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# Emergency appeal operations update

## Greece: Population Movement



International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n° MDRGR001</b>	<b>GLIDE n° OT-2015-000050-GRC</b>
<b>Operations update n° 6</b>	<b>Timeframe covered by this update: 4 September 2016 – 30 April 2017</b>
<b>Date of issue: 14 July 2017</b>	<b>Date of disaster: ongoing since January 2015</b>
<b>Operation manager responsible for this EPoA: Niklas Otto Saxen, Programme Coordinator</b>	<b>Point of contact at the Hellenic Red Cross: Zefi Thanasoula, Head of Operations</b>
<b>Operation start date: 2 September 2015</b>	<b>Operation end date: 30 June 2018</b>
<b>Operation budget:</b> CHF 31,531,458 (in the reporting period) <b>Current budget as of 1 May 2017 onwards:</b> CHF 46,925,475	<b>Appeal's coverage: 83% (as of date of issue)</b>
<b>Number of people being assisted:</b> 20,000 (estimated) <sup>1</sup>	
<b>Host National Society's presence (n° of volunteers, staff, branches):</b> The Hellenic Red Cross' 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> Austrian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Spanish Red Cross, Luxembourg Red Cross <b>Other Movement contributors:</b> American Red Cross, Belgian Red Cross, Canadian Red Cross, Croatian Red Cross, French Red Cross, Hungarian Red Cross, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross Society, the Netherlands Red Cross, Norwegian Red Cross, Red Cross of Monaco, Swedish Red Cross, and Swiss Red Cross. Other donors to this appeal include the British, Icelandic, Luxembourg, Dutch, Norwegian and Swiss Governments as well as several private and corporate donors.	
<b>Other partners actively involved in the operation:</b> Governments of the UK, Iceland, Luxembourg and Netherlands, the European Commission's Humanitarian Aid and Civil Protection department (ECHO), United States Government Bureau of Population, Refugees and Migration, the Greek government's Ministry of Internal Affairs, Ministry of Migration Policy (MoMP), Ministry of Health (MoH), Ministry of Defence and other Greek authorities, the ICRC, IOM, UN High Commissioner for Refugees (UNHCR), UNICEF, WHO, Médecins Sans Frontières (MSF), Médecins du Monde (MDM), International Rescue Committee (IRC), Samaritans Purse (SP), Save the Children, International Medical Corps, Mercy Corps, NRC, DRC, Oxfam, Catholic Relief Services (CRS), ASB, WAHA, Praxis, IsraAid as well as local associations and groups of volunteers.	

<sup>1</sup> The estimated number of people to be assisted is based on Red Cross site mapping (as of April 2017) at the respective accommodation sites where Red Cross was active during the reporting period, as well as on figures from Red Cross urban and cash programmes (targeting both host and migrant population). Due to the transitory nature of people's stay and the migration flow in Greece, it is impossible to provide more accurate numbers.

**Summary**

This Operations Update no. 6 is reporting on all activities under the emergency appeal in the **period of 4 September 2016 – 30 April 2017**. As the previous Operations Update no. 5 only provided a partial account of all the operational activities and achievements, there is some overlap in the reporting period of the two Operations Updates.

This Operations Update also marks the **end of phase 2** of the emergency appeal which started with issuance of the Emergency Appeal Revision n° 2. Therefore, it provides a **summary account of the entire appeal period** since the beginning of operations on 2 September 2015 including cumulative figures. The new, **phase 3** of the emergency appeal started as of 1 May 2017 under the Emergency Appeal Revision n° 3 (links to all mentioned appeal revisions and operations updates can be found below).

**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
- [Operations Update n° 4](#) | October 2016
- [Operations Update n° 5](#) | January 2017
- [Revised Emergency Appeal n° 3](#) | March 2017
- [Donor response](#)

## A. Situation analysis

### Description of the disaster

Two years after the beginning of the migration crisis (in 2015), more than 62,000 migrants remain stranded in the mainland and islands of Greece, according to figures of 6 June 2017 of the Greek government<sup>2</sup>. Out of those 62,000 migrants, some 34,000 are on the mainland, some 13,000 on the islands and almost 14,000 are accommodated in the housing scheme of UNHCR's relocation programme.

Compared to previous years, arrivals to Greece in 2017 have significantly decreased: 5,166 refugees and migrants reached Greek shores between January-May 2017, representing a 97 per cent decrease when compared to 155, 102 in the same period of 2016.<sup>34</sup>

As of 31 May 2017, 102,184 claims for international protection have been submitted to the Greek Asylum Service since it started operating in 2013. The main countries of origins of asylum-seekers who have submitted a claim for international protection in 2017 were Syria, Afghanistan, Pakistan and Iraq. According to EUROSTAT, Greece now ranks as the second biggest refugee recipient country in Europe (after Italy) in terms of the number of asylum seekers per million of inhabitants.



The Hellenic Red Cross, together with the IFRC, is providing health care and psychological support, water and sanitation and hygiene promotion, relief distribution (including cash transfer programming), restoring family links and community engagement and accountability. *Photo: IFRC*

<sup>2</sup> These figures are based on official government data, actual figures reported by various NGOs indicated lower volumes of stranded people.

<sup>3</sup> A total of 1,094 people were also returned from Greece to Turkey under the EU-Turkey agreement since it came into effect in March 2016. According to the European Commission (EC), 12,646 asylum-seekers were also relocated from Greece to other European countries as of 3 May 2017. To date, no asylum-seekers have been returned to Greece under the Dublin II regulations.

<sup>4</sup> Source: UNHCR Refugee Situation Operational Portal – Greece: <https://data2.unhcr.org/en/situations/mediterranean/location/5179>

Since 2013, the Asylum Service has quadrupled in size. It is currently operating asylum offices in all reception and identification centres (RICs) and all pre-removal detention centres.

In February 2017, the Greek government released the list of sites hosting migrants which 1) will be closed; 2) which will remain functional; and 3) which will be newly opened. The site of Softex Kordelio where the Red Cross acted as site management support was de-listed as a longer-term site.<sup>5</sup> The site of Lavrio, where a HRC-managed refugee centre was operating was also taken off the list of future longer-term sites.

Along with the list of sites, the Greek government, together with the European Commission (EC) published a Financial Plan 2017 and a plan for the accommodation sites. One of the main points outlined in the plan was that with the exception of ECHO's funding for alternative accommodation spaces (apartments) and cash transfer programmes in the islands, funding support for the sites in the islands will come from EC funding mechanisms channelled through the Greek government's national programmes. The number of hosting sites was also decided to be reduced to 23 longer term sites (compared to 40 such sites in the initial plan in 2016). The aim is to move all migrants into rental accommodation schemes (by the end of 2018) instead of retaining the 'camp based accommodation' strategy.

UNHCR's June 2017 data has shown that the number of migrants hosted in the islands is 60 per cent over the reception capacity. The overcrowding and bad living conditions on the sites in the islands, the lengthiness of the asylum procedure and the gradual withdrawal of NGOs (especially in health care provision) constitute an ongoing challenge, and increases the feeling of despair among asylum-seekers.<sup>6</sup> They also pose severe physical, emotional and mental health risks to the migrants, in particular those, who have been stranded in Greece for over a year and continue to face an unknown future. According to reports of Save the Children and MSF, anxiety, depression and aggression are on the rise.<sup>7</sup> As migrants now tend to spend longer periods in the islands to complete their asylum process, tensions with the local communities have also been reported to have increased.

The protraction of the crisis has only intensified such and other key issues. All these strengthen the humanitarian imperative to offer sustainable solutions of an increased volume.

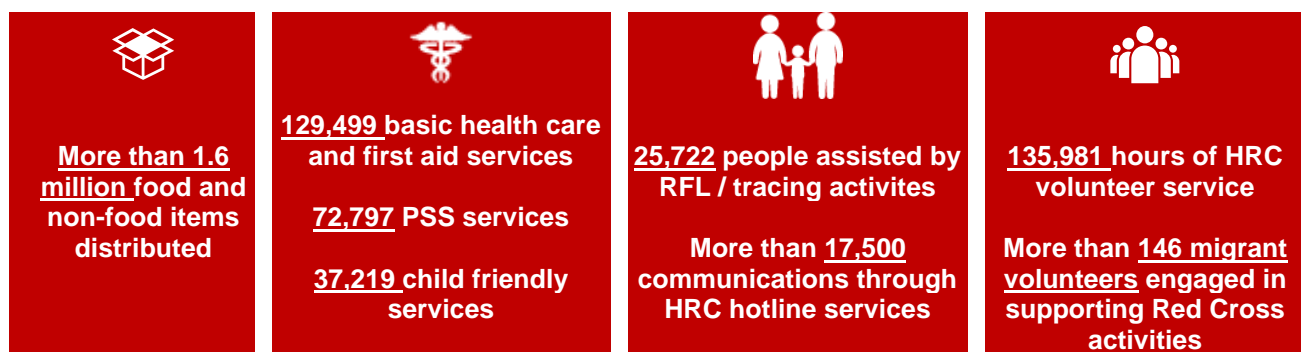
## Summary of Red Cross Red Crescent Movement response

Despite the **extremely challenging operational context**, the Red Cross Red Crescent Movement has remained flexible and continuously adapted to the ever changing on-the-ground situation throughout the entire appeal period to be able to deliver all necessary services to migrants in need. From **September 2015 to 30 April 2017**, the HRC, together with the IFRC, has provided services in the **following locations** (*the sites marked with asterisk are no longer operational*):

- islands: Chios, Samos, Kos, Lesbos;
- Athens and Attica: Piraeus\*, Eleonas, Ritsona, Skaramagas, Lavrio;
- northern Greece: Central Macedonia - Nea Kavala, *Idomeni\**, *Cherso\**, Diavata, *Oreokastro\**, Softex Kordelio.

For more details on the specific activities conducted on these sites, refer to *Table 1* on page 6.

Key outputs of the HRC from September 2015 to 30 April 2017 are as follows:



<sup>5</sup> The site was determined to be a longer-term site in 2016, after which the IFRC, together with other NGOs, commenced to strongly advocate for its closure due to its unsuitable conditions.

<sup>6</sup> UNHCR has been advocating for and issued recommendations on stronger cooperation to improve the situation of asylum seekers and refugees in Greece.

<sup>7</sup> Source: <http://www.reuters.com/article/us-europe-migrants-greece-idUSKBN16M35N>

**Challenges and lessons learned since the beginning of the appeal – common to all programming areas:**

- The **lack of clarity and uncertainty about the government's plans** has significantly affected the delivery of services to migrants. Humanitarian actors had to constantly adapt to the changing situation and national plans which in turn occasionally led to unsustainable solutions (e.g. investing in significant infrastructure on sites that were not long-term). The Red Cross did its best to mitigate these challenges through **constant communication with government authorities** and **close collaboration with other humanitarian actors** to ensure effective and coordinated delivery of items and services.
- During the reporting period, the IFRC has continuously been seeking formal **legal status in country**. A constructive dialogue has been maintained by the IFRC with the Greek authorities through the Ministry of Foreign Affairs to facilitate the approval of its legal status. Negotiations are progressing and positive results are expected soon. However, in this interim period, the IFRC faced operating challenges in terms of its ability to hire local staff, obtain visas for delegates, and management of cash flow internally in the absence of banking possibility.
- The volatile and challenging environment in the sites exacerbated by inadequate law enforcement and camp control often created **security risks** for the Red Cross teams on site, in particular, for cash transfer programming staff. For this reason, the teams were always adequately briefed by the IFRC security officer and team leaders were made aware of the management of security protocols and these were fully adhered to.
- **Internal bureaucratic procedures** need re-assessment to enable quicker response (especially in an emergency situation). In some cases, the IFRC procurement procedures were heavy for the given operational situation (but nevertheless had to be complied with). They were also unknown to many of the Greek economic actors, therefore numerous briefings and guidance had to be provided. Further work will be conducted in this regard to optimize these processes for future similar situations.
- The **mobility of migrants** coupled with the **fluid, changing nature of the population movement** and thus of the operations, presented numerous challenges. One of these was data and information collection. The movement of migrants from the islands to the mainland sites also increased the number of nationalities, languages and cultural backgrounds Red Cross staff had to deal with. These required ongoing close monitoring and additional efforts during beneficiary communication activities. Volunteers from the migrant communities were also continuously moving therefore it proved to be challenging to ensure the smooth continuity of activities which were facilitated by them.
- **Community engagement** throughout the programme planning and implementation cycle was critical across all programmes. For instance, the proper use of communication engagement techniques and tools before and during scheduled relief activities proved to be fully necessary and led to smooth delivery of activities. The use of staff with appropriate language skills was also vital for effective communication and trouble-shooting. As mentioned above, the tensions with the host communities were also on the increase due which enhanced community engagement was also key.

**KEY ACHIEVEMENTS SINCE 2015**

- **CAPACITY-BUILDING OF THE HELLENIC RED CROSS:** The Hellenic Red Cross has been managing this operation since 2015 and has grown its programmatic expertise in health, disaster management, cash, relief, community engagement and accountability and coordination. This is evidenced in its continuous and reliable presence throughout this crisis. The HRC will continue to capitalize on this experience in delivering quality service in its future programmes.
- **COMMUNITY ENGAGEMENT AND ACCOUNTABILITY:** the Red Cross was able to engage migrant communities living in its main operational sites in the implementation of its programmes. This engagement was most visible in hygiene promotion, health, psychosocial support and relief activities. At the peak of the operations in November 2016, as many as 150 community volunteers supported the implementation of Red Cross activities on the main sites.

- **CASH TRANSFER PROGRAMMING:** The Hellenic Red Cross successfully designed and implemented its winter cash programme for the first time in its existence, reaching a total of 2,150 host community members.
- **HEALTH:** The Red Cross has delivered a total of nearly 130,000 consultations through its basic health care clinics since the beginning of the appeal operations. This included consultations with general practitioners, paediatricians, gynaecologists, ante- and post-natal care, dental care, 11,081 vaccinations and 4,581 referrals. Governmental authorities lauded the Red Cross as key contributor in delivering quality health services throughout the crisis.
- **RELIEF:** The Hellenic Red Cross has been highly recognised by other humanitarian actors for providing relief assistance to the migrants, with the support of the IFRC. During the critical winter months in particular, the Red Cross successfully distributed over 105,241 winter items to at least 15,000 migrants and winterized 454 tents on Softex Kordelio and Cherso sites.
- **HUMAN RESOURCES:** From the beginning of the operation, HR needs were mostly met through expatriate deployments and resourcing. However, as the operation progressed and stabilized towards the end of 2016, an increased focus was given to building local capacities. By 30 April 2017, a 40 per cent reduction of the number of expatriates and increase of local capacity has been achieved, compared to October 2016.
- **OPEN DATA KIT:** With the support of the Spanish Red Cross, the open data kit (ODK) as the main information management tool is now being extensively utilized by all Movement partners across all sectors such as relief – including cash –, WASH, CEA, hygiene promotion, health, PSS.
- **PROTECTION:** The ICRC, the Hellenic Red Cross and the IFRC have initiated an unprecedented joint protection working group approach with the aim of supporting stronger advocacy with one voice on protection issues.
- **HELLENIC RED CROSS HOTLINE:** The HRC's information hotline is the only phone-based information service existing in Greece to meet the information needs of the migrant population with dedicated staff covering a total of 11 languages. A total of 17,500 communications have been conducted between March 2016 (when the MFC was absorbed under the appeal) and 30 April 2017.

## Coordination and partnerships

During the reporting period, the HRC continued to lead the coordination of the response with support from the **Red Cross Red Crescent Movement** (Austrian, British, Danish, Finnish, Luxembourg and Spanish Red Cross) and support from different National Societies offering specific technical skills. The **IFRC Regional Office for Europe** continued to provide 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** continued to work in its areas of expertise in protection, as RFL, forensic (management of human remains), and protection of civilian population. The support to the Hellenic Red Cross on RFL activities is ongoing, through a cooperation agreement signed in February 2017 between the two partners. The ICRC also continued its support to Greek forensic authorities and the Hellenic Coast Guard with a focus on appropriate identification procedures and the dignified management of deceased migrants, training for first responders, and provision of ad hoc material support. To this date, 120 officers have been trained. The ICRC is chairing the Movement Protection working group in Greece, which is a pilot context for this field in the whole Movement.

To enhance better cooperation and collaboration internally, the **Red Cross internal coordination** was reviewed and refined in early 2017. The internal coordination is now operating at three levels: a) technical coordination groups involving all Red Cross actors implementing activities in the specific technical fields led by the HRC/IFRC technical coordinators; b) operational coordination (Task Force) involving HRC/IFRC technical coordinators and the ICRC; and c) strategic coordination through regular dialogues at senior management level.

Externally, the HRC and IFRC continued regular bilateral contacts with the **MoMP, MoH and other Greek authorities** at site, local and national levels and through participation at the national-level technical working groups, Head of Agency meetings, ECHO partner meetings, a variety of ad-hoc coordination meetings, site- and regional-level coordination meetings, regional working groups, etc.

The following table (*Table 1.*) provides an **overview of the sites and respective current or past Red Cross activities** from the start of the appeal operations up to 30 April 2017. As indicated, some of the sites have already been closed, while others are still operating. In some sites, the Red Cross has decided to discontinue operations to avoid duplication of services with other agencies providing the same support. Migrant population data is based on the following sources: Red Cross field reports, census by government authorities and/or respective actors operating on the sites. Sites with solely cash implementation has not been included, please refer to CTP section of the report. Also see: [Annex Greece response map.](#)

<b>Table 1: Overview of sites and respective current or past Red Cross activities between 2015-2017</b>				
<b>Region</b>	<b>Site</b>	<b>Migrant population as of 30 April 2017</b>	<b>Current or past activities</b>	<b>Red Cross partners supporting the HRC</b>
Central Greece, Thessaly	Ritsona	771	Health, PSS, Relief (including cash), RFL, Hygiene promotion	Spanish RC
Attica	Skaramagas	3,039	Health, PSS, Relief, Hygiene promotion, RFL	Spanish RC
	Lavrio	457	PSS, Relief, Shelter, WASH	Luxembourg RC
Central Macedonia	Oreokastro	Site closed in February 2017	Relief and RFL	-
	Nea Kavala	465	Relief and Health, Hygiene promotion, PSS	IFRC, Austrian RC, Finnish RC
	Cherso	Site closed in December 2016	Relief, Health, WASH, PSS	-
	Diavata	All Red Cross services discontinued from April 2017	Relief, Health, PSS	-
	Softex, Kordelio	358	Relief (including cash), Health, PSS, WASH	IFRC, Austrian RC, Finnish RC
Islands	Samos	All RC services discontinued from May 2017	Relief, PSS	IFRC
	Kos	761	Relief	IFRC
	Lesvos	3,745	PSS	Danish RC
	Chios	1,443	Health	IFRC

## **B. Operational strategy and plan**

### **Operational support services**

#### **Human resources**

Initially, the HRC and IFRC addressed human resourcing through using the extensive Red Cross delegate reserve which includes specialists in a broad range of sectors such as health, PSS, RFL, relief, logistics, communications etc. As the administrative difficulty of hiring local staff to develop local capacity has not ceased, the mandate of the Emergency Response Units (ERUs) consisting of these delegates were extended from the end of September 2016 to the end of March 2017. In parallel, the IFRC continued to engage two human resource companies: the AMC for medical staff and Trenkwalder for non-medical staff. These companies were contracted to manage the recruitment of local staff replacing as many expatriate staff as possible and as soon as feasible. It took several months to identify and contract these companies which has in turn slowed down the follow-on local staff recruitment process.

As of 30 April 2017, the team was composed of the following staff: 16 IFRC international staff; 103 national staff including 43 staff in the medical department with 14 medical support and 29 medical staff as well as 60 staff in PSS and non-medical roles.

## Logistics

The Logistics Department of the HRC/IFRC continued to provide timely and strong support the operation during the reporting period. WASH items and medicines were procured locally, while relief items were purchased through the IFRC's Logistics Management Department in Geneva. Fresh food supplies were also procured locally when food provision started from 1 January 2017 in the HRC's reception and accommodation centre in Lavrio (to last until end-July 2017). The procurement unit has also conducted contingency stock procurement from WASH, medicine and relief items.

The warehouse teams at all locations were busy receiving and dispatching a large number of different items and supporting the relief teams in ensuring the smooth delivery of items to the affected populations. As the emergency phase has scaled down, all warehousing facilities in the islands will be closed after July 2017. The warehouses in Kamatero Athens and Thessaloniki will remain operational until December and September 2017, respectively. In addition, the IFRC Procurement Delegate has ended its mission in Greece with the decreasing amount of procurement required for the operation and the increased capacity of the local staff to conduct the necessary tasks.

The IFRC has introduced its Warehouse Management System "LogIC" (Logistics Inventory and Control System) in the HRC's warehouse in Athens to ensure the improved tracking and reporting of purchased goods. The training session was held by an ERU logistician deployed for two weeks in February 2017, supported by the Swiss Red Cross. Participants at the training included the HRC logistics coordinator, logistics officer and warehouse admin staff. In addition, a two-day Logistics Orientation Workshop was organized by the Logistics Department in Athens for the HRC, IFRC and PNS programme and support service staff operating in the north.

## Communications

All communication activities directly supported the Emergency Appeal in raising awareness and sensitising the public, media and donors on the emergency, humanitarian needs and Red Cross Red Crescent response. Continuous communication activities have been carried out since the onset of the Emergency Appeal including the following:

- Regularly updated key messages, talking points, facts and figures, questions and answers documents, and other background information were produced bi-weekly and as required for specific incidents. These were disseminated to the Greece operational team in both English and Greek as well as to IFRC and National Societies across Europe. Examples include:
  - The IFRC produced fact-sheets in English and Greek on the operation especially featuring the services provided by the Hellenic Red Cross in Greece.
  - The IFRC has produced, since January 2017, internal media weekly round-ups documenting news relating to the refugee crisis in Greece as reported in the local Greek media and the international media.
  - In April-May 2017, the IFRC produced a video documentary 'LANDFALL – From Lesvos to Idomeni' funded through the ECHO grant featuring testimonies of Hellenic Red Cross volunteers in the first emergency response phase in 2015. The documentary was launched at a special event at the end of May 2017 in Athens followed by a panel discussion on integration and next steps for people stranded in Greece with key actors from the municipality of Athens and local journalists.
  - The IFRC, with the support of the Field Communication Unit of the Finnish Red Cross, produced three short operational videos on Red Cross activities.
- The IFRC continued publishing content featuring Greece across digital channels on a weekly/bi-weekly basis consisting of [web stories](#) and blogs, photo essays and social media posts including for specific international days such as World Refugee Day and Youth Day. A variety of communications content was republished by European National Societies as well as ECHO as the key donor.
- In terms of media relations, the IFRC and the HRC continued to receive and respond requests from national and international media. Communication packages were provided to National Society communications teams to support them in handling media requests on Greece.
- In addition to public communication, the IFRC has been chairing the Inter-Agency Communications meeting held every other week to exchange best practices, seek solutions to common communications issues, and deliver press releases, social media outreach and events on joint issues.

- Communication training was provided by the IFRC communications delegate in March 2017 to the Danish Red Cross, HRC and IFRC staff on Lesvos island. The IFRC's communications officer in Greece completed a series of seminars on 'storytelling in journalism' and will continue with conducting audio-visual and video editing training together with HRC counterparts.

### Planning, monitoring, evaluation and reporting (PMER) and Information Management

The IFRC PMER delegate continued to provide support in facilitating and drafting of monitoring plans as well as providing reports to various stakeholders which included informal updates, emergency appeal operations updates and donor reports. In November 2016, the PMER delegate supported the facilitation of an interactive online Monitoring and Evaluation (M&E) training which was conducted by the IFRC M&E senior officer in Geneva. A total of ten HRC and IFRC staff participated.

Following the recruitment of an Information Management (IM) Officer in March 2017, the IFRC and HRC had intensified close collaboration with the Spanish Red Cross on quality data collection using the Open Data Kit (ODK). This work was supported by the IFRC IM Delegate from the Regional Office for Europe deploying to Greece to carry out required training and coordination of the process and launch of the ODK. This also helped to lay the groundwork for the implementation of the new phase 3 of the appeal starting on 1 May 2017. In addition to the ODK, the IM Officer supported the improvement of the design and system of field reporting and the strengthening of data collection and monitoring, especially in areas where the ODK could not be easily applied to more complicated data, such as from community feedback.

### C. Detailed Operational Plan

Below, operational **progress towards outcomes** as well as **lessons learned** are presented per **each programming area**. Figures are **cumulative** from the beginning of the operation in September 2015 until 30 April 2017 unless otherwise stated.

FOOD AND NON-FOOD DISTRIBUTIONS	
<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>	
<i>Indicators</i>	<i>Cumulative</i>
1.1a # food parcels distributed	6,801
1.1b # kitchen sets distributed	3,486
1.1c # kitchen stoves distributed	Not implemented
1.1d # trolleys distributed	2,183
1.1e # storage containers distributed	2,481
<b>Outcome 2: Non-food items provided to migrants stranded</b>	
<b>Output 2.1: Essential non-food items distributed to migrants</b>	
<i>Indicators</i>	<i>Cumulative</i>
2.1a # bed linen distributed	8,315
2.1b # winterization items distributed (socks, sleeping bags, duffel bags)	105,241

\*From the beginning of the operation to September 2016, a total of 1,228,002 items were distributed which included food kits, hygiene kits and items, water bottles, sleeping mats and bags. These were part of the initial relief plan in the first phase of the operation (migrants being in transit in Greece). These items are not included in the table above as they have been phased out during the previous reporting period. The table above only reflects items in the relief strategy revised in May 2016 which were only distributed during this reporting period.

#### Progress towards outcomes

The relief strategy was revised in May 2016 to provide **food parcels** and **household items** to 17,500 migrants on planned sites. However, the team could not follow the plan as intended due to several factors. These included: 1) the implementation of the communal kitchen strategy (as agreed by humanitarian actors) did not materialize; 2) there was a lack of clarity regarding the closure and future setup of some of the sites; and 3) long approval process from the respective site management to distribute the items. Consequently, the procurement of kitchen stoves was never carried out. It was only in October 2016 when the items (except the kitchen stoves) were distributed to migrants save the food parcels which were handed out from early January 2017 in targeted sites on a needs basis. For further details, refer to *Table 2* below.

All food and NFI items were distributed to targeted people in these operational sites: Skaramagas, Ritsona, Lavrio, Kordelio, Nea Kavala, Kos, Lesvos, Chios. In Oreokastro (closed in February 2017) and Cherso (closed

in December 2016), only NFIs were delivered up to the sites' closure. Following discussions and collaboration with UNHCR and ECHO, food parcels were also delivered to a significant number of migrants residing in urban areas in Athens, Thessaloniki, Livadia and Kos. These deliveries involved collaboration with other NGOs who engaged in providing care and assistance to migrants on the same sites. In April 2017, many other agencies also requested food parcels for newly arrived people on non-Red Cross operational accommodation sites. Details of these transfers of food parcels to be distributed by the other agencies are also included in *Table 2* below.

During the reporting period, the WASH sector (in collaboration with the relief team) undertook the responsibility of providing individual hygiene items (as per individual needs) and cleaning items in the main sites in Skaramagas, Ritsona, Lavrio, Nea Kavala, Kordelio, Cherso as part of the hygiene promotion sessions.

On the **islands** relief activities were carried out on Samos, Kos, and Lesbos (mainly winterization items) in the reporting period. In Lesbos, distribution activities were discontinued in March 2017 as needs were adequately met by other agencies.

Following a coordinated approach, the relief activities were linked with the implementation of the cash transfer programme (CTP). As the full minimum expenditure basket (MEB) has not yet been established on all sites, relief activities will continue. Starting February 2017, the Red Cross also distributed Red Cross welcome kits on the site of Nea Kavala for new arrivals from the island. The welcome kits consisted of hygiene items, cleaning items and bags.

*Table 2: Details of distributions per sites from 4 September 2016 to 30 April 2017*

LOCATION	FOOD PARCEL (unit)	KITCHEN SET (unit)	TROLLEY (unit)	STORAGE CONTAINER (unit)	BED LINEN SET (unit)	WINTER ITEMS (unit)
Diavata		269	228	288	976	5,170
Nea Kavala	159	287	258	185	802	7,154
Kordelio	333	367	231	297	1,057	4,851
Oreokastro	-	330	317	283	869	1,533
Skaramagas	2,552	987	808	877	3,165	23,316
Cherso	-	-	-	-	-	3,281
Ritsona	1,310	246	341	286	715	2,544
Lavrio	510	-	-	115	731	650
MFC	300	-	-	-	-	-
Patras	60	-	-	50	-	-
Kos	55	-	-	-	-	12,754
Samos	-	-	-	-	-	7,738
Lesvos	-	-	-	-	-	35,750
Volos	-	-	-	100	-	200
Lamia	-	-	-	-	-	300
Athens (urban)	1,063	-	-	-	-	-
Thessaloniki (urban)	31	-	-	-	-	-
Alexandreia	200	-	-	-	-	-
Veroia	70	-	-	-	-	-
Ktima Iraklis	28	-	-	-	-	-
Lagkadikia	130	-	-	-	-	-
Other	-	1,000 (donation to IOM)	-	-	-	-
<b>Total Units</b>	<b>6,801</b>	<b>3,486</b>	<b>2,183</b>	<b>2,481</b>	<b>8,315</b>	<b>105,241</b>

*Table 3: Number of recipients reached with food and non-food distributions from 4 September 2016 to 30 April 2017*

ITEMS	NUMBER OF HOUSEHOLDS	NUMBER OF PEOPLE
Food parcel	5,679	23,122
Winter items	4,705	15,059
Kitchen set	3,075	10,458
Storage box	2,481	7,842
Trolley	2,183	6,549
Bed linen	2,445	8,315

### Challenges and lessons learned

- It took some time to establish a core relief team within the National Society due to lack of technical experience, capacity and resources. Throughout the operation, the HRC staff and volunteers have gained a great deal of new expertise in relief provision. Further trainings will be sought to build the current capacity of the HRC relief team further.

**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 received unconditional HRC cash transfer assistance to meet essential basic needs items**

<b>Indicators</b>	<b>Cumulative</b>
3.1a # of cash cards distributed to the affected migrant households and individuals to meet their immediate needs	2,465
3.1b # of migrants reached by the cash programme	5,774
3.1c # of local Greek households reached with cash assistance to meet their winter needs	877
3.1d # of local Greeks reached with cash assistance to meet their winter needs	2,153

### Cash transfer programming to support migrants

In October 2016, upon approval by the Ministry of Migration and Policy and agreement with the Cash Working Group, the IFRC scaled up its operations (by increasing the coverage of sites). In early 2017, with UNHCR as lead, the IFRC established an alliance with Mercy Corps, IRC, Samaritan's Purse, and Catholic Relief Services. These agencies were responsible for cash implementation in different areas. Following that, the IFRC began facilitating cash implementation in sites located in northern Greece, including urban Thessaloniki.

Proceeding with a harmonised approach with all cash agencies operating in the region, the IFRC implemented the following activities: participation in key stakeholder meetings, conduct of mass information campaigns on the respective sites, enrolment of eligible recipients, distribution of cash cards, finance checks and encashment processes, troubleshooting as well as post-distribution monitoring. The following table shows the coverage of the IFRC's cash transfer programming during the reporting period:

Table 4: Cash transfer programming in Sept 2016 – April 2017

<b>Month (commencement date)</b>	<b>Site</b>	<b>Beneficiaries</b>	<b>Cards distributed</b>
Oct-16	Ritsona (Attica)	1,061	369
Dec-16	Softex	855	505
Dec-16	Kalochori	246	85
Dec-16	Oreokastro	726	336
Dec-16	Frakaport	699	268
Dec-16	Karamanlis	270	106
Jan-17	Nea Kavala	974	413
Jan-17	Pieria	43	25
Apr-17	Alexandria	316	133
Apr-17	Diavata	339	133
Apr-17	Katerini	50	14
Apr-17	Veroia	195	78
	<b>Total</b>	<b>5,774</b>	<b>2,465</b>

From February to April 2017, there was a gradual decrease of the size of migrant population in the sites, as migrants were being moved to other EU states under the individual accommodation scheme and relocation scheme. As a result, the cash team had to constantly adjust their plans in accordance with the actual operational context.

In March 2017, in addition to a four-day CTP training, a mid-term review of the cash transfer programme was conducted by the IFRC, with the purpose of documenting the important aspects of the programme's implementation, highlighting context-related issues and challenges, and capturing lessons learned that can be utilized in the design of the next phase of IFRC operations in Greece.

### **Achievements**

- The setting up of cash transfer programming for migrant population in Greece has been effective and further reinforced the capacity of the IFRC in delivering cash assistance. It also provided significant learning and capacity development opportunities for other National Societies who have participated in it.

### **Challenges and lessons learned**

- Frequent changes had to be made to the work plan to include new beneficiaries due to the high mobility of migrants and the constant new arrivals.
- The harmonisation of plans with multiple actors as well as the transition to the new modality of working in alliance presented challenges stretching the capacity of the team and proving to be time-intensive.
- Needs and market assessments provided valuable historical records and baseline information. They placed the IFRC in a stronger position during operational decision-making and advocacy.
- Continuous capacity building of CTP staff was key to the success of the CTP activities. The trainings on the Code of Conduct, Humanitarian Principles and CTP brought field teams up to speed and increased the quality of the IFRC's services.

### **Cash transfer programming to support the host community**

Due to the economic recession, high unemployment rate, decline of household income levels and increase of poverty in Greece, electricity has become a premium for many local people. A number of economically vulnerable households cut back on heating in the winter, left bills unpaid or cut off power supply due to their inability to pay the bill. Alternative coping mechanisms included burning of unsuitable and dangerous materials (e.g. charcoal) in fireplaces which polluted the environment and even led to death due to carbon monoxide poisoning.

The HRC's cash transfer programme for the Greek host population aimed at assisting selected vulnerable households in using heating or electricity to stay warm, accessing hot water by supplementing heating and electricity bills and providing additional cash for the purchase of winterization items such as electric blankets, warm quilts or winter clothing. The following selection criteria were established and agreed by the Social Welfare Division of the Hellenic Red Cross in line with the government's criteria for its social welfare programmes:

- Elderly with annual income below EUR 6,500;
- Families with 2 adults and 2 dependent children (either parent or child with a disability or chronic disease) with annual income below EUR 13,800;
- Single parent families with at least 1 dependent child (either parent or child with a disability or chronic disease) with annual income of EUR 8,000 or less;
- Families with 3 children and more (either parent or child with a disability or chronic disease) with annual income of EUR 13,800 or less;
- Residents who have been unemployed for more than one year;
- Priority given to beneficiaries who are paying rent or servicing a residence bank loan.

The HRC winter cash programme for the host population commenced in December 2016 and lasted to February 2017. During this time, the Hellenic Red Cross Social Welfare and Nursing Services provided debit cards to 877 households (2,153 individuals) in Athens and Thessaloniki. The transfer value of the cards ranged from EUR 120 to 330 depending on the size of the household. The financial support was transferred to the cards on a monthly basis for a period of three months.



The Hellenic Red Cross (HRC) team preparing information material for the cash transfer programme. Photo: HRC

### Achievements

- The programme achieved its overall goal in effectively assisting the selected households in having adequate means (electricity, heating and necessary winter items) to cope with the harsh winter weather. Post distribution monitoring results revealed that 76 per cent of the recipient households had used the money for heating expenses, 82 per cent used it to pay the electricity bill and 33 per cent to purchase necessary winter items.
- HRC staff and volunteers involved in the IFRC CTP programme and training sessions were provided with theoretical and practical learning opportunities to broaden their knowledge of cash interventions. The programme enabled the HRC to not only implement its own projects but also to be able to introduce CTP in the near future in other sectors such as disaster preparedness and emergency response.

### Challenges and lessons learned

- The HRC team was under-resourced and faced an extremely tight timeline (less than two weeks) to implement the programme in two cities.
- Reconciliation of the payments and preparation of all necessary financial documents should have taken place in a timely manner (at the end of each month) to make sure that problems were identified and resolved on time. Consequently, it is recommended to have a dedicated finance staff to support the CTP team.
- Elderly recipients who were not familiar with the use of the debit card had their cards confiscated by the automated teller machines (ATMs). It was difficult to provide accompaniments for the elderly every month due to the lack of available staff.

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	Cumulative
4.1a # of first aid services rendered to migrants through Samaritans Rescue Teams of Hellenic Red Cross	72,265
4.2a # of consultations provided in established Red Cross Red Crescent health facilities	129,499
4.2b # of referral cases in Red Cross Red Crescent health facilities	4,581
4.3a # of vaccinations	11,081

### Progress towards outcomes

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

The Samaritans, one of HRC's key component entity, were active mainly on islands (Lesvos in particular) providing search and rescue and first aid services. During the reporting period, an estimated 6,228 first aid services were provided in Lesvos<sup>8</sup>. In addition, the Samaritans and HRC nurses provided a total of 19 basic first aid training sessions for 235 migrants in various camps.

Training curricula was designed in accordance with common first aid cases, which included the following topics: *Security at the scene of the accident – The emergency call; Bleeding Management and minor wounds; Bone injuries and/or fractures; Exposure to the environment: Hypothermia, Frostbites, Heatstroke, Sunstroke; Insect and Animal bites; Burns; Airway Obstruction Management; Basic Life Support: Airway Assessment and Recovery Position*. Each participant was provided with first aid manual and first aid kit (donated by the Croatian Red Cross).

Training participants included male and female adults who



First Aid session by the Hellenic Red Cross. Photo: HRC

<sup>8</sup> The Samaritans were active on two sites: Moria (discontinued after September 2016) and Karatepe in Lesvos.

were speakers of Farsi, Arabic, Kurmanji, English and French. Translators were engaged to translate from Greek or English to target languages. Some 74 per cent of them were between 18-49, and some older participants were also involved. When it was observed that female participants hesitated in actively taking part (due to their household responsibilities and the presence of men), more women HRC trainers were engaged in the programme. The schedule was also re-arranged so that women were able to attend. This helped to greatly increase women's participation.

Household satisfaction surveys conducted by the Red Cross CEA team confirmed the high interest of migrants in being trained on basic first aid. Also, during the UNHCR participatory assessment, the first aid training for refugees was mentioned as a positive measure, and additional first aid trainings were recommended.

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

Basic Health Care (BHC) teams expanded their list of services in some sites based on needs, while continuing with consultations and referrals. Services included antenatal care, screening of nutritional status of children under five, vaccination, health education, as well as psychological support services, all carried out in the BHC unit. Due to the identified need for BHC services in various **urban settings**, from February 2017, the health team in the north visited the Omnes NGO office in Kilkis once a week, and provided health services (by a GP and a nurse) to 300 people targeted by the Omnes housing project in Kilkis **in a mobile unit approach**. A case worker and interpreter were provided by Omnes. The health team in Kordelio provided **mobile health services** to vulnerable migrant families accommodated in Exochi, Thessaloniki, in collaboration with Nature Project International (NPI). NPI provided pre- and post-natal care and support to breastfeeding mothers and their children. In the **islands**, during the reporting period the BHC team (consisting of a doctor and two nurses with an Arabic interpreter) was present in Chios and in Samos. The Red Cross discontinued services in Samos in October 2017 and handed over the provision of healthcare to another health actor.

A total of 38,944 consultations were registered using the ODK data collection system during the reporting period. Table 6 illustrates the number of consultations provided by location in the reporting period.

Table 6: Number of basic health care consultations provided during the reporting period

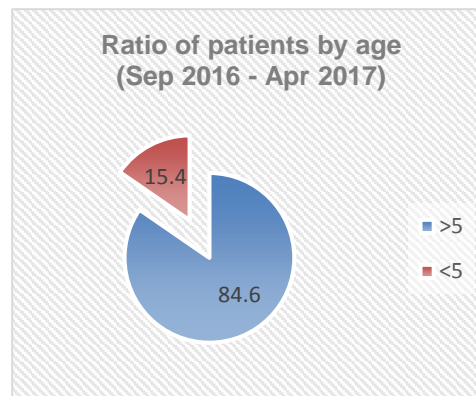
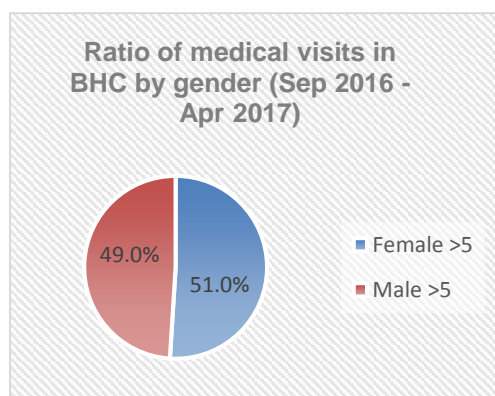
Locations	Lavrio	Skaramagas	Ritsona	Omnes	Exochi	Kordelio	Nea Kavala	*Cherso	**Samos	Chios	TOTAL
Health services	758	13,886	6,058	209	26	6,078	5,678	3,170	220	2,861	38,944

\*Cherso closed in December

\*\*Red Cross suspended health services in Samos in October 2016

Out of all health visits, 3,014 cases were referred to external health facilities (hospitals and other specialized medical facilities).

During the reporting period, about 85 per cent of all consultations were provided to patients above five years of age. Among them 49 per cent were female and 51 per cent were male. The ratio of children under five was slightly lower, with 15.4 per cent compared to 18 per cent during the first eight months in 2016. The ratio of female patients above 5 remained at the same level compared with the first eight months of 2016, but was higher than in 2015 (by 35 per cent). The gender and age composition detailed above is illustrated by the below charts:



The most frequent treatments were wounds/burns/trauma (10 per cent), upper respiratory infections (15.2 per cent) and musculoskeletal problems (6.4 per cent). A total of 7.8 per cent of all consultations were regular health checks, and 6.7 percent were visits to obtain medicines prescribed by the BHC clinic doctors or the hospital. During the reporting period, skin problems increased among the children (scabies, lice, fungal infections). The health team collaborated closely with the hygiene promotion team to address this issue.

During the reporting period, gynaeco-obstetrics support was provided in 1,157 cases and ante-natal care in 771 cases. Pregnant women were referred to the external facilities for delivery. The number of dental consultations increased during the reporting period. This was partly due to the accessible dental services in Skaramagas as the Red Cross started to provide this service from 2017. In the northern sites, Health Point Foundation (HPF) continued to provide dental services. As there was a need for psychiatric services, the IFRC contracted a psychiatrist consultant to fill the service provision gap in Kordelio and Diavata until mid-October.<sup>9</sup>

The MoH requested the HRC to conduct **health checks for migrant children** aged 6 to 15 and provided them with Individual Student Health Cards (ISHC) which was a prerequisite for children to attend school. Health checks and completion of the ISHC were undertaken for a total of 608 children with the following distribution: 123 children in Ritsona camp, 310 children in Skaramagas, 44 children in Kordelio, 50 children in Nea Kavala, 58 children in Omnes refugee centre and 23 children in Neo Lavrio.

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

**Vaccination** of children continued in close coordination with the Department of Public Health of the MoH and other relevant stakeholders. The Red Cross teams conducted the vaccination campaigns in sites where it was leading with BHC activities as well as in Oinofita and Neo Lavrio sites where vaccination was not covered by other organizations – see activity details in *Table 7* below. Vaccination for adults was also included as part of the activities.

*Table 7: Number of children and adults vaccinated (July 2016 - April 2017)<sup>10</sup>*

Site/ Vaccines	MMR (1sy)	MMR (2nd)	TETRAVAC	Varicella	Hep A	Haemophilus Influenza	Hep B I	Hep B II	Pneumococcal	Hexavalent	Flu	PCV	MCC	Dtvax
Skaramagas	1,004	1,055	529	654	2	196	439	47	335	204	173	356		
Ritsona	225	326	117	183	140	76	124		81	24	31	123		
Lavrio	116	91	60	90		17	5		13					
Oinofyta	94		58											
Nea Kavala	710	346	1	353	289				135	126	36			
Cherso	381	295		292										
Kordelio	366	96		211	10				69	66	68			
Neo lavrio	22	66							37	43				
Chios											31			
Omnes	3		4	11						10	1	2	3	7
Exochi										2		1		
<b>Total</b>	<b>2,921</b>	<b>2,275</b>	<b>769</b>	<b>1,794</b>	<b>441</b>	<b>289</b>	<b>568</b>	<b>47</b>	<b>670</b>	<b>475</b>	<b>340</b>	<b>482</b>	<b>3</b>	<b>7</b>

The MMR (measles, mumps, rubella) vaccines in most cases were provided by the MoH. As MoH lacked supply of Hexavalent vaccines (Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B and Haemophilus influenza), the Red Cross procured these vaccines upon the ministry's request. In addition, as Hepatitis A cases were identified in Nea Kavala, the Red Cross also procured Hepatitis A vaccines and conducted the vaccination according to KEELPNO's (Centre for Disease Control of the MoH) instructions.

Influenza vaccination campaign was conducted in all sites including Chios, targeting elderly people, pregnant ladies, and patients with chronic diseases. As many of them refused to be vaccinated, especially pregnant women, health promotion activities were added to educate people about the importance of immunization. As flu vaccines were more than adequate, the MoH agreed to also vaccinate migrants outside the above-mentioned target groups. Subsequently, the BHC clinics were authorized to provide routine vaccinations from February 2017 onwards. In Kilkis (Omnes centre), the Red Cross ensured that all children were vaccinated before

<sup>9</sup> After mid-October, the psychiatrist continued to provide services in the same locations but was contracted by another organization.

<sup>10</sup> Vaccination programme started in July 2016

attending school. Vaccination rounds were also carried out by Red Cross teams in Neo Lavrio as requested by the MoH.

The Red Cross continued its participation in the daily disease surveillance which KEELPNO carried out to monitor health trends for early detection of infectious diseases and outbreaks. As health education covered an important aspect of health activities, special sessions on breastfeeding, preparation for childbirth, prevention of risk of burns and diabetes were conducted for migrants in the sites.

### **Achievements**

- Transportation services to secondary health care services as well as other locations (as needed) were provided to patients through the provision of bus tickets and payment for taxi services. Accompaniment service (usually by an interpreter) was also provided.

### **Challenges and lessons learned**

- The recruitment of staff was challenging due to the lack of professionals available in the country in addition to legal issues faced by the Red Cross. Eventually, the situation improved through the engagement of the human resource and payroll agency, although increasing the recruitment expenses. A group of HRC staff were also promoted to fill some of the positions (such as First Aid Coordinator, BHC Coordinator).
- From early February 2017, staff from KEELPNO started working in various sites together with Red Cross teams, as part of the state's preparation to take over the provision of health services in the sites. However, this important and welcomed initiative from the MoH faced many challenges in terms of initial lack of coordination and clarity of roles. The issue has been discussed with the National Health Operations Centre (EKEPY) on several occasions and successfully addressed.
- It was very challenging for migrants to obtain the social security number called AMKA, which would allow them to access the same medical services as the host population. The Red Cross supported the migrants in this process by disseminating relevant information, discussing with government authorities and on some occasions, accompanying migrants to obtain the social security number.
- Arrangement of appointments and transportation of non-urgent cases of patients who still required higher level of medical support to and from the 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.
- Although improved over time, coordination mechanisms (i.e. regular technical meetings) within the Movement should have been more regular from the beginning of the operations for a more effective and harmonised implementation.
- Planning for long-term or exit strategy should start immediately, particularly when involving ERUs.

<b>HEALTH – Psychosocial Support</b>	
<b>Outcome 5: Migrants and HRC staff and volunteers in the operation have access to PSS</b>	
<b>Output 5.1:</b> Migrants are provided with psychosocial support	
<b>Output 5.2:</b> Child friendly services are provided for children	
<b>Output 5.3:</b> HRC staff and volunteers are trained on psychosocial support	
<b>Output 5.4:</b> HRC staff and volunteers receive psychosocial support sessions	
<b>Indicators</b>	<b>Cumulative</b>
5.1 # direct Psycho Social Support (PSS) services provided to migrants, especially children, women and other vulnerable groups	72,797
5.2 # child-friendly services	37,219
5.3 # of HRC participants (staff and volunteers) who received PSS relevant training	769 participants
5.4 % of HRC staff and volunteers who have access to PSS support and assisted referral, if needed	100

### **Progress towards outcomes**

#### **Output 5.1: Migrants provided with psychosocial support (PSS)**

PSS support to migrants and refugees focused on a number of different recreational, cultural and skill building activities with the aim of facilitating connectedness, providing stress relief and encouraging acceptance amongst different nationalities. Psychological first aid, case management, information, referrals, one to one sessions and

group meetings were also provided to ensure a holistic approach. Group activities were developed with the community, soliciting feedback and gaining support from migrants to better adapt the programmes to their needs. Therefore, activities differed from site to site involving different targeted groups. Different groups were established as needed such as men, women and adolescent groups. Within these groups, recreational and educational activities were organised depending on common preference and/or interests, such as a variety of games, sports, art and other means of self-expression. Skill building activities and informal education (e.g. language and computer skills) were also incorporated for migrants to learn and/or maintain skills that could help them find a job and support themselves in the future. These activities also served as entry points for the migrants to share and discuss challenges they faced (victimization, stigmatization, frustrations, self-blame, family issues, etc.). Door-to-door consultations and communication were also conducted by the PSS teams to increase participation in the activities.

During the reporting period, PSS services were offered in **Attica**: Skaramagas, Ritsona, Lavrio and Athens urban area (HRC's Multifunction Centre); **northern Greece**: Kordelio and Nea Kavala and the **islands** of Samos, Lesvos and Chios.

In **Attica**, Spanish Red Cross supported the Hellenic Red Cross in delivering PSS services with a focus on case management with three social workers and activities for men in **Skaramagas**; and a learning centre for women and a space for men in **Ritsona** in the reporting period. All spaces were highly appreciated by the community who benefited from the social network created through these different activities. Excursions were also organised for migrants to learn to use the public transport, read maps and access different services in Athens. In **Lavrio**, the HRC-managed reception centre, social work services, and educational and recreational activities continued to be available during the reporting period.

In the **Multi-Functional Centre (MFC)** of the HRC, with the support of the Danish Red Cross, individual and group PSS sessions were offered, targeting migrants in **urban areas**. Language classes for migrants were added to the MFC programme in January 2017. While progress was temporarily hindered in March 2017 by the relocation of the MFC, activities resumed in the new facility during the first weekend of April 2017. The relocation of the facility was a positive change resulting in more space for more activities and being accessible in a more strategic location.

In **Lesvos island**, a football programme was organized in Moria village. The programme's concept was developed with the aim of increasing the resilience of young men and strengthening coping mechanisms through community based and participatory processes. The activities revealed that this approach was successful in ensuring ownership of activities as well as allowing service recipients to influence the services they wanted for their peers. Not only did this create a feeling of dignity as reported by migrants, but it also reflected positively on the Red Cross, who became a more trusted actor. Other activities conducted were: forming a cinema committee, playing board games, and conducting a construction/carpentry workshop with a gym and a cinema built by migrants. These activities enabled refugees to interact with other nationalities in a positive way. The progression of these activities has seen increased levels of ownership from the refugee population running some of the activities themselves with facilitation support by the PSS team and HRC volunteers. On **Samos and Chios islands**, a strong need for recreational and educational activities for adults was identified. As the scope for conducting activities was limited by the lack of space in the reception centres, only psychological first aid, general information provision (on referrals, access to basic services, PSS-related information etc.) and psychoeducation could be realized.

In **northern Greece**, the Red Cross has been present in **Cherso**<sup>11</sup>, **Nea Kavala**, **Kordelio** and **Diavata** during the reporting period. Activities in Diavata included case work, parenting groups, and workshops for adults. These activities were discontinued in March 2017 due to various security incidents and decreased number of residents there. The activities were handed over to other organizations. Activities continued in Nea Kavala and Kordelio with the support of Finnish Red Cross, including workshops, support groups, information sessions on different topics, individual support (through household visits) and case management. In coordination with other actors, case management services were also offered in **Kilkis** and **Exochi** through a Red Cross mobile unit by the Finnish Red Cross.

## **Output 5.2: Child friendly services provided for children**

**Child friendly services (CFS)** were available in most of the sites where the Red Cross operated (**Samos, Chios, Ritsona, Skaramagas, Nea Kavala, Kordelio and Diavata**), which included creation of child friendly spaces, and activities for children of all ages. Children-specific activities included group games, puzzles, crafts, drawing and painting, music, theatre and other activities aiming at improving visual motor integration skills,

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<sup>11</sup> Site closed in December 2016

sequencing, attention skills, collaboration and general well-being. Children were also given the chance to learn English and Greek language, as well as other educational contents to help them integrate in schools.

**Child-friendly spaces** were established as secure and safe, inclusive and non-discriminatory spaces where a nurturing environment for children was created with access to free and structured play, recreation, leisure and psychosocial support. Activities were offered a minimum of four hours per day five days per week with at least two facilitators. Guidelines were created for the staff and volunteers to have more information on this service.

In **Skaramagas**, child-friendly activities targeted teenagers who were not attending Greek schools. They received computer classes, language classes, music, crafts photography and sports, as well as psychoeducation sessions including age appropriate topics such as stress management, self-esteem/self-confidence, dealing with discrimination and stereotypes, assertiveness, abuse and bullying, etc. It also offered a space to connect with others and create friendship, reinforcing their social support networks.

In **Chios island**, the space closed due to security reasons in Souda. Activities in hotels and apartments were offered afterwards where migrant children were hosted. This eventually phased out at the end of March 2017. In **Samos island**, it was never possible to have an adequate space due to space limitations in the reception centre, and child-friendly activities were handed over to other agencies when the number of children decreased due to relocation of migrants in the mainland. In **Ritsona**, a space for toddlers was created to complement the existing space for women. Here, a Red Cross facilitator and volunteer supervised the toddlers and offered early development activities for children. In **Diavata**, the Red Cross's child-friendly space closed at the end of March 2017 due to the opening of a kindergarten by the government and the decreasing number of children following the relocation process to other nearby accommodations. In **Kordelio and Nea Kavala**, activities were available for children of caregivers visiting the clinic with the support of the Finnish Red Cross. Some groups with different recreational activities were also created for teenagers in **Nea Kavala**.

### **Output 5.3: HRC staff and volunteers are trained on PSS**

Class-based trainings for PSS officers were organized upon their recruitment. In addition to specialized trainings relevant to their job responsibilities, refresher trainings on *Caring for Volunteers* and *Sexual and Gender-Based Violence* (SGBV) were also organized with the support of the IFRC Psychosocial Reference Centre. Training on clinical interpretation was organized by the Danish Red Cross for all PSS staff and interpreters. Some of the staff also had the chance to attend international trainings organized by the IFRC in other European countries.

A concept note was developed to establish core training modules for PSS for staff and volunteers. Training for volunteers were organized in the main operational branches: Athens, Chalkida, Thessaloniki, Chios and Lesvos.

In addition to class-based trainings, supervisors provided supervision and on-the-job training and coaching. Three exchange visits were organized for staff to observe activities in the other sites and learn from their colleagues.

### **Output 5.4: HRC staff and volunteers received PSS sessions**

PSS services were available to all Red Cross staff and volunteers to ensure their psychosocial wellbeing. In Lesvos and Diavata, weekly group support sessions with HRC volunteers were conducted in addition to PSS team-building activities to facilitate their connectedness as a Red Cross staff and volunteer. In Ritsona, Chios and Skaramagas meetings for volunteers were also organized by PSS officers based on the needs. Two stress counsellors were hired starting from December 2016 to reinforce the support and establish regular meetings for all staff, also offering individual sessions for staff upon request. The main issues discussed were stress due to their work load and challenges with team dynamics. In general, the HRC staff and volunteers found the sessions very useful and the teams appreciated the opportunity to have the safe space to discuss work-related issues. In total, more than 67 group and individual sessions were provided to an estimated 278 participants.

### **Achievements**

- Good collaboration was established with other actors in PSS and mental health care on sites and through the regular participation in mental health and psychosocial support (MHPSS) coordination meetings.
- The capacity of the HRC staff and volunteers has been strengthened through training and PSS sessions they could participate in.

### **Challenges and lessons learned**

- The implementation of PSS activities was complicated by the competition for humanitarian space between the PSS actors and lack of coordination among all stakeholders. On some sites, and especially in the islands, it was also extremely challenging to find or negotiate for space. This resulted in an official

decision to suspend PSS activities in Samos and Chios islands after the end of April 2017. Bureaucratic procedures also caused delays in activities, for example when trying to obtain permits to establish containers for holding activities.

- Living conditions, the length and uncertainty of the asylum procedure and the rejections often resulted in the worsening of migrants' psychological and mental health conditions. Initially, referral pathways were not well established or properly functioning, for example other agencies could not take in referrals after having agreed to it.
- There is a need for more specialized PSS training for HRC staff and volunteers (for instance in SGBV), and PSS services to be established and embedded within the HRC's core structure.

WATER AND SANITATION AND HYGIENE	
<b>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</b>	
<b>Output 6.1:</b> Continuous assessment of water, sanitation, and hygiene situation is carried out	
<b>Output 6.2:</b> Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population	
<b>Output 6.3:</b> Hygiene promotion activities which meet Sphere standards provided to target population	
<i>Indicators</i>	<i>Cumulative</i>
6.1a % of camps where the RC provides water supply and facilities (Ritsona and Kordelio), where migrants have access, at least, to 50 litres per day	100%
6.2 % of camps have, at least, 1 toilet for every 20 persons, accessible for disabled people and adapted for girls and women needs (Ritsona, Kordelio)	100%
6.3a % of the target population washing their hands with soap after using the toilets (Nea Kavala, Cherso, Kordelio)	72%
6.3b % of households having access to basic hygiene and cleaning items, adapted to their cultural practices and gender needs	100%

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

During the reporting period, the IFRC, with the support of the Austrian and the British Red Cross, continued as WASH leads in **Kordelio**. It also supported other agencies in WASH activities in **Nea Kavala** and **Cherso** sites. The Spanish and French Red Cross acted as WASH (hardware) lead in Ritsona from March to December 2016.

The IFRC's overall exit strategy for WASH was to handover WASH activities in Ritsona and Kordelio by the end of April 2017, as the government had committed to take over the maintenance of infrastructures. By the end of December 2016, the Red Cross ceased hardware activities in **Ritsona** and handed it over to the Air Force and IOM (providing site management support). The IFRC continued to support desludging activities in February and March 2017, repairing of communal toilets and showers and gravelling two areas for truck access.

In **Kordelio**, the establishment of permanent water and sanitation infrastructures was not yet completed by the end of April 2017, so the Red Cross will continue to extend the emergency water and sanitation support until the end of July 2017. At the time of writing, the Red Cross was renting 30 squatting chemical toilets, two toilets for disabled people, three sitting toilets and seven hand-washing stations, and was maintaining the water network and operating the water pump in Kordelio.

In January 2017, Greece was affected by a cold wave and pipes and chemical toilets in some sites froze. In Kordelio, the Red Cross responded to this situation by installing water tanks and providing water through water trucking until temperatures increased and water supply could be re-established. In **Skaramagas**, the Red Cross installed containers with laundry and drying machines which were managed by community volunteers. This improved the living conditions and helped to reduce lice and scabies cases. The community volunteers were also trained to keep the communal toilets and showers in Ritsona and Nea Kavala clean, and worked on cleaning campaigns in Skaramagas, Ritsona, Nea Kavala and Kordelio.

#### **Output 6.3: Hygiene promotion activities according to Sphere standards provided to target population**

Hygiene promotion activities continued regularly in all sites (Skaramagas, Ritsona, Nea Kavala, Kordelio) until April 2017 in compliance with all relevant Sphere standards. In the reporting period, the IFRC also began

supporting the HRC in conducting hygiene promotion activities in Lavrio, and provided hygiene items there in December 2016.

Hygiene promotion messages were tailored according to needs on the sites and developed in close collaboration between the PSS and health teams. Hand-washing practices were reported to be good in general except in case of children, therefore many hygiene promotion activities were targeted at them. As diapers dermatitis was identified as an issue in the sites despite improving the quality of diapers distributed, information was provided on good hygiene practices and diapers dermatitis before the distributions. The Red Cross volunteers as well as community volunteers also delivered messages about vector control (rats and bugs) and food safety, etc. Menstrual hygiene management sessions successfully continued in all sites, which also became an entry point for the health team to discuss about mother and baby hygiene, family planning and sexual and reproductive health. All hygiene promotion activities were registered through ODK and displayed on a dashboard.

#### **Achievements**

- ODK was used extensively and effectively for timely and easy data collection and analysis. The HRC's capacity to use ODK has also been strengthened.
- Cross-cutting issues such as gender and age have been considered throughout planning the response. Accountability to the recipients of services was also a core consideration in our intervention and has been improved throughout the implementation (through the introduction of post-distribution monitoring surveys, focus group discussions, etc)

#### **Challenges and lessons learned**

- The lack of experience, coordination mechanisms, information-sharing and pre-planning on the part of the Greek government continued to make the IFRC's planning difficult, incurred additional expenses and often led to expensive solutions.

<b>COMMUNITY ENGAGEMENT AND ACCOUNTABILITY</b>	
<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 provided relevant, timely and reliable information connected to the main information needs of migrant communities	
<b>Output 7.2:</b> Two-way communication channels with host communities are established and sensitization messages disseminated	
<b>Indicators</b>	<b>Cumulative</b>
7.1a # of communication materials produced: posters and other graphic information, audio recorded messages, etc.	<b>41 (different types of materials)</b>
7.1b # of information points (information boards, information kiosks, etc.) set up by RC inside the sites.	<b>Community information billboards in 6 sites and community volunteers supporting information provision in 3 sites</b>
7.1c # group information/feedback meetings	<b>42 group meetings</b>
7.1d # of calls/communications received by the HRC information hotline and Virtual Volunteer (VV) platform	<b>17,531 communications received by the hotline 18,500 users of the VV platform</b>

#### **Progress towards outcomes**

##### **Output 7.1 Red Cross provided relevant, timely and reliable information connected to the main information needs of migrant communities**

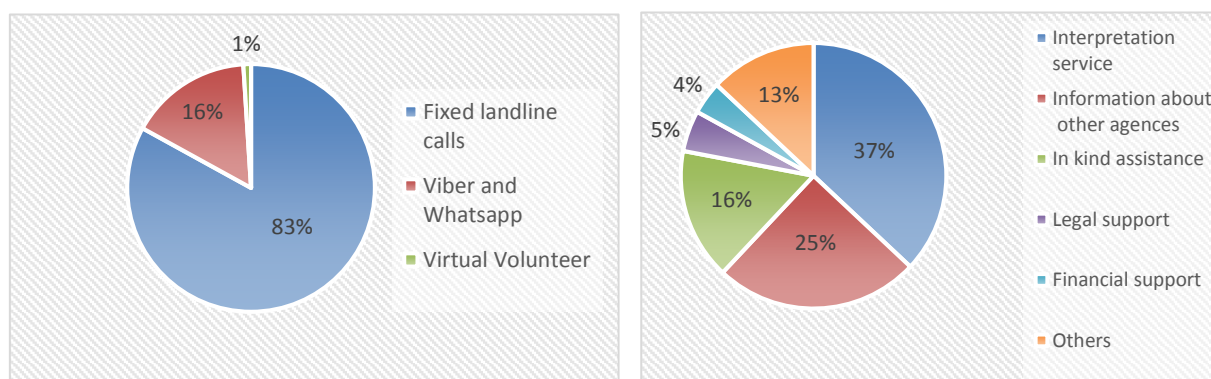
During the reporting period, several **information materials** were produced to ensure a better understanding of Red Cross programmes and activity/distribution schedules as well as to promote positive behaviours connected to migrants' health and hygiene practices on the Red Cross sites. The materials related to different programme sectors and activities, and have been translated into the main languages spoken by migrant communities (mainly Arabic, Kurdish and Farsi). The Red Cross also placed **community information billboards** in six sites: Skaramagas, Ritsona, Nea Kavala, Cherso, Kordelio and Lavrio. Migrant volunteers continued to engage in the sites as **information focal points**. The availability of persons from the same community who were able to speak

the same language with site residents proved to be important to facilitate the provision of face-to-face communication and reception of community feedback. **Group meetings** were also held with representatives of the migrant communities residing in these sites to keep them updated on the situation of Red Cross programmes and consult them on the implementation of completed and planned activities.

### **Hellenic Red Cross information hotline**

One of the HRC's long standing services in supporting migrants is the information hotline service for refugees which is being funded through this Emergency Appeal. The hotline staff provided communication in 11 different languages besides Greek, namely Arabic, Farsi, Pasto, Dari, Turkish, Russian, French, English, Swahili, Kinyarwanda and Kirundi. The information hotline received a total of 12,504 communications during the reporting period averaging it to about 1,563 communications per month. The number of calls continuously and significantly increased during this reporting period compared to the previous reporting period as most likely a greater number of migrants were aware of the HRC's services.

*Chart: Communication channels used and type of requests received in the reporting period*



### **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 programmes

<b>Indicators</b>	<b>Cumulative</b>
8.1a: Type of decisions on programme design and implementation taken following needs expressed by migrants and host communities.	See narrative below
8.1b: At least one information point and one suggestion box placed in those sites where RC has more permanent presence.	6 sites (Nea Kavala, Kordelio, Cherso, Skaramagas, Ritsona Lavrio)
8.1c % of targeted beneficiaries satisfied with the services provided by RC that they received	A total of 1,473 persons were interviewed using BSS. 84% of them expressed satisfaction with Red Cross programmes. <sup>12</sup> Satisfaction rate by sectors: BHC services (70%), PSS activities (87%), health education sessions (98%), relief distributions (food and NFI) (92%), hygiene items (84%) and CTP (84%)
8.1e: # of migrants that are engaged in the definition and implementation of Red Cross activities at site level	150 (the highest number of migrants ever recorded per month). On average, some 30 migrant volunteers are regularly engaged in RC activities each month.

<sup>12</sup> These figures were tabulated based on the survey question: "What is your overall level of satisfaction with the activity/service provided by Red Cross?" that was common to all the sector-specific BSSs.

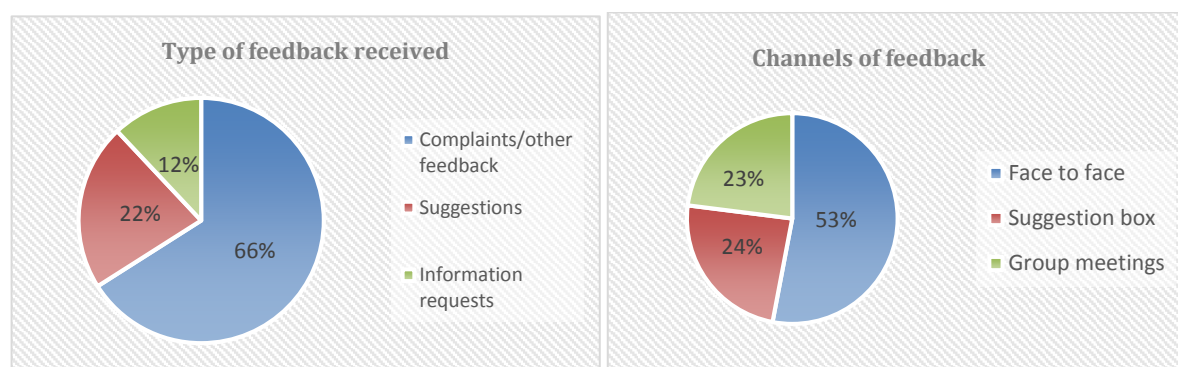
## Community Feedback

During the reporting period, the **community feedback mechanism** was further reinforced in **Ritsona, Skaramagas, Nea Kavala, Cherso, Kordelio and Lavrio** sites with community feedback actively collected through four main channels: suggestion boxes, individual face-to-face interaction, group meetings and beneficiary satisfaction surveys (BSSs). A total of **504 communications** were received from residents in **9 sites**: Skaramagas, Ritsona, Nea Kavala, Cherso, Kordelio, Diavata, Oreokastro, Samos and Lavrio.

The objective of the feedback mechanism was to collect and analyse community opinion regarding services provided by the Red Cross, understand community perception and provide response to the feedback received. Following the feedback, some aspects of the Red Cross response was adapted according to the community feedback. This included replacement of some of the hygiene items distributed, increased number of First Aid trainings and improved referral system between the Red Cross BHC units and secondary healthcare services.

Feedback was recorded and analysed using ODK, the data collection software as well as an excel database. The feedback was categorised into three main categories – information requests, complaints and suggestions. It was shared with Red Cross field teams, site management staff and also with other organisations working so that response to the migrant communities' feedback could be responded to in a coordinated and harmonized fashion.

The below charts illustrate the share of feedback collection channels and types of feedback which were received during the reporting period.



Overall, positive feedback has been received about the services provided to the migrant community. Out of all positive feedback, 37 per cent related to the NFI distribution; followed by food distribution (14 per cent); health services (12 per cent), shelter winterization (12 per cent) and WASH (5 per cent).

Important feedback was also received in relation to the behaviour and attitude of Red Cross staff and volunteers working at site level. The majority of feedback received was positive (58 per cent) but still a significant number of people (42 per cent) expressed complaints. This information was shared with site officers and sector leads in order to investigate and address the issue.

**Beneficiary satisfaction surveys** were also conducted within the sectors as a monitoring tool during the reporting period, with almost **1,500 responses** received from residents in **six sites** (Skaramagas, Ritsona, Nea Kavala, Kordelio, Diavata and Oreokastro) who expressed their level of satisfaction about the services Red Cross provided in these sites.<sup>13</sup> The feedback was received through household and programme exit surveys as well as BHC suggestion boxes. From the total responses received, **84 per cent of them expressed positive feedback** (satisfaction about the service provided) and 16 per cent provided negative feedback which was mainly connected to BHC services relating to provision of medicines, lack of specialised treatment, waiting time, and problems with external referrals (lack of interpreter and transport constraints). Other negative feedback received related to the items received. This was addressed within the respective sectors as mentioned above.

## Community Engagement

The Red Cross teams continued to collaborate with relevant community leaders and community volunteers in the main five sites – Nea Kavala, Cherso, Kordelio, Skaramagas and Ritsona – who have been actively engaged in Red Cross programmes. This active participation of migrant community members has been especially relevant in interpretation and the implementation of community-based services such as health and hygiene promotion, and PSS. They also supported the maintenance and cleaning of the BHC units and WASH facilities at site level.

<sup>13</sup> A more harmonised BSS approach was implemented during the reporting period

Below is a case study of a Syrian community volunteer, Saleh who helped ensure that camp residents access clean water and safe water and sanitation facilities and worked actively in collecting community feedback.



**Champion of Camp Community says  
goodbye**

*See more at: [IFRC Media](#)*

By Avra Fiala, IFRC

Saleh is a 37-year-old maintenance engineer who fled Syria more than a year ago.

Many people like Saleh are living in camps across Greece bringing critical skills and qualifications and being eager to volunteer their expertise to help the camp community.

Saleh started volunteering with the Red Cross's water and sanitation team soon after arriving at Nea Kavala. He helped to ensure people in the camp had access to clean water and safe facilities. But he played more than a technician's role.

He has been key in making sure the Red Cross has a relationship with the community and listens to feedback, comments and concerns from people in the camp. "I collect feedback and complaints from people here," he explained.

"This feedback really helps us to improve facilities and services including shelter, the water system and toilets, making sure they are accessible and appropriate for everyone.

"We talk to people face-to-face and also through suggestions boxes for people who prefer to give their feedback anonymously."

Ensuring people have a voice and can communicate about what is and is not working, what they need and do not need, and providing information and creating a two-way discussion is central to the Red Cross response in Greece.

"Information is a vital form of aid in itself," said Saleh. "People need information as much as water, food, medicine or shelter. We all live with so much uncertainty here. It is so important that organizations like the Red Cross are providing clear and accurate information, that they listen to what the community needs and do something with that information."

## Outcome 9: CEA is integrated in all the programmes as a transversal approach.

**Output 9.1:** Hellenic Red Cross and Participating National Societies incorporate CEA approach within their programmes

<b>Indicators</b>	<b>Accumulative</b>
# of CEA focal persons working within HRC and other RCRC members in the implementation of the programme	8 1 CEA focal point in HRC HQ; 3 IFRC site officers; 1 CEA officer in Attica sites, 2 IFRC CEA delegates, 1 HRC CEA focal point in Lavrio
Elaboration of guidelines and training modules on CEA	1 guidelines, 2 training modules
# of trainings on CEA provided to RC staff and volunteers.	4 training sessions conducted to a total of 10 people (PSS officers, site officers in Central Macedonia and HRC CEA focal point in Lavrio).

During the reporting period, the CEA programme continued to strengthen its human resources in the field. CEA training sessions were provided to HRC staff and volunteers to facilitate the integration of the CEA approach into the regular activities of the teams working in the different sites where Red Cross was present. On-going discussions also continued with PNSs to integrate CEA as part of their programmes.

### Achievements

- Red Cross was able to actively engage migrant communities living in the five main sites (Nea Kavala, Cherso, Kordelio, Skaramagas and Ritsona) in Red Cross interventions. A number of migrant

volunteers facilitated the implementation of health, hygiene promotion (including environmental sanitation), PSS, and relief distribution activities.

- In addition to ODK, diverse tools (e.g. excel database) were developed to improve the monitoring and analysis of qualitative data (community feedback) and allow the capturing and monitoring of community perception and feedback.

### Challenges and lessons learned

- There was a language and communication barrier between the Red Cross volunteers and staff as well as the migrants of diverse nationalities. The Red Cross responded to this challenge by increasing the number of interpreters to support Red Cross teams on site.
- As initially the CEA approach was not incorporated as a transversal component in the technical sectors' work plans, implementation was challenged. The issue has been addressed by the preparation of training modules to provide training to technical sector staff. CEA is now integrated within PNS teams and technical sectors during the planning of the revised Emergency Appeal and will continue to be strengthened.

RESTORING FAMILY LINKS	
<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 (unaccompanied minors) have access to RFL services</b>	
Indicators	Cumulative
10.1a # of migrants received RFL services	25,722 (approx.)
10.1b # of phone cards and free calls provided	11,741

### Progress towards outcome

During the reporting period, the HRC Tracing Service (TS) continued to deliver RFL services to the migrants in the sites on the mainland and in the islands. It collected tracing requests, provided free three-minute calls, distributed phone cards and offered phone charging service. The RFL services were funded and received technical support by the ICRC. More than 7,000 phone calls were conducted by migrants to restore and maintain contact with loved ones and 47 tracing cases (for 85 people) were successfully resolved.

RFL services were provided in these sites: Athens (Eleonas, Eliniko, Schisto, Skaramagas and Ritsona), Northern Greece (Diavata, Alexil-Derverni, Sinatex-Kavalari, Lagadikia, Nea Kavala, Softex-Kordelio) and in the islands (Lesvos, Chios, Samos, Kos etc.).



The Restoring Family Links team with HRC president.  
Photo: HRC

In April 2017, in cooperation with the Netherlands Red Cross team, an equipped 'Tracing bus' visited several locations in the mainland. The Tracing bus was in practice a moving RFL office which offered privacy to phone users. The TS team also conducted assessments, ensured migrants had continued access to RFL services, raised awareness on RFL and promoted the RFL services.

**LAVRIO AND VOLOS****Outcome: Improved conditions in Lavrio and Volo**

**Output:** Migrants living in Lavrio have their basic living conditions improved, especially for winter months, with minimum safety standards in place

**Output :** Migrants in Lavrio are provided with adequate access to food

**Output :** Migrants in Volos are provided with adequate access to food

**Progress towards outcomes**

With the support of the Luxembourg Red Cross, conditions in Lavrio, a refugee centre managed by the HRC, was improved during the reporting period through the following: replacement of 32 radiators with additional two installed in the bathrooms and installation of a 'Weather Compensation Control System'. The central heating system was tested and it was ensured that it functioned properly. In addition, 65 small and four large electrical heaters were bought and distributed to all families in need of the new items. Also, 7 baby beds, 300 beds, 300 mattresses, bedlinen, pillows, blankets and lockers were provided.

After assessing the needs in three Lavrio buildings, the fire safety system was upgraded through the replacement and recharging of 44 fire extinguishers; installation of 10 smoke alarms in the corridors (close to the stoves) and of a fire suppression system on the kitchen hood; replacement and fixing of four water hoses; replacement of 19 emergency lights; and installation of nine fire cabinets with a key box. A fire safety training for first responders was also organized on 31 March 2017 by the Lavrio Fire Brigade during which 18 persons were trained (eight residents and ten HRC staff).

To improve the hygiene conditions of the residents, a shower container, donated by the French Red Cross, comprising of 10 cabins with hot water was installed in the Lavrio Reception Center in December 2016. A pest control awareness session was also organized in March 2017 during which 14 women, nine men and eight children were trained. In turn, they disseminated the same messages to their communities. Following this training, a full pest control and sanitation of the three Lavrio buildings was conducted in April 2017. Washing machines were also purchased to replace the broken ones. They were installed by the end of April and can be operated by coins, allowing the residents to independently do their laundry.

In order to ensure food access to migrants in Lavrio, the centre's communal kitchen was upgraded and fixed through the reparation of four hotplates and ovens. The kitchen was fully operational by December 2016. Fresh food products were procured to complement the dry food provided. The food parcels contained chick peas, bulgur, lentils, beans, rice, etc.

Volos, a centre that hosts on average 48 unaccompanied minors at one time is currently being operated by the Hellenic Red Cross. Emergency Appeal funds have been utilized to support the provision of food to residents through payments to the food caterer between September 2016 and February 2017, after which food provision was supported by another agency.

**Achievements**

- The Lavrio refugee centre has achieved its goal of ensuring better living conditions to migrants. In a beneficiary satisfaction survey conducted in March 2017 (asking a sample of 11 per cent of the residents), the following has been reported back:
  - 71 per cent of those asked were satisfied with the fixed showers which improved their sanitation conditions;
  - 94 per cent of those asked said they felt safer, and 84 per cent said they had increased level of dignity, the two of these improving their living conditions.

**Challenges**

- The process of planning and information-sharing with the relevant authorities proved challenging as it was difficult to obtain meetings with them and information was not easily forthcoming.
- Only few offers were received for the tender invitations, even though most of them were broadly advertised, including in Greek language. The submitted offers also had low quality. Therefore, an increased amount of time had to be spent on conducting the due diligence check which has in turn slowed down the selection and implementation process.

QUALITY PROGRAMMING	
<b>Outcome 11:</b> Effective response to the operation is ensured	
<b>Output 11.1:</b> On-going operation is informed by continuous and detailed assessment and analysis is conducted to identify needs and gaps with plans revised accordingly	
<b>Output 11.2:</b> The management of the operation is informed by a comprehensive monitoring and evaluation system	
<i>Indicators</i>	<i>Accumulative</i>
11.1a Assessments conducted and acted on	See narrative below
11.1b # of regional/global tools utilized	2 FACT deployments (September and October 2015) and 4 RDRT deployments; 2 Head of Operations deployments; 2 Developing Head of Ops (head of operations in training); 4 technical surge staff deployments (CEA, Cash, Child protection and shelter) and 7 ERU units
11.2a Evaluations and lessons learned conducted	7 (IFRC RTE and audit in 2016; lessons learned workshop in 2015, Finnish RC ERU BHC, Cash, PSS and CEA in ERU lessons learned evaluation
11.2b Monitoring systems in place	On-going

### Progress towards outcomes

During the reporting period, quality programming has been improved through the continued and more effective use of ODK by all sectors and PNSs. In addition, the IFRC hired an information management officer in March 2017 with the aim of enhancing data collection, reporting and monitoring system. A major planning exercise was conducted beginning November 2016 to February 2017, adopting a participatory approach with the HRC and all implementing PNSs. The Revision 3 of the emergency appeal was finalized and published in March 2017 with commencement of activities beginning 1 May 2017.

Programme monitoring and evaluations were conducted through regular exit, household and post-distribution monitoring surveys in addition to regular monitoring trips conducted by programme staff. During the reporting period, various lessons learned exercises were also carried out in PSS, health (by Finnish Red Cross on the BHCs in the northern sites) and CEA (in ERU context) and CTP sectors.

The Greece operation was included in a contingency planning process in March-April 2017 lead by the IFRC Regional Office for Europe and supported by a Regional Disaster Response Team member. The contingency planning process was part of the regional contingency planning exercise for migration. The ACAPS scenarios for Greece and Turkey were used as a basis for drafting the contingency plan and Red Cross Movement partners in Greece were consulted in the process.

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

### Progress towards outcomes

During the reporting period, the HRC continued strengthening its capacities to respond during emergencies and crises through formal and informal (on-the-job) training provided to **HRC staff and volunteers** involved in the operation. This was carried out through established organizational mechanisms and supported by the IFRC delegation and Partner National Societies. Capacity-building focused on all aspects of the organization: human, technical and organizational, and the HRC staff are continuously exposed to learning and development

opportunities. To date, their professional skills set has grown in multiple areas of expertise in relief, health, data collection and reporting, cash transfer, community engagement and accountability, RFL, logistics, communication as well as support services. During 2016, a total of 1,262 HRC volunteers supported the activities in all the operational sites, offering more than 129,965 hours of volunteer service. From January to April 2017, 6,016 volunteer hours were recorded. As the operation scaled down, during the first quarter of 2017, a total of 964 volunteers participated in the migration response. In terms of gender composition, an average of 16 per cent of the volunteers are male and 84 per cent female.



Hellenic Red Cross training for new volunteers.  
Photo: HRC

## Budget

The overall budget of the emergency appeal during the reporting period was 31.5 million Swiss francs.

The third revision of the appeal issued on 22 March 2017 has increased the appeal's total budget to CHF 50.6 million Swiss francs reflecting the increased need for continued programming and related resources.

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Click here

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2. Click [here](#) to see the response map
3. 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 30 Jun 18

Appeal Launch Date: 02 Sep 15

## Interim Report

## Selected Parameters

Reporting Timeframe	2015/05-2017/04	Programme	MDRGR001
Budget Timeframe	2015/05-2018/06	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>46,925,475</b>			<b>46,925,475</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			237,865			237,865	
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			18,715,124			18,715,124	
Experian			121			121	
FedEx Services			191,275			191,275	
Finnish Red Cross			134,207			134,207	
France - Private Donors			1,904			1,904	
Give Eur-Hope ASBL			89,305			89,305	
Globalgiving Foundation Inc.			28,648			28,648	
Google			11,046			11,046	
Great Britain - Private Donors			10,575			10,575	
Icelandic Red Cross			109,724			109,724	
Icelandic Red Cross (from Icelandic Government*)			184,753			184,753	
Infoma			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			11,771			11,771	
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	

## Disaster Response Financial Report

### MDRGR001 - Greece - Population Movement

Timeframe: 22 May 15 to 30 Jun 18

Appeal Launch Date: 02 Sep 15

#### Interim Report

Selected Parameters	
Reporting Timeframe	2015/05-2017/04 Programme MDRGR001
Budget Timeframe	2015/05-2018/06 Budget APPROVED
Split by funding source	Y Project *
Subsector:	*
All figures are in Swiss Francs (CHF)	
On Line donations (from Bangladesh - Private Donors*)	3 3
On Line donations (from Belarus - Private Donors*)	2 2
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

## Disaster Response Financial Report

## MDRGR001 - Greece - Population Movement

Timeframe: 22 May 15 to 30 Jun 18

Appeal Launch Date: 02 Sep 15

## Interim Report

Selected Parameters			
Reporting Timeframe	2015/05-2017/04	Programme	MDRGR001
Budget Timeframe	2015/05-2018/06	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

<i>On Line donations (from Luxembourg - Private Donors*)</i>	87	87
<i>On Line donations (from Malaysia - Private Donors*)</i>	298	298
<i>On Line donations (from Malta - Private Donors*)</i>	94	94
<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

## Disaster Response Financial Report

## MDRGR001 - Greece - Population Movement

Timeframe: 22 May 15 to 30 Jun 18

Appeal Launch Date: 02 Sep 15

Selected Parameters			
Reporting Timeframe	2015/05-2017/04	Programme	MDRGR001
Budget Timeframe	2015/05-2018/06	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

<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	
<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>	1,406	1,406	
<i>UL LLC -Underwriters Laboratories,LLC</i>	1,287	1,287	
<i>United States Government - PRM</i>	539,018	539,018	1,453,759
<i>United States - Private Donors</i>	1,881	1,881	
<i>United Way</i>	19,730	19,730	
<b>C1. Cash contributions</b>	<b>29,555,725</b>	<b>29,555,726</b>	<b>1,453,759</b>
<b>Inkind Goods &amp; Transport</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>Inkind Personnel</b>			
<i>Austrian Red Cross</i>	30,008	30,008	
<i>British Red Cross</i>	115,521	115,521	
<i>Danish Red Cross</i>	9,210	9,210	
<i>Finnish Red Cross</i>	146,922	146,922	
<i>German Red Cross</i>	4,732	4,732	
<i>Norwegian Red Cross</i>	40,945	40,945	
<i>Other</i>	0	0	
<i>Spanish Red Cross</i>	34,351	34,351	
<i>Swiss Red Cross</i>	110,664	110,664	
<i>The Canadian Red Cross Society</i>	35,026	35,026	
<b>C3. Inkind Personnel</b>	<b>527,377</b>	<b>527,377</b>	
<b>Other Income</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>30,112,867</b>	<b>30,112,867</b>	<b>1,453,759</b>
<b>D. Total Funding = B +C</b>	<b>30,112,867</b>	<b>30,112,867</b>	<b>1,453,759</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>			30,112,867			30,112,867	1,453,759
<b>E. Expenditure</b>			-26,616,429			-26,616,429	
<b>F. Closing Balance = (B + C + E)</b>			3,496,438			3,496,438	1,453,759

## Disaster Response Financial Report

## MDRGR001 - Greece - Population Movement

Timeframe: 22 May 15 to 30 Jun 18

Appeal Launch Date: 02 Sep 15

## Interim Report

## Selected Parameters

Reporting Timeframe	2015/05-2017/04	Programme	MDRGR001
Budget Timeframe	2015/05-2018/06	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## 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>46,925,475</b>		<b>46,925,475</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	428,228			352,100		352,100	76,128	
Shelter - Transitional	255,982						255,982	
Construction - Facilities	1,865,019			1,078		1,078	1,863,941	
Construction Materials	127,991			2		2	127,989	
Clothing & Textiles	1,972,729			1,613,090		1,613,090	359,639	
Food	2,476,506			2,077,301		2,077,301	399,205	
Water, Sanitation & Hygiene	2,255,751			1,628,155		1,628,155	627,596	
Medical & First Aid	1,299,876			403,538		403,538	896,338	
Teaching Materials	232,631			16,576		16,576	216,056	
Utensils & Tools	233,234			120,809		120,809	112,425	
Other Supplies & Services	1,387,670			758,452		758,452	629,217	
Cash Disbursement	2,882,089			1,486,273		1,486,273	1,395,815	
<b>Total Relief items, Construction, Sup</b>	<b>15,417,705</b>			<b>8,457,375</b>		<b>8,457,375</b>	<b>6,960,330</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	167,789						167,789	
Computers & Telecom	392,516			46,982		46,982	345,534	
Office & Household Equipment	17,688						17,688	
Medical Equipment	0			0		0	0	
<b>Total Land, vehicles &amp; equipment</b>	<b>577,993</b>			<b>46,982</b>		<b>46,982</b>	<b>531,011</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	374,814			288,195		288,195	86,619	
Distribution & Monitoring	414,698			320,945		320,945	93,753	
Transport & Vehicles Costs	1,354,457			429,613		429,613	924,844	
Logistics Services	311,114			315,133		315,133	-4,019	
<b>Total Logistics, Transport &amp; Storage</b>	<b>2,455,083</b>			<b>1,353,886</b>		<b>1,353,886</b>	<b>1,101,197</b>	
<b>Personnel</b>								
International Staff	10,465,227			2,814,000		2,814,000	7,651,227	
National Staff	4,381,852			1,350,236		1,350,236	3,031,616	
National Society Staff	5,351,216			2,894,564		2,894,564	2,456,652	
Volunteers	546,589			341,127		341,127	205,462	
<b>Total Personnel</b>	<b>20,744,884</b>			<b>7,399,928</b>		<b>7,399,928</b>	<b>13,344,957</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	261,035			161,413		161,413	99,621	
Professional Fees	458,683			142,490		142,490	316,193	
<b>Total Consultants &amp; Professional Fees</b>	<b>719,718</b>			<b>303,903</b>		<b>303,903</b>	<b>415,815</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	415,778			103,223		103,223	312,555	
<b>Total Workshops &amp; Training</b>	<b>415,778</b>			<b>103,223</b>		<b>103,223</b>	<b>312,555</b>	
<b>General Expenditure</b>								
Travel	1,127,076			595,734		595,734	531,343	
Information & Public Relations	448,071			136,546		136,546	311,524	
Office Costs	833,859			321,879		321,879	511,980	
Communications	205,768			123,204		123,204	82,565	
Financial Charges	173,573			109,622		109,622	63,950	
Other General Expenses	831,988			7,097		7,097	824,892	
Shared Office and Services Costs	33,495			25,642		25,642	7,853	
<b>Total General Expenditure</b>	<b>3,653,831</b>			<b>1,319,724</b>		<b>1,319,724</b>	<b>2,334,107</b>	

## Disaster Response Financial Report

## MDRGR001 - Greece - Population Movement

Timeframe: 22 May 15 to 30 Jun 18

Appeal Launch Date: 02 Sep 15

Interim Report

## Selected Parameters

Reporting Timeframe	2015/05-2017/04	Programme	MDRGR001
Budget Timeframe	2015/05-2018/06	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## 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>46,925,475</b>			<b>46,925,475</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies	0			5,950,316			5,950,316	-5,950,316
<b>Total Contributions &amp; Transfers</b>	<b>0</b>			<b>5,950,316</b>			<b>5,950,316</b>	<b>-5,950,316</b>
<b>Operational Provisions</b>								
Operational Provisions				7,060			7,060	-7,060
<b>Total Operational Provisions</b>				<b>7,060</b>			<b>7,060</b>	<b>-7,060</b>
<b>Indirect Costs</b>								
Programme & Services Support Recov€	2,859,025			1,586,587			1,586,587	1,272,438
<b>Total Indirect Costs</b>	<b>2,859,025</b>			<b>1,586,587</b>			<b>1,586,587</b>	<b>1,272,438</b>
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee	68,443			70,732			70,732	-2,289
Pledge Reporting Fees	13,014			16,714			16,714	-3,700
<b>Total Pledge Specific Costs</b>	<b>81,457</b>			<b>87,446</b>			<b>87,446</b>	<b>-5,989</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>46,925,475</b>			<b>26,616,429</b>			<b>26,616,429</b>	<b>20,309,046</b>
<b>VARIANCE (C - D)</b>				<b>20,309,046</b>			<b>20,309,046</b>	

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

Timeframe: 22 May 15 to 30 Jun 18

Appeal Launch Date: 02 Sep 15

Interim Report

**Selected Parameters**

Reporting Timeframe	2015/05-2017/04	Programme	MDRGR001
Budget Timeframe	2015/05-2018/06	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

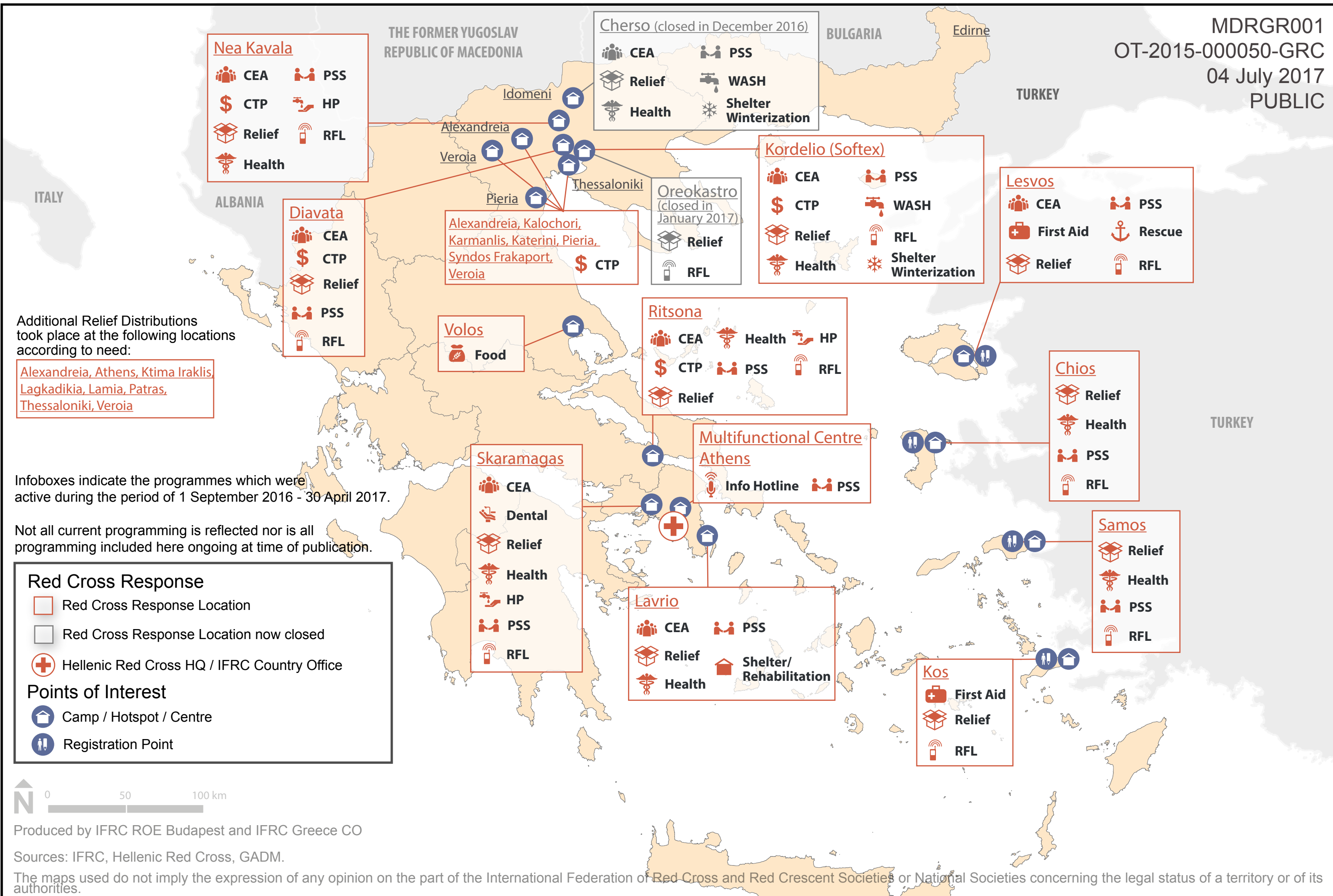
All figures are in Swiss Francs (CHF)

**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	46,925,475		30,112,867	30,112,867	26,616,429	3,496,438	1,453,759
Subtotal BL3	46,925,475		30,112,867	30,112,867	26,616,429	3,496,438	1,453,759
<b>GRAND TOTAL</b>	<b>46,925,475</b>		<b>30,112,867</b>	<b>30,112,867</b>	<b>26,616,429</b>	<b>3,496,438</b>	<b>1,453,759</b>

# GREECE: POPULATION MOVEMENT

MDRGR001  
OT-2015-000050-GRC  
04 July 2017  
PUBLIC



**Nea Kavala**

- CEA
- PSS
- CTP
- HP
- Relief
- RFL
- Health

**Cherso (closed in December 2016)**

- CEA
- PSS
- Relief
- WASH
- Health
- Shelter Winterization

**Kordelio (Softex)**

- CEA
- PSS
- CTP
- WASH
- Relief
- RFL
- Health
- Shelter Winterization

**Lesvos**

- CEA
- PSS
- First Aid
- Rescue
- Relief
- RFL

**Diavata**

- CEA
- CTP
- Relief
- PSS
- RFL

**Alexandreia, Kalochori, Karmanlis, Katerini, Pieria, Syndos Frakaport, Veroia**

- CTP

**Oreokastro (closed in January 2017)**

- Relief
- RFL

**Volos**

- Food

**Ritsona**

- CEA
- Health
- HP
- CTP
- PSS
- RFL
- Relief

**Chios**

- Relief
- Health
- PSS
- RFL

**Multifunctional Centre Athens**

- Info Hotline
- PSS

**Skaramagas**

- CEA
- Dental
- Relief
- Health
- HP
- PSS
- RFL

**Samos**

- Relief
- Health
- PSS
- RFL

**Lavrio**

- CEA
- PSS
- Relief
- Health
- Shelter/Rehabilitation

**Kos**

- First Aid
- Relief
- RFL

Additional Relief Distributions took place at the following locations according to need:

Alexandreia, Athens, Ktima Iraklis, Lagkadikia, Lamia, Patras, Thessaloniki, Veroia

Infoboxes indicate the programmes which were active during the period of 1 September 2016 - 30 April 2017.

Not all current programming is reflected nor is all programming included here ongoing at time of publication.

**Red Cross Response**

- Red Cross Response Location
- Red Cross Response Location now closed
- Hellenic Red Cross HQ / IFRC Country Office

**Points of Interest**

- Camp / Hotspot / Centre
- Registration Point



Produced by IFRC ROE Budapest and IFRC Greece CO

Sources: IFRC, Hellenic Red Cross, GADM.

The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.