the reporting period, the following training was provided to HRC volunteers in Attica, northern Greece as well as on the islands. It is essential to constantly equip and motivate them in order to retain this growing network of HRC volunteers.

Table 6: Training sessions organized during the reporting period

Type of training	Number of trainings	Number of volunteers trained
ODK	9	85
PSS/PFA	7	53
RFL	1	6
Fast Track	2	44
Communication	1	14
First Aid	1	35
CEA	1	3
CTP	1	10

Susceptibility to burnout is increasing among volunteers, some of who have been involved in the operations from the beginning, highlighting the need for **PSS support and greater recognition** of their contribution. Also, **with volunteer focal points** in the operational sites not yet in place, volunteers expressed a lack of guidance or leadership. To mitigate this, the HRC Volunteer Management Service has undertaken the responsibility to organize monthly **volunteer support meetings** in the Attica region with plans to establish this in other regions

as well. In addition, to increase the motivation of volunteers, **recognition activities and events** will be organized to acknowledge the contribution of volunteers. The need to recruit more volunteers, particularly in the islands and in the north, remains significant.

## Operational support services

### Communications

All communication activities directly support the Emergency Appeal and aim to raise awareness and sensitize the public, media and donors on the emergency situation, humanitarian needs and Red Cross Red Crescent response. Continuous communication activities include:

- Regularly updated key messages, talking points, facts and figures, questions and answers documents and other background information has been produced bi-weekly and as required for specific incidents and disseminated to the Greece operational team in both English and Greek, and to IFRC offices and National Societies.
- Each week, IFRC is publishing content across digital channels featuring Greece. This content primarily consists of [web stories and blogs](#), and also photo essays and social media contributions for specific international days, including World Humanitarian Day, Youth Day and others. This content has been reposted by key donor ECHO and also national societies. Although opportunities for proactive media outreach are limited, IFRC continues to pitch story ideas, working with partner national societies, and connecting with media in the field work. HRC send regular press releases to national media profiling activities under the Emergency Appeal.
- Reactive media responses have been delivered with attention to reputation management and dissemination of reactive lines to key IFRC offices and partner national societies. IFRC and HRC continue to receive weekly requests from national and international media including the Guardian/Observer, CNN, Al Jazeera, Vice, and various European outlets.
- Planning for press trips in Greece will scale up over coming weeks with support from key partner national societies, in addition to specific pitching on site conditions and advocacy relating to EU relocation schemes, and to address growing tension between host communities and migrants.
- In addition to public communication, IFRC has undertaken direct advocacy with government and UNHCR, raising critical issues through letters and reporting to the Ministers' officer. IFRC is also a contributing member of the Advocacy Working Group, inputting to and endorsing letters and high-level meetings to address site conditions, safety and security. IFRC is set to endorse the joint policy brief from organizations contributing to the advocacy working group. This comprehensive document provides an overview of the whole of operation for Greece, and several recommendations for critical stakeholders.
- Communication training was provided in August to 14 HRC volunteers in Lesbos island, covering topics such as basic photography, drafting press releases, storytelling and discussions on key issues related to communicating with local communities.

### Human Resources

In July, a new contract between IFRC and a payroll agency was established in order to hire national staff as the hiring of contracted staff was delayed due to this fact. By the end of August, seven national staff was recruited - two administrative officers (HR & Admin Officer), a security advisor and four interpreters for Attica sites. Many other national recruitments for technical positions are currently taking place, with recruitments jointly conducted by IFRC and HRC. However, as there is still a need for a specialized payroll agency to hire medical specialist services, a contract for this purpose is in process and planned to be operational in October.

### Logistics

The logistics and procurement team continued its support to the operation through its procurement, warehousing, transportation and customs clearance of relief goods. Items are procured through the IFRC global logistics systems (GLS) and country procurement team in line with the IFRC procurement procedure. During the reporting period, procurement training sessions were provided to the HRC procurement team, with addition to a procurement workshop conducted for field teams in northern Greece. Guidelines for field procurements were also been developed and a preparation of a supplier database (although there is shortage of local suppliers) is currently in progress.

Further HRC recruitment for logistics and procurement is in progress to support the increased demands of the operations.

### **Planning, monitoring, evaluation and reporting (PMER)**

The IFRC PMER delegate continued supporting the HRC and IFRC sectorial leads on data collection, planning and drafting monitoring and evaluation plans, in addition to providing reports to various stakeholders which include informal updates, situation reports, operations updates and donor reports. PMER activities during the reporting period also included supporting the operations team in facilitating an internal reporting system and working closely with the IM delegate in the IFRC Regional Office for Europe as well as with the Spanish Red Cross on various data collection methods and systems.

## **Contact information**

For further information specifically related to this operation please contact:

### **In the Hellenic Red Cross**

**Zefi Thanasoula**, Head of Operations

phone: +30 210 3605631; email: [swd@redcross.gr](mailto:swd@redcross.gr)

### **In the IFRC Country Office in Greece**

- **Ruben Cano**, Head of Country Office  
mobile: +30 695 750 8929; email: [ruben.cano@ifrc.org](mailto:ruben.cano@ifrc.org)
- **Tiina Saarikoski**, Operations Manager  
mobile: + 30 6981667750; email: [tiina.saarikoski@ifrc.org](mailto:tiina.saarikoski@ifrc.org)

### **In the IFRC Regional Office for Europe**

- **Leonardo Carmenati**, Head of Migration Response Operations  
phone: +36 1 888 4500; email: [Leonardo.carmenati@ifrc.org](mailto:Leonardo.carmenati@ifrc.org)
- **Olga Dzhumaeva**, Partnerships and Resource Development Coordinator  
phone: +36 1 888 4500, email: [olga.dzhumaeva@ifrc.org](mailto:olga.dzhumaeva@ifrc.org)
- **Dorottya Patko**, Planning, Monitoring, Evaluation and Reporting Manager,  
phone: +36 1 888 4526, email: [dorottya.patko@ifrc.org](mailto:dorottya.patko@ifrc.org)

### **In IFRC Geneva**

**Programme and Operations focal point:**

**Cristina Estrada**, Operations Support,

phone: +41 22 730 4260, email: [cristina.estrada@ifrc.org](mailto:cristina.estrada@ifrc.org)



**Click here**

1. Click [here](#) to see the interim financial report
2. Click [here](#) to return to the title page

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives.**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence and peace.**

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## Disaster Response Financial Report

## MDRGR001 - Greece - Population Movement

Timeframe: 22 May 15 to 31 Mar 17

Appeal Launch Date: 02 Sep 15

## Interim Report

## Selected Parameters

Reporting Timeframe	2015/5-2016/08	Programme	MDRGR001
Budget Timeframe	2015/5-2017/03	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>			<b>26,558,921</b>			<b>26,558,921</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
American Red Cross			293,249			293,249	
Belgium - Private Donors			216			216	
BG Group			200			200	
Bloomberg			9,919			9,919	
British Red Cross			218,082			218,082	
British Red Cross (from British Government*)			3,597,133			3,597,133	
Cartier Charitable Foundation			100,000			100,000	
Celesio			41,888			41,888	
CERN Staff Association			14,710			14,710	
Coca Cola Foundation			99,674			99,674	
Croatian Red Cross			5,459			5,459	
Cyprus Red Cross			11,074			11,074	
Danish Red Cross (from Denmark - Private Donors*)			50,000			50,000	
European Commission - DG ECHO			16,604,189			16,604,189	
Experian			121			121	
FedEx Services			191,275			191,275	
Finnish Red Cross			86,155			86,155	
France - Private Donors			1,794			1,794	
Give Eur-Hope ASBL			89,305			89,305	
Google			11,046			11,046	
Icelandic Red Cross			109,724			109,724	
Icelandic Red Cross (from Icelandic Government*)			184,753			184,753	
Informa			1,526			1,526	
Ireland - Private Donors			110			110	
Irish Red Cross Society			153,855			153,855	
Japanese Red Cross Society			43,258			43,258	
Lars Amundsen Foundation			200,000			200,000	
Luxembourg Government			27,084			27,084	
Luxembourg Red Cross (from Luxembourg Government*)			159,139			159,139	
Medtronic Foundation			100,499			100,499	
Metro AG			98,128			98,128	
Mondelez International Foundation			7,574			7,574	
Nestle			38,976			38,976	
Norwegian Red Cross			554,569			554,569	
Norwegian Red Cross (from Norwegian Government*)			356,589			356,589	
Novartis			24,531			24,531	
On Line donations (from Aland Islands - Private donors*)			64			64	
On Line donations (from Albania - Private donors*)			2			2	
On Line donations (from Andorra - Private Donors*)			8			8	
On Line donations (from Antigua And Barbuda - Private donors*)			3			3	
On Line donations (from Argentina - Private Donors*)			5			5	
On Line donations (from Australia - Private Donors*)			847			847	
On Line donations (from Austria - Private Donors*)			31			31	
On Line donations (from Azerbaijan Private Donors*)			11			11	
On Line donations (from Bahrain - Private Donors*)			297			297	
On Line donations (from Bangladesh - Private Donors*)			3			3	
On Line donations (from Belarus - Private Donors*)			2			2	

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

On Line donations (from Belgium - Private Donors*)	169	169
On Line donations (from Bermuda - Private Donors*)	36	36
On Line donations (from Bhutan - Private donors*)	16	16
On Line donations (from Botswana - Private donors*)	5	5
On Line donations (from Brazil - Private Donors*)	234	234
On Line donations (from British Indian Ocean Territory - Private donors*)	3	3
On Line donations (from Brunei - Private Donors*)	102	102
On Line donations (from Bulgaria - Private Donors*)	74	74
On Line donations (from Canada - Private Donors*)	1,194	1,194
On Line donations (from Chile Private Donors*)	9	9
On Line donations (from China - Private Donors*)	411	411
On Line donations (from Colombia - Private Donors*)	1	1
On Line donations (from Costa Rica - Private Donors*)	7	7
On Line donations (from Croatia - Private Donors*)	24	24
On Line donations (from Cuba - Private donors*)	1	1
On Line donations (from Cyprus - Private Donors*)	351	351
On Line donations (from Czech private donors*)	64	64
On Line donations (from Denmark - Private Donors*)	22	22
On Line donations (from Dominican Republic - Private Donor*)	4	4
On Line donations (from Dominica Private Donors*)	5	5
On Line donations (from Ecuador - Private Donors*)	59	59
On Line donations (from Egypt - Private Donors*)	6	6
On Line donations (from Falkland Islands (Malvinas) - Private donors*)	4	4
On Line donations (from Finland - Private Donors*)	103	103
On Line donations (from France - Private Donors*)	939	939
On Line donations (from French Guiana - Private donors*)	80	80
On Line donations (from Germany - Private Donors*)	269	269
On Line donations (from Gibraltar - Private donors*)	26	26
On Line donations (from Great Britain - Private Donors*)	3,631	3,631
On Line donations (from Greece - Private Donors*)	72	72
On Line donations (from Guam - Private donors*)	4	4
On Line donations (from Guatemala Private donors*)	1	1
On Line donations (from Guernsey - Private donors*)	11	11
On Line donations (from Hong Kong - Private Donors*)	377	377
On Line donations (from Hungarian - Private Donors*)	14	14
On Line donations (from icelandic RC*)	1	1
On Line donations (from India - Private Donors*)	391	391
On Line donations (from Indonesia - Private Donors*)	90	90
On Line donations (from Ireland - Private Donors*)	79	79
On Line donations (from Isle Of Man - Private donors*)	2	2
On Line donations (from Israel - Private Donors*)	17	17
On Line donations (from Italy - Private Donors*)	101	101
On Line donations (from Japan - Private Donors*)	165	165
On Line donations (from Jersey - Private donors*)	2	2
On Line donations (from Jordan - Private Donors*)	23	23
On Line donations (from Kazakhstan - Private Donors*)	7	7
On Line donations (from Kuwait - Private Donors*)	204	204
On Line donations (from Latvia - Private Donors*)	4	4
On Line donations (from Lebanese - Private Donors*)	30	30
On Line donations (from Lithuania- Private Donors*)	32	32
On Line donations (from Luxembourg - Private Donors*)	87	87
On Line donations (from Malaysia - Private Donors*)	298	298
On Line donations (from Malta - Private Donors*)	94	94

## Disaster Response Financial Report

## MDRGR001 - Greece - Population Movement

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Selected Parameters			
Reporting Timeframe	2015/5-2016/08	Programme	MDRGR001
Budget Timeframe	2015/5-2017/03	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

<i>On Line donations (from Mauritius Private Donors*)</i>	4	4
<i>On Line donations (from Mexico - Private Donors*)</i>	70	70
<i>On Line donations (from Netherlands Antilles - Private donors*)</i>	1	1
<i>On Line donations (from Netherlands - Private Donors*)</i>	68	68
<i>On Line donations (from New Caledonia Private Donors*)</i>	17	17
<i>On Line donations (from New Zealand - Private Donors*)</i>	224	224
<i>On Line donations (from Norway - Private Donors*)</i>	163	163
<i>On Line donations (from Oman - Private Donors*)</i>	25	25
<i>On Line donations (from Panama Private donors*)</i>	23	23
<i>On Line donations (from Peru - Private Donors*)</i>	16	16
<i>On Line donations (from Philippines - Private Donors*)</i>	72	72
<i>On Line donations (from Poland - Private Donors*)</i>	89	89
<i>On Line donations (from Portuguese - Private Donors*)</i>	109	109
<i>On Line donations (from Puerto Rico - Private donors*)</i>	73	73
<i>On Line donations (from Qatar Private Donors*)</i>	112	112
<i>On Line donations (from Republic of Korea - Private Donors*)</i>	30	30
<i>On Line donations (from Reunion - Private donors*)</i>	24	24
<i>On Line donations (from Romania Private Donors*)</i>	9	9
<i>On Line donations (from Russia - Private Donors*)</i>	154	154
<i>On Line donations (from Saudi Arabia - Private Donors*)</i>	126	126
<i>On Line donations (from Singapore - Private Donors*)</i>	1,240	1,240
<i>On Line donations (from Slovenia - Private Donors*)</i>	3	3
<i>On Line donations (from South Africa - Private Donors*)</i>	65	65
<i>On Line donations (from Spain - Private Donors*)</i>	115	115
<i>On Line donations (from Swedish - Private Donors*)</i>	44	44
<i>On Line donations (from Switzerland - Private Donors*)</i>	743	743
<i>On Line donations (from Syria Private Donors*)</i>	72	72
<i>On Line donations (from Taiwan - Private Donors*)</i>	190	190
<i>On Line donations (from Thailand - Private Donors*)</i>	134	134
<i>On Line donations (from Trinidad &amp; Tobago - Private Donors*)</i>	29	29
<i>On Line donations (from Turkey - Private Donors*)</i>	210	210
<i>On Line donations (from Ukraine private donors*)</i>	4	4
<i>On Line donations (from Unidentified donor*)</i>	1,212	1,212
<i>On Line donations (from United Arab Emirates - Private Donors*)</i>	2,109	2,109
<i>On Line donations (from United States - Private Donors*)</i>	26,375	26,375
<i>On Line donations (from Vietnam - Private Donors*)</i>	7	7
<i>Red Cross of Monaco</i>	16,192	16,192
<i>Regus</i>	22	22
<i>Sidley Austin LLP</i>	197	197
<i>Spanish Red Cross</i>	54,335	54,335
<i>supreme master ching hai international association</i>	87,805	87,805
<i>Swedish Red Cross</i>	457,105	457,105
<i>Swiss Red Cross</i>	196,106	196,106
<i>Swiss Red Cross (from Swiss Government*)</i>	110,512	110,512
<i>Switzerland - Private Donors</i>	2,310	2,310
<i>Taiwan - Private Donors</i>	28,939	28,939
<i>TeliaSonera</i>	1,160	1,160
<i>The Canadian Red Cross Society</i>	221,501	221,501
<i>The Netherlands Red Cross</i>	916,079	916,079

## Disaster Response Financial Report

## MDRGR001 - Greece - Population Movement

Timeframe: 22 May 15 to 31 Mar 17

Appeal Launch Date: 02 Sep 15

## Selected Parameters

Reporting Timeframe	2015/5-2016/08	Programme	MDRGR001
Budget Timeframe	2015/5-2017/03	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

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<i>The Netherlands Red Cross (from Netherlands Government*)</i>	1,084,690	1,084,690	
<i>The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund*)</i>	54,587	54,587	
<i>Thomson Reuters</i>	956	956	
<i>UL LLC -Underwriters Laboratories,LLC</i>	1,287	1,287	
<i>United States - Private Donors</i>	1,881	1,881	
<i>United Way</i>	19,730	19,730	
<b>C1. Cash contributions</b>	<b>26,786,383</b>	<b>26,786,383</b>	
<b><u>Inkind Goods &amp; Transport</u></b>			
<i>Finnish Red Cross</i>	56,087	56,087	
<b>C2. Inkind Goods &amp; Transport</b>	<b>56,087</b>	<b>56,087</b>	
<b><u>Inkind Personnel</u></b>			
<i>British Red Cross</i>	33,623	33,623	
<i>Finnish Red Cross</i>	59,279	59,279	
<i>Norwegian Red Cross</i>	40,945	40,945	
<i>Other</i>	0	0	
<i>Spanish Red Cross</i>	5,067	5,067	
<i>Swiss Red Cross</i>	86,531	86,531	
<b>C3. Inkind Personnel</b>	<b>225,445</b>	<b>225,445</b>	
<b><u>Other Income</u></b>			
<i>Fundraising Fees</i>	-26,323	-26,323	
<b>C4. Other Income</b>	<b>-26,323</b>	<b>-26,323</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>27,041,593</b>	<b>27,041,593</b>	<b>1,956,469</b>
<b>D. Total Funding = B +C</b>	<b>27,041,593</b>	<b>27,041,593</b>	<b>1,956,469</b>

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>			27,041,593			27,041,593	1,956,469
<b>E. Expenditure</b>			-8,454,383			-8,454,383	
<b>F. Closing Balance = (B + C + E)</b>			18,587,210			18,587,210	1,956,469

## Disaster Response Financial Report

## MDRGR001 - Greece - Population Movement

Timeframe: 22 May 15 to 31 Mar 17

Appeal Launch Date: 02 Sep 15

## Interim Report

## Selected Parameters

Reporting Timeframe	2015/5-2016/08	Programme	MDRGR001
Budget Timeframe	2015/5-2017/03	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

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## III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
A	B						A - B	
<b>BUDGET (C)</b>	<b>26,558,921</b>						<b>26,558,921</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	27,946			27,946			27,946	0
Construction - Facilities	1,078			1,078			1,078	0
Clothing & Textiles	1,929,113			854,535			854,535	1,074,578
Food	4,017,377			1,570,238			1,570,238	2,447,139
Water, Sanitation & Hygiene	2,840,654			908,057			908,057	1,932,597
Medical & First Aid	495,511			70,837			70,837	424,674
Teaching Materials				138			138	-138
Utensils & Tools	710			67,315			67,315	-66,605
Other Supplies & Services	1,824,797			564,907			564,907	1,259,891
Cash Disbursement	2,373,349							2,373,349
<b>Total Relief items, Construction, Sup</b>	<b>13,510,535</b>			<b>4,065,051</b>			<b>4,065,051</b>	<b>9,445,484</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	114,939			22,168			22,168	92,771
Office & Household Equipment	744							744
Others Machinery & Equipment	1,633							1,633
<b>Total Land, vehicles &amp; equipment</b>	<b>117,316</b>			<b>22,168</b>			<b>22,168</b>	<b>95,147</b>
<b>Logistics, Transport &amp; Storage</b>								
Storage	307,588			141,720			141,720	165,867
Distribution & Monitoring	515,735			159,022			159,022	356,713
Transport & Vehicles Costs	285,613			133,862			133,862	151,751
Logistics Services	398,539			208,665			208,665	189,874
<b>Total Logistics, Transport &amp; Storage</b>	<b>1,507,475</b>			<b>643,269</b>			<b>643,269</b>	<b>864,205</b>
<b>Personnel</b>								
International Staff	3,653,743			1,065,546			1,065,546	2,588,198
National Staff	167,527			50,492			50,492	117,036
National Society Staff	3,560,303			912,123			912,123	2,648,180
Volunteers	586,319			153,212			153,212	433,107
<b>Total Personnel</b>	<b>7,967,892</b>			<b>2,181,372</b>			<b>2,181,372</b>	<b>5,786,519</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	128,054			126,735			126,735	1,319
Professional Fees	95,759			33,296			33,296	62,463
<b>Total Consultants &amp; Professional Fees</b>	<b>223,813</b>			<b>160,031</b>			<b>160,031</b>	<b>63,782</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	380,159			36,626			36,626	343,533
<b>Total Workshops &amp; Training</b>	<b>380,159</b>			<b>36,626</b>			<b>36,626</b>	<b>343,533</b>
<b>General Expenditure</b>								
Travel	386,618			385,018			385,018	1,600
Information & Public Relations	352,125			37,854			37,854	314,271
Office Costs	266,750			104,273			104,273	162,477
Communications	118,986			51,375			51,375	67,611
Financial Charges	56,972			38,416			38,416	18,556
Other General Expenses	2,293			1,423			1,423	870
Shared Office and Services Costs	2,674			13,854			13,854	-11,180
<b>Total General Expenditure</b>	<b>1,186,417</b>			<b>632,214</b>			<b>632,214</b>	<b>554,204</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies	32			32			32	0

## Disaster Response Financial Report

## MDRGR001 - Greece - Population Movement

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Interim Report

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Split by funding source	Y	Project	*
Subsector:	*		

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## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>				<b>26,558,921</b>			<b>26,558,921</b>	
<b>Total Contributions &amp; Transfers</b>	32			32			32	0
<b>Operational Provisions</b>								
Operational Provisions				147,036			147,036	-147,036
<b>Total Operational Provisions</b>				147,036			147,036	-147,036
<b>Indirect Costs</b>								
Programme & Services Support Recovr	1,618,086			497,663			497,663	1,120,423
<b>Total Indirect Costs</b>	1,618,086			497,663			497,663	1,120,423
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee	43,697			58,206			58,206	-14,509
Pledge Reporting Fees	3,500			10,714			10,714	-7,214
<b>Total Pledge Specific Costs</b>	47,197			68,920			68,920	-21,724
<b>TOTAL EXPENDITURE (D)</b>	<b>26,558,921</b>			<b>8,454,383</b>			<b>8,454,383</b>	<b>18,104,538</b>
<b>VARIANCE (C - D)</b>				<b>18,104,538</b>			<b>18,104,538</b>	

**Disaster Response Financial Report****MDRGR001 - Greece - Population Movement**

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Split by funding source	Y	Project	*
Subsector:	*		

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**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL3 - Strengthen RC/RC contribution to development</b>							
Migration	26,558,921		27,041,593	27,041,593	8,454,383	18,587,210	1,956,469
Subtotal BL3	26,558,921		27,041,593	27,041,593	8,454,383	18,587,210	1,956,469
<b>GRAND TOTAL</b>	<b>26,558,921</b>		<b>27,041,593</b>	<b>27,041,593</b>	<b>8,454,383</b>	<b>18,587,210</b>	<b>1,956,469</b>