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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 Operations Update n° 8</b>	<b>GLIDE n° OT-2015-00050-GRC</b>
<b>Date of issue: 25 May 2018</b>	<b>Timeframe covered by this update: 26 October 2017 – 30 April 2018</b>
<b>Emergency appeal start date: 2 September 2015</b>	<b>Operation end date: 31 December 2018 (extended by six months)</b>
<b>Appeal budget: CHF 42,698,422<sup>1</sup></b>	<b>Appeal coverage: 92 per cent</b>
<b>N° of people being assisted: 34,673<sup>2</sup></b>	
<p><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</p> <p><b>Other Contributors:</b> American Red Cross, Belgian Red Cross (Flanders), Belgian Red Cross (Francophone) Canadian Red Cross, Croatian Red Cross, Cyprus Red Cross, French Red Cross, Hungarian Red Cross, International Committee of the Red Cross (ICRC), Icelandic Red Cross, Irish Red Cross Society, 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, Netherlands, Norwegian and Swiss Governments as well as several private and corporate donors.</p> <p><b>Other partner organizations actively involved in the operation:</b> Governments of the UK, Iceland, Luxembourg and Netherlands, EU Humanitarian Aid (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.</p>	

### Summary of major revisions made to emergency plan of action:

In view of the large increase in arrivals of migrants in 2018, as well as the need to keep monitoring the situation and being prepared to respond if the situation deteriorates, and to continue the work on disaster preparedness of the Hellenic Red Cross (HRC) to also support this contingency, **IFRC is with the Operations update no. 8 extending the timeframe of the Emergency Appeal until December 2018.** The recent developments in the migration routes, with an increase of arrivals observed through the land border, has also prompted IFRC to focus in preparedness. These trends require continuous monitoring of the situation and the possibility to coordinate potential movement interventions. In addition, internal issues in HRC have delayed the disaster management (DM) activities, and this extension will allow to further complete the DM activities initially planned in the Emergency Appeal.

**The Appeal will continue to run alongside the Country Operational Plan for Greece 2018.** The main items kept in the Appeal will be: the work related to building disaster preparedness and NS cash preparedness, and keeping the Country Office operational to fulfill monitoring and coordination tasks.

<sup>1</sup> Does not include bilateral contributions.

<sup>2</sup> The estimated number of people to be assisted is based on the number of target population (migrant and host population) under the different approaches in the plan of action. For the Reception Centre approach, the figures are based on Red Cross site mapping at the respective accommodation sites where Red Cross is active. It is impossible to provide accurate numbers due to the fluidity of migrant movements as well as the absence of a proper tracking system.

**In terms of reporting, this update takes stock of all activities implemented until April 2018**, paying particular attention to the developments in February, when RC ended the presence in camps, as well as of all the activities that are ending under the Appeal and are transferred to the Country Operational Plan 2018. The revisions of the Emergency Appeal in this update include a **modification of the budget, extension of the DM component as well as some components of the cash programme (capacity building)**. Looking ahead, the focus in the upcoming months will be on three main areas: finalising the DM activities, including the establishment of the National Disaster Response Team (NDRT), monitoring the situation of arrivals in the north, and conducting a final evaluation for the Emergency Appeal.

Although the appeal budget for 2018 increases to reflect the extension in the duration of the appeal, **the total budget of the Emergency Appeal (excluding the bilateral response) is reduced from CHF 46,925,575 to CHF 42,698,422**. This overall reduction is due to three main reasons:

- The intervention in the Lavrio Accommodation Centre for Refugees run by the HRC was significantly reduced. The plans in the appeal included the rehabilitation of the buildings, provision of basic equipment and covering the running cost for an extended period. As the Ministry of Migration Policy decided not to include this centre in the list of long-term accommodation centres, the project had to be abandoned and the funding for the rehabilitation (which required nearly CHF 2 million) did not materialise. In addition, the running costs (staff, food, and maintenance) were significantly reduced as well because the HRC engagement ended in mid-2017.
- In other sectors (Health, WASH, PSS) implementation was lower than initially planned (at the end of 2016 when the Appeal was revised) simply because the needs decreased. The closure of some of the camps where HRC/IFRC was operational, a reduction in the migration flows during late 2016 and 2017 and an earlier handover of some activities like the management of Lavrio accommodation centre relate to this.
- Finally, it is worth mentioning the higher level of cost-efficiency achieved in IFRC operational costs such as support services staff, warehousing, transportation, equipment, and, in particular, with a significant transition from international staff to national staff that happened during most of 2017.

#### **Appeal History:**

- **22 May 2015:** CHF 296,549 was released from the IFRC's Disaster Relief Emergency Fund (DREF) to meet the immediate needs of 10,000 migrants arriving in the islands of Rhodes, Kos, Chios, Lesbos, Samos and Crete. [DREF report is available here](#).
- **24 July 2015:** [DREF Operations Update](#) was issued.
- **2 September 2015:** Emergency Appeal was launched for CHF 3.03 million to assist 45,000 beneficiaries, prioritising the islands of Lesbos, Samos, Kos, capital city of Athens and the border area between Greece and former Yugoslav Republic of Macedonia.
- **21 October 2015:** Based on continuous monitoring and assessment of the situation, [Emergency Appeal Revision n° 1](#) was issued for CHF 12.67 million to assist 200,000 beneficiaries in islands of Lesbos, Samos, Kos, Chios, the capital city of Athens and Idomeni as crossing point to the former Yugoslav Republic of Macedonia. DREF funds were also reimbursed.
- **7 December 2015:** [Operations Update n° 1](#) was issued with a revised budget of CHF 13,172,336.
- **20 January 2016:** [Operations Update n° 2](#) was issued to extend the operational timeframe to September 2016 and report on implementation progress.
- **11 May 2016:** [Emergency Appeal Revision n° 2](#) was issued as a result of some key developments - closure of borders and the EU-Turkey agreement. The revision included an increase in the budget to CHF 28,667,500 and an extended timeframe up to 31 March 2017.
- **1 July 2016:** [Operations Update n° 3](#) was issued to report on implementation progress.
- **7 October 2016:** [Operations Update n° 4](#) was issued to report on implementation progress.
- **20 January 2017:** [Operations Update n° 5](#) was issued to extend the operational timeframe to December 2017 and increase the budget to CHF 31,531,458.
- **22 March 2017:** [Emergency Appeal Revision n° 3](#) was issued with budget adjusted to CHF 50.6 million and operation timeframe extended to June 2018.
- **14 July 2017:** [Operations Update n° 6](#) was issued to report on implementation progress.
- **20 December 2017:** [Operations Update n° 7](#) was issued to report on implementation progress.
- **January 2018:** [Operational plan](#) for Greece was issued, to support longer-term programmes and ones previously under the Emergency Appeal.
- **May 2018:** Operations Update 8 is issues to extend the operational timeframe until December 2018.

## A. Situation analysis

### Description of the disaster

Greece is facing different challenges regarding population movement: addressing the emergency and basic needs of newly arriving migrants, facilitating integration and social cohesion of established migrants, and at the same time supporting the vulnerable Greek host community. While the strategy has been to focus especially on integration and social cohesion, the increase in new arrivals in 2018 could overwhelm the reception system again and increase the need of relief assistance to migrants.

Arrivals into Greece have increased compared to 2017. Also, arrivals through the land border with Turkey have for the first time surpassed arrivals to the Aegean islands in the month of April, shifting the geographic distribution of needs. As of the end of April, over 9'000 persons had arrived on the islands and 5'500 through the Evros land border. At the end of March, there were 51,000 migrants and refugees in Greece – out of these, 77 per cent were on the mainland of Greece and 23 per cent resided on the islands<sup>3</sup>. In April, with an estimated 2'900 persons arriving through the land border, and 2'600 to the islands, the migrant population of Greece increased by 10 per cent in April 2018 compared to the previous month<sup>4</sup>.

In view of the large amount of new arrivals, and the knock-on effect if the trend continues, IFRC, HRC and ICRC conducted a joint assessment in northern Greece. All systems previously in place are overwhelmed. At the border, the police are focusing on issuing a basic document and encouraging people to move onwards towards Thessaloniki and Athens. From Thessaloniki, migrants are travelling to camps. Most of the camps in the northern region are now either at full capacity or over. Some camps have had their population double.

Furthermore, the main strategy to meet basic needs has been built around cash provision. However, until migrants have a police note, and are designated a camp by authorities officially, they are not eligible for cash assistance. With the influx, this presents a challenge. In general, all services in the camps are overloaded, and migrants arrive with very little information on the situation in Greece or their rights.

The main humanitarian gaps identified in the camps are: insufficient access to shelter, non-food items (NFIs), food, and water sanitation and hygiene (WASH). In addition to that, access to asylum services is also problematic. Many people, notably pregnant women, young children and the elderly, require medical and psychosocial support. However, those needs are not met as there is no vulnerability screening upon arrival while lack of information on the local healthcare system and language barriers might hamper access to health care. Moreover, when people move into the camps, the available health care provision is limited, and the clinics are struggling to address the health concerns of a growing population. As of the end of April, Movement partners are monitoring the situation and assessing possibilities for assistance.

Notably in urban areas, concerns related to integration and social cohesion continue. For example, from beginning of 2017 to April 2018, 14'300 persons had been granted either asylum or subsidiary protection in Greece in the first instance of the process (excluding appeals on negative decisions). The Red Cross continues to support integration efforts for example through the Multifunctional centres in Athens and Thessaloniki.

Apart from the migration situation, the economic situation in Greece continues to exacerbate existing vulnerabilities among the Greek population, which in some cases are also compounded by natural disasters. For example, floods that hit low-income areas depleted household assets. Thus, it is important to look at recovery needs, as well as at the preparedness of the National Society to respond.

### Summary of current response

#### Overview of Host National Society

The Hellenic Red Cross, supported by IFRC, ICRC and Partner National Societies (PNSs), has continued responding to meeting migrants' needs, as well as those of vulnerable Greeks, through provision of health care, psychosocial support, as well as basic necessities of migrants and asylum seekers in Greece, in accommodation sites and urban areas.

During the reporting period, IFRC has continued to monitor the situation of the National Society, which was appointed a new temporary governing board by Greek courts, with the purpose of organising elections within the National Society. In view of these developments, the NS suspension from IFRC has been put on hold to give time to the new appointed board to address the integrity issues and organize elections.

<sup>3</sup> Source: [UNHCR](#)

<sup>4</sup> Source: [UNHCR](#)

## Key achievements

The table below summarises HRC's response since the beginning of the appeal, from October 2015 to April 2018:



### Key achievements during the reporting period include:

- Cash for migrants. IFRC cash team has renewed the partnership with UNHCR in implementing multipurpose cash grants to eligible refugees and asylum seekers, expanding the areas of implementation so that IFRC and HRC are now covering all of northern Greece. The programme is currently reaching 11,734 people.
- Healthcare. The challenging exit from the remaining camps where primary healthcare was delivered by the RC, and ensuring a handover with the Ministry of Health, was done successfully.
- Cash for vulnerable Greeks. The winterisation programme to assist vulnerable Greek households was expanded to additional locations in the second year of implementation, reaching 667 individuals this winter.
- Disaster management. The National Society carried out a "Well Prepared National Society" self-assessment, which identified the key areas to improve towards the establishment of an effective preparedness for the response. The migration contingency plan has been updated and turned into a more operational document.
- HRC capacity building. Since January, IFRC has conducted a total of 22 trainings to build the capacity of HRC staff and volunteers in areas of cash, protection, community engagement and accountability (CEA), DM and resource mobilisation.
- Urban services. The new Multifunctional Centre in Thessaloniki was officially opened in November 2017.

### Overview of Red Cross Red Crescent Movement in country

The IFRC country office has reduced international positions and increased its recruitment of national staff specializing in programmatic areas, field coordination and support services. The IFRC Regional Office for Europe continued to provide support to the Greece operations team. The emergency response is supported by various PNSs who contributed, resources and staff in supporting this Emergency Appeal as well as bilaterally with the HRC. Currently, the PNSs involved are:

- **Danish Red Cross** continues to provide support in PSS programming and branch development in Lesvos as well as the MFC in Athens.
- **Spanish Red Cross** continues to support the operations in Information Management and health programming in the urban areas. Spanish RC has also taken the lead in the new ECHO grant, starting from March 2018.
- **British Red Cross** continues to be engaged in northern Greece supporting the MFC in Thessaloniki.

**ICRC** has continued working in its areas of expertise, notably in the sector of immigration detention, RFL, missing, forensic (management of human remains), as well as the protection of civilian population. Since early 2017, the ICRC has been chairing the Red Cross Movement Protection Working group, a platform which aims at ensuring a coordinated, coherent and effective Red Cross response to the protection needs of migrants in Greece

Within the Movement, internal coordination generally operated at three levels, including a) Movement platform with HRC President, Head of IFRC and ICRC; b) Cooperation management group with HRC Heads of departments and Head of Operation, Heads of PNSs, IFRC program coordinator, and ICRC Deputy Head of mission; and c) Technical working groups (so far CEA, Protection, PMER): technical focal points from HRC, PNSs and IFRC.

## Overview of non-RCRC actors in country

The broader response to the migrant situation in Greece is led by the government of Greece, which includes a diverse range of services including reception, registration, accommodation, asylum and basic relief services, health care, education, and protection. These services are coordinated among various governmental bodies and ministries. Continuous engagement and coordination also took place with other humanitarian agencies involved in different service provision.

The overall coordination of the response is the primary responsibility of the Ministry of Migration Policy. A significant number of working groups (WGs) have been active in Greece to ensure sufficient coordination, by operating at both the national and at the field level. UNHCR, in partnership with the government and other national and international NGOs, has been the supporting coordination of the refugee response and developing strategies to improve delivery of assistance and technical guidance through the Inter Sector WG. Several line ministries also participate or chair the sectoral WGs. The role of the UNHCR has been progressively strengthened in Greece, and IFRC coordinates closely with UNHCR.

HRC and IFRC ensured the external coordination of their activities through these channels:

- Regular bilateral contacts with the MoMP, MoH, other Greek authorities at site, and at local and national level.
- Participation at the national level in technical working groups, head of agencies meetings, ECHO partners' meetings (until end of February), and a variety of ad hoc coordination meetings.
- Participation at the site and regional level in site coordination meetings, regional WG, etc.

## B. Operational strategy and plan

### Overall objective and strategy

**Background.** This Emergency Appeal history has followed the key **three phases** of the operation. The **first phase** from 2015 into early 2016 focused on providing short term emergency assistance to a high number of migrants who were transient, remaining the minimum amount of days in Greece before continuing their journey along Balkans route. The situation changed significantly in March 2016 with closure of the borders and EU-Turkey agreement coming to an effect leading to the **second phase** of the operation. The average number of daily arrivals decreased significantly but migrants in Greece found themselves stranded, needing their basic needs to be met including shelter, food, basic items for daily living, health care. The Government of Greece set up small sites across the country for the migrants. HRC, IFRC and partner national societies started providing services in these sites. The latest **revised Emergency Appeal** thereafter moved into a **third** phase which was characterized by providing support to Greek authorities and HRC to respond to the current protracted migration situation in a more sustainable manner. The operation saw a gradual transitioning into urban programming and social inclusion through building on HRC existing capacities and programming, also keeping in mind the Greek population amidst the consequences of the economic crisis, and recurring disasters.

**Operational plan.** Alongside the Emergency Appeal, [Operational plan](#) for Greece for 2018 was developed. The urban programs responding to the migration situation in a more sustainable manner (such as the Multipurpose Cash Program, MFCs, Health Accompaniment Program) have been transferred to the Operational plan that includes as well different programs to develop the capacities of the HRC (mainly DM, Logistics, Organizational Development, Public Health).

**Need for extension of Emergency Appeal.** In view of 1.) Disaster management and disaster preparedness activities effectively starting to be rolled out in 2018, 2.) the increase in new migrant arrivals especially in the north, and 3.) the need for the IFRC to continue both its coordination mandate and to monitor the situation - the Emergency Appeal is being extended until the end of 2018, running in parallel with Operational Plan for Greece 2018. This provides preparedness in the event that the influx of arrivals continues (10 per cent increase to the population in April 2018) by having an Appeal, a National Society with increasing response capacity (DM), and an IFRC coordination structure in place. In the event of a substantial influx of migrants, IFRC will also assess funding needs, and possibly approach partners, in order to respond.

	Status	Appeal/Plan
1. <b>Accommodation/reception centres;</b> where migrants have access to basic health care services, hygiene promotion and health education, first aid, psychosocial support (PSS) and restoring family links (RFL) services; emergency WASH interventions as well as support to some of HRC run centres is also under this approach.	Completed	Emergency appeal
2. <b>The Urban Approach;</b> where through Multi-Function Centres (MFCs), Educational Health Station (EHS), and mobile health outreach, migrants living	Ongoing	Moved from emergency appeal to operational plan

outside accommodation sites received information, advice, health services and PSS to assist transition and improve integration in urban environments.		
<b>3. Building Bridges;</b> under which interventions such as communication campaigns, community engagement and accountability (CEA) actions, multi-cultural community events and public campaigns, focus on increasing acceptance of migrants and refugees within Greek communities. As reported in <a href="#">Operations Update 7</a> , this approach was not accomplished due to lack of engagement, capacity and funding.	Cancelled	Emergency appeal
<b>4. Basic Assistance – Relief and Cash Transfer Programming (CTP);</b> which provided a selected number of eligible households in both the Greek and migrant communities <sup>18</sup> with unconditional/unrestricted cash grants to cover basic needs.	Ongoing	Most components have been transferred to operational plan. Only HRC capacity building activities will continue under emergency appeal
<b>5. National Society Development;</b> all interventions will aim at enhancing the HRC's capacity in volunteer management and support services (ICT, finance and logistics) to carry out its mandate and support the implementation of this response action at all levels.	Completed	Emergency appeal
<b>6. Other Key Programmes,</b> including <b>Disaster Management Development</b> and <b>Restoring Family Links (RFL)</b> which aimed at building HRC's capacity in preparing for emergencies, together with enhancing its capacity to respond in times of crisis as needed.	Ongoing	Emergency appeal
<b>7. Quality programming</b>	Ongoing	Emergency appeal and Operational Plan

To support the operational strategy of shifting focus towards urban areas, the Red Cross exited from Nea Kavala, Ritsona and Skaramagas camps. As of March, the RC has no permanent programmes in camps, though the CTP for migrants continues to service all of northern Greece (expansion from 2017). The handover of the healthcare services required extensive coordination with the Ministry of Health; the continuation of other activities (PSS, hygiene promotion) also needed considerable negotiation with other NGOs. Continuing the CTP programme for migrants, apart from meeting basic needs for migrants, also provides a learning opportunity for the Movement.

In line with our operational strategy to review and increase the quality of our programmes, the IFRC is the Movement focal point for CEA and protection. The aim is to review different programmes on CEA and protection, and train staff in the programmes. Lastly, a key part of the strategy is to also maintain the operational capacity of the Country office to be able to conduct assessments, facilitate coordination and do resource mobilisation as a contingency for deterioration of the migration situation in Greece during the coming months. The recent assessment in northern Greece on the influx of migrants is an example of this.

## Implementation methodology

IFRC is the Movement (excluding ICRC) focal point for protection and CEA, including for ECHO funded projects.

### Protection

The conditions and risks of exposure in which migrants and refugees experience in this crisis continue to be cause for concern, ranging from unsafe environments, resorting to negative coping mechanisms due to unmet basic needs, being vulnerable to trafficking. Mainstreaming is being done through:

1. **Trainings:** for HRC and PNS including a generalized training on the basics of protection and how to recognize protection issues with the objective for staff to be able to identify protection cases and have a basic understanding of how to refer forward.
2. **Reviews:** short reviews of each program are being completed, based on observations in the field, interview with field staff, interviews with beneficiaries and desk review. The reviews give recommendations on how to improve protection/protection awareness within each program.
3. **Referral pathways:** Clear referral pathways have been difficult to maintain due to the changing humanitarian scene. The IFRC officer will also work with the HRC protection focal point to collect information from field staff about which referral pathways work and which do not, to improve referrals.

### Community Engagement and Accountability

CEA has worked with the community in all the camps through community meetings and Focus Group Discussions. The objective of the meetings was to have two-way communication, to discuss the Red Cross' programs, collect and provide feedback, promote Red Cross' activities, listen to the community and provide the correct information. CEA also did

advocacy work, through sharing the summaries of the community meetings with the Focal Point, the Site Officer, and other actors.

Looking forward, CEA will be increasingly mainstreamed into urban programming through:

1. **Capacity Development:** IFRC CEA staff develops and supports a training programme that supports the HRC and PNSs in Greece (Danish RC and Spanish RC), on basic CEA concepts. Thus, staff can apply the approach in their respective programme. There will also be a training of Trainers for CEA focal points, for the NS and PNSs.
2. **Reviews:** Short reviews of each program are completed based on Observations in the field, interviews with field staff, interviews with beneficiaries where possible, desk review when necessary, evolving around the four pillars of CEA: 1) Information as aid, 2) Behaviour and social change communication, 3) Feedback mechanism and two-way communication, 4) Advocacy and community participation. These short reviews give recommendations on how to improve CEA within each program.
3. **CEA Technical Working Group and other coordination activities:** Regular CEA technical meetings take place with representatives from all programmes through HRC and PNSs in Greece (Danish RC and Spanish RC) in order to harmonize implementation, share best practices, and exchange ideas.

## C. Detailed Operational Plan

### ACCOMMODATION AND RECEPTION CENTRES

During the **second and third phase** of the crisis Red Cross was mainly present in the accommodation sites (camps), **providing relief, basic health care, psychosocial support, WASH services**. This activity has been finalized and cumulative numbers of what has been achieved since September 2015 are reported here.

During the reporting period, RC exited from the last camps where it had permanent programmatic presence (Nea Kavala – end of January, Ritsona – end of February and Skaramagas- end of February). This required extensive discussions with the Ministry of Health, who took over responsibility for providing primary healthcare, while other activities were either stopped or handed over to other NGOs. This decision was based on the strategy of the Greek government and the EU, for primary healthcare on mainland Greece.

However, key concerns remain: the lack of a possibility for PHILOS to purchase medicines, the decision by MoH not to provide medication to persons with chronic illnesses, the lack of transport from distant camps to be able to access public healthcare facilities, the lack of support staff and budget for the clinics (wear-and-tear, cleaning, administration). It will be important to monitor the situation of health provision in the camps. IFRC and Movement partners have then implemented the strategy outlined previously, to shift focus towards urban areas. However, we keep monitoring the situation in terms of new arrivals to the north, and continue cash provision as the main actor in northern Greece.



Skaramagas camp. Photo Cred: Spanish RC

Table 1: Overview of sites and respective Red Cross activities during the reporting period					
Region	Site	Estimated capacity <sup>5</sup>	Timeline	Current or past activities	Red Cross partners supporting the HRC
Central Greece, Thessaly	Ritsona	1,000	RC exited by 1 March 2018	Health, PSS, RFL, WASH, Hygiene promotion	Spanish RC
Attica	Skaramagas	3,200	RC exited by 1 March 2018	Health, PSS, Hygiene promotion, RFL	Spanish RC
Central Macedonia	Nea Kavala	4,200	RC exited by 1 February 2018	Health, Hygiene promotion, PSS	IFRC

<sup>5</sup> UNHCR

## Accommodation and Reception Centres

**Outcome 1: Basic needs of migrants are met at accommodation reception centres through Red Cross' Health, PSS, RFL, WASH services and social inclusion activities**



### Health

**Output 1.1 Migrant population are provided with basic healthcare, including health education, hygiene promotion**

Indicators	Cumulative <sup>6</sup>
# of basic health care consultations	164,516
# of vaccinations	13,540
# of migrants trained by RC in first aid	537
# participants in health education/hygiene promotion sessions <sup>7</sup>	11,132

#### Progress towards outcomes

One of the key activities of the since the beginning of the Emergency Appeal, has been providing **basic health care services** to migrants, especially through clinics. The accommodation site, or camps, have been a key focus. In total, in the camps, over 150'000 consultations were provided, and over 13'000 vaccinations. In many places, for a holistic health approach, the RC also provided psychosocial support (below) and hygiene promotion/health education. The latter reached over 11'000 participants<sup>8</sup>.

During the reporting period, health care services continued in Skaramagas, Ritsona and Nea Kavala. One of the key challenges was to adjust the level of services, and plan for a handover to the MoH or its implementing partner. The level of primary healthcare services (specialization, number of doctors) was gradually reduced from December to February in all camps, to match the anticipated level of services provided by MoH. Nevertheless, a total of 12,271 **health consultations** were made (among them, 55 per cent of them in Skaramagas, 35 per cent in Ritsona and 11 per cent in Nea Kavala). A total of 89 per cent of the consultations did not need further referrals; about 2 per cent were referred to other NGOs; 8 per cent were referred to hospitals by appointment (secondary healthcare) while 1 per cent concerned emergency referrals to the hospital. The main reasons for visiting the clinics were for basic health check, cold, muscle pain, headache/migraine, acute pharyngitis pharyngotonsillitis, Gastro oesophageal reflux. A total of 181 pregnant women were assisted. Children aged 6-15 years were provided with health cards, a prerequisite for school enrolments.

According to **satisfaction surveys**, 83 per cent of interviewees were satisfied regarding RC BHC services and 88 per cent stated that the visits solved the reason of seeking care. Some expressed that more time in the consultation was needed.

**Vaccination** was provided to 949 children. The challenges related with vaccination were: a) lack of accurate camp population census which would allow to properly plan vaccination coverage, b) availability of vaccines was not always guaranteed, c) disruption of continuity in service provision as people continued to move, and d) "hard to reach" cases of children (did not show up at the appointments or could not be found in their containers). MMR was prioritized.

**Health promotion and hygiene education** sessions based on the needs of migrants per site included topics such as: antenatal and childbirth preparation, women's health, food handling, hand washing, diabetes, lice and scabies, female hygiene, and breastfeeding and nutrition. In Ritsona and Nea Kavala Health and Hygiene promotion activities were finished in December, in Skaramagas they continued until February. 12,358 participants took part in 6,512 health and hygiene promotion sessions through: games, group and individual sessions as well as door to door messaging.



**Vaccination Provision. Photo Cred: Spanish RC**

**First aid training** continued until the end of December with 102 migrants being trained. The training sessions were conducted in various languages (Arabic, Farsi, English, French and Kurmanji) and first aid kits and manuals (available

<sup>6</sup> From September 2015 (start of emergency appeal) – February 2018 (exit from the camps)

<sup>7</sup> This number includes both the HP/HE activities under WASH (previously) as well as under health (at the later stages of the appeal)

<sup>8</sup> The same person might be counted multiple times, as the figure reflects numbers of participations.

in five languages) were delivered to all of the participants. Efforts were made to include women (17 per cent during the reporting period).

### ***Handover of health services to other actors and Government of Greece***

In September 2017, the Red Cross began planning and negotiating with the Ministry of Health and humanitarian actors for RC's handover of activities and exit in camps (Skaramagas, Ritsona and Nea Kavala) to take place during the first quarter of 2018. Red Cross also gradually scaled down services to match MoH services in the future.

In Nea Kavala, BHC services were handed over to Kitrinos NGO at the end of January 2018 at the request of Ministry of Health. In Skaramagas and Ritsona, KEELPNO<sup>9</sup> signed the hand over agreement at the end of February for both sites and took over the responsibilities through its PHILOS program. Containers, medicine stocks, equipment and other materials that were part of the health facilities were donated in all the camps during the handover.

As part of the handover process, RC team provided training and capacity building to government staff based on the experience of working in the camps and knowing the population. This included training on protocols, referral pathways, follow-up of chronic patients, pharmacy management and medication distribution. In addition, staff from both Skaramagas and Ritsona also received a one-hour training session on the Accompanied Referral program of the Red Cross. In March, PHILOS started providing services in Ritsona and Skaramagas. The recruitment of doctors and interpreters has been challenging for PHILOS.

During the month of March, part of the RC team was present at the sites and finalised the handover process and operation closure through different activities such as the transfer of medical files; donation of equipment, supplies and medicines to different actors; carrying out monitoring visits and specific support to the partners that took different activities over; informing the communities about the new actors taking the services over.

Looking forward at the health needs in camps, the key issue for the MoH is to have staff in place, since the benefits and conditions for staff are not the most appealing. Furthermore, the MoH is slated to take over all healthcare provision in the camps on mainland Greece by the end of May 2018. It is likely that the MoH will reduce the availability of doctors, and encourage the use of existing public health structures. Additionally, interpreters are hard to come by, and have not been prioritized. Lastly, for vaccination and persons with medical vulnerabilities difficulties are already visible. It is then likely that there will be gaps in access to healthcare in the camps in mainland Greece, notably the more remote ones.

However, the RC exit from Nea Kavala, Ritsona and Skaramagas, and handover to MoH, can overall be considered a qualified success. Doctors were recruited by PHILOS, or ensured by another NGO, and they have been given an initial stock of medicines. This will ensure continuity of services in the short term.

### **Challenges and lessons learned as part of the hand-over process**

- 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 was discussed with the National Health Operations Centre (EKEPY) on several occasions and successfully addressed.
- The importance of CEA activities during the exit phase can be seen as a significant lesson learned. The provision of accurate and sufficient information to the communities and other actors and authorities has been key to avoid conflicts and rumours that cause distress and misunderstandings among the target population (see below more on CEA)

<sup>9</sup> Hellenic Center for Disease Control and Prevention



## PSYCHOSOCIAL SUPPORT

**Output 1.2 Migrant population provided with PSS services**

**Output 1.3 National staff and volunteers equipped with skills and methods to facilitate relevant PSS activities for refugees and migrants**

**Output 1.4 National staff and volunteers had access to PSS, including peer support**

<i>Indicators</i>	<b>Cumulative<sup>10</sup></b>
# PSS services (case management, counselling and referrals; community and family support services)	96,135
# of child friendly services	45,159
# of national staff and volunteers who receive technical training to provide PSS support	887
# of national staff and volunteers who attend PSS sessions to support their own well-being and apply self-care strategies	2,091

### **Progress towards outcomes**

#### **PSS services and child friendly services**

As it became evident that migrants had to stay in Greece for a prolonged period (phase 2), the RC focused its PSS services on facilitating increased resilience within individuals, families and communities through a number of different recreational, cultural and skill building activities. Therefore, the overall objective of the PSS programme was to provide migrants with **social support networks and activities, positively contributing to their overall well-being**. During the reporting period, PSS activities continued, including the provision of 1,500 mental health consultations (case management and counselling), and 4,162 community and family support services. Child friendly services continued to be available in all three sites, with a total of 1,689 child friendly services provided in the past four months.



Gardening activities in the Greenhouse in Skaramagas. Photo Cred: Spanish RC



PSS activity with children in camps. Photo Cred: Spanish RC

The Red Cross also provided staff care through a collaboration with stress counsellors (external psychologists). The PSS staff had the opportunity to conduct individual and group sessions, in order for staff and volunteers to release potential stress experienced on the field and receive the support. There was also the possibility of having a one on one individual counselling which were confidential. During the reporting period, 72 individual sessions were conducted, and 230 staff participants in group sessions.

#### **Handover of PSS activities**

Much of the reporting period was focused on delivering a smooth handover of the PSS to other actors. A detailed exit plan for each camp was developed. Key strategies included 1) Regular meetings with relevant actors at central and field level (case conferences per sector), 2) training/workshops organized in each camp for experience sharing, 3) Information Notes describing Red Cross PSS activities and proposing future recommendation given to actors who were planning to take over, 4) Utilized CEA mechanisms to inform and to keep updated the refugee communities regarding the exit of the camp and the successor actors of the activities that would continue, 4) visits to relevant state facilities outside of the camps to a) inform about Red Cross exit, b) express appreciation for the collaboration that had been established during the previous period and c) raise awareness about the possibility of receiving more requests in the near future due to the reduced services in the camps.

<sup>10</sup> From September 2015 (start of emergency appeal) – February 2018 (exit from the camps)

The handover to other PSS actors was planned and implemented as follows: At **Nea Kavala** camp, the RC exit was announced 1,5 months before. A number of PSS activities were taken up by different NGOs, as well as KEELPNO (psychological support and case management). The Ministry of Education has set up a kindergarten in the former child friendly space. The handover for all activities was completed smoothly. Meetings among professionals were organised in order to empower the actor that would take over, providing necessary information, tools, and anything relevant for capacity building.

In **Ritsona** camp all PSS activities stopped at the end of December; KEELPNO (Philos) agreed to continue with the following sessions: 'emotional skills', support group for women' and 'group sessions' at the safe zone with adolescents. Child friendly services under the Ministry of Education have not yet started but are in the pipeline. As of 1 March 2018, Cross Cultural Solutions took over music activities as well as sewing and beauty activities with Diotima.

In **Skaramagas**, starting March 2018, PSS activities were handed over to organizations Earth and Drop in the Ocean. Case management were handed over to PHILOS (KEELPNO) team. The case workers from PHILOS had been meeting with the RC PSS officer and the team on a regular basis in order to take over the cases.

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

- The absence of "a sense of community" in the camps, due to different national and cultural backgrounds, as well as the transient nature of the population hindered community-based activities. Nevertheless, designing and updating PSS activities with the support of volunteers from the refugee community had the following advantages - it: a) gave insights into the needs of communities, b) worked as a community feedback mechanism, c) strengthened Red Cross bonds with the communities and d) enhanced their feeling of being active members and boosted their self-confidence.
- The transient nature of the population made any therapeutic treatment challenging, especially for those who started requesting counselling sessions within such an unstable migration context. The need for higher level of mental health interventions is increased in the semi-stable camp settings, but providing therapy in the camps is still a risk when population have an uncertain future and are relocated with less than one day's notice.
- The collaboration with the external staff counsellors proved to be an effective way to a) support staff with burn out, b) prevent having new burn out cases, c) cope with stressful situations and overwhelming feelings among the staff and d) receive feedback on the operational level about the staff challenges existing in the field. Collaboration with them should not have stopped during the exit phase and should be prolonged for a period of one-two months after the end of the operation for post-support sessions.
- Feelings of future uncertainty when actors are exiting the camps can easily trigger challenging events and might put in danger the established trust among Red Cross and the refugees. Inform as early as possible the staff, the refugee community volunteers and the refugees about the exit plan. The information shared should be clear and honest.



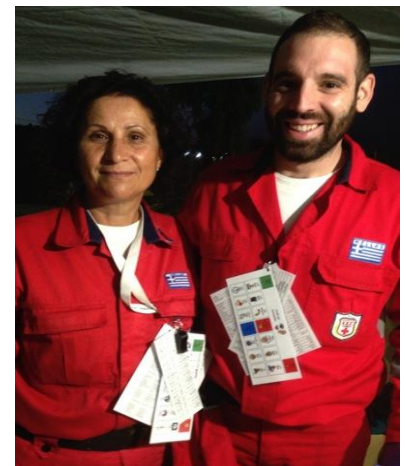
## Community Engagement and Accountability

**Output 1.6** Implementation of Red Cross programming is improved by taking into account feedback and engage them actively in the implementation of Red Cross activities

### Progress towards outcomes

Along the operation, CEA evolved from being one-way information provision to migrants (visual informative posters, audio recorded programmes and messages through the Red Cross Walkie-Talkie information services, etc), **to focus more on strengthening two-way communication, collecting and responding to migrant feedback and facilitating an increased community engagement** in the provision of RC services and in the improvement of the living conditions in the camps. A major task of CEA across the camps, was mediation in many conflictual situations in the Red Cross facilities, and in the camp in general. Each month, new migrant volunteers (both male and female) were recruited.

During the reporting period, all feedback was systematically handled by the teams on site and programmes are adjusted accordingly. CEA was a highly important activity in the sites during the last months of RC presence, focusing mainly on providing information about the hand over to the next actors, and encouraging the community to use the public services outside of the camp. Information was vital to address the insecurities of people in view of the ongoing handover and the unstable situation; Through a service mapping, leaflets were made for the community about other services like health and social services in urban areas, and a link to a web guide for refugee relation information in Greece. Another good practice was holding community meetings to present the new actors to the community, to assure them the continuity of the activities.



Volunteers wearing the language boards. Photo cred: IFRC

### Challenges and lessons learned (Lessons learned in November 2017, and during exit)

- During the RC exit and handover to other actors, the information provision had to be exact, clear and at the right time which was difficult as information kept changing e.g. around PSS handover. The best practice was to keep RC volunteers informed, creating a communication network that could be effectively active during the RC absence (weekends, during the night).
- A good practice was holding community meetings to present the new actors to the community, to assure them the continuity of the activities.
- The CEA exit strategy from the camps must be considered a success with valuable lessons learned. The main starting point in keeping communities informed is crucial to their dignity and feeling of security even when there may be no or very little information to give. In one camp, there was a gap in CEA during the exit, which led to a negative perception from community volunteers.
- Many migrants do not feel they are a community, making it difficult to engage them or to get involved.
- Advocacy is a component of CEA, but it has not always been very clear on how RC wanted to work on this at camp level as well as at national level. A clear strategy would support a good flow of information from the field to the management.



## Reception Centres Managed by HRC

**Output 1.8** Unaccompanied migrant children in Athens, Kalavrita and Volos provided with basic needs

Indicators	Cumulative <sup>11</sup>
# of unaccompanied minors are provided with basic needs	110

### Progress towards outcomes

As of November 2017, approximately 3,300 Unaccompanied Children are living in Greece, 93 percent of them being boys and 7 per cent girls. Shelters are in short supply, with currently only 1,130 places available in the unaccompanied children's shelters, causing 2,201 children to be on the waiting list for shelter.<sup>12</sup> Currently, most of these children are living either in the hotspots (RICs) on the islands and in northern Greece, camps, or are being transferred to the

<sup>11</sup> Reporting numbers cover the period where IFRC has supported the shelters financially, August – November 2017.

<sup>12</sup> Situation Update: Unaccompanied Children (UAC) in Greece (as of 30 November 2017) <https://data2.unhcr.org/en/documents/details/61143>

mainland to be temporarily accommodated in hotels run by protection actors. A concerning number of the total, however, are still in detention (protective custody) or even in unsafe conditions being either homeless or in unsupervised apartments. Additionally, it is important to highlight that other options of alternative care in the country are very limited. These issues highlight the significant need for support to unaccompanied children in Greece.

The HRC Unaccompanied Minor (UAM) shelters in Athens (Alkiviadou Shelter), Kalavrita and Volos, Greece have provided shelter and support to young people during the migration crisis. The funding provided through the appeal allowed HRC to continue running the shelters in Athens and Kalavrita August–November 2017, and contributed towards the operational costs for the centre in Volos. The shelters have supported 110 young people (including 27 children in Kalavrita, 30 children in Athens and 53 children in Volos) with food, clothing, access to education and health care, psychosocial support, case management, and social and learning activities.

Under **psychosocial support**, shelter staff have provided case management and psychological first aid, referrals to psychologists and other support groups and services (i.e. drug treatment), social activities (such as dance sessions, board games, drawing, etc.) and some excursions to local sites.

There has also been facilitation to gain entry into formal education. The shelters offer language courses by staff members to help aid communication and integration with boys in the shelter. Alkiviadou has worked with a children's network to support children to share their experiences in a newspaper. Information has also been provided about the asylum process. **Health services** provided include first aid, vaccinations, escort to medical examinations and treatment, referrals to secondary level healthcare, health education and hygiene promotion. **Basic needs** addressed include a catering service to provide regular meals, distribution of clothing, footwear and clean bed linen, and personal care and hygiene items.

While direct and full support to the running of the UAMs ended at the end of the year, the IFRC continues its long-term engagement to support this programme and building the capacity of the HRC through its activities in child protection (see above under the protection section). Funding for the shelters, which constitute an expensive programme, has been patchy. This has indirectly contributed to many of the problems in the shelters, starting from staffing. While IFRC recognizes that there are challenges in meeting standards, we also see this as a priority need in Greece, and are therefore investing in providing technical support to enhance HRC's capacity in child protection. This effort has also been supported by Partner NSs.

Looking forward, in terms of activities, the IFRC will continue to support the shelters with small punctual support to improve the services they deliver. These might range from a secure filing cabinet, to excursions to small improvements in the shelter infrastructure. Secondly, though not anticipated at this stage, the IFRC does not exclude the possibility of directly supporting the running of the centers financially, in the event there is no other option.



Unaccompanied Minor Shelter in Volos. Photo Cred: HRC

## URBAN APPROACH

### Needs Analysis

At the beginning of 2018, there were more migrants in urban areas than in camps. Migrants in urban areas consistently have fractured and incomplete information regarding the support that is available to them and their rights. For primary healthcare, lack of resources and funding at (public) municipal clinics make those services difficult to access for migrants. They are also lacking interpretation services. Access to the secondary and tertiary level of healthcare is equally challenging, due to the lack of interpretation and a complex and unreliable appointment system. There are also long delays in getting an available appointment (not a migration -specific challenge).

The withdrawal of humanitarian actors and urbanization of the migrant population has led to a growing number of migrants who are "on their own" in the urban context. There is a need for guidance and support to find the services.



Accessing health care is more challenging in urban areas. Photo Cred: Spanish Red Cross

To address these needs, the RC has increased its presence in urban areas, through a focus on urban health (Educational Health Station EHS, medical Mobile Units and Accompanied Referrals) as well as information provision (multifunctional centres MFCs), providing migrants in urban areas with access to information, improving access to services also through interpretation, and linking them to relevant institutions. Since early 2018, these activities are part of the Operational Plan for Greece, future updates will be provided under the mid-year report for the Operational Plan. However, achievements here are reported for the entire period until April 2018, as they were part of the emergency appeal.

## URBAN APPROACH

**Outcome 2: Through provision of appropriate individual and community based interventions (health and PSS), and dissemination of relevant information, migrant's vulnerability is reduced in urban environments**

### Multifunctional Centre

Output 2.1 Red Cross provides relevant, timely and reliable information connected to the main information needs of migrant communities

Output 2.3 Psychological support services are provided

Output 2.4 Integration and resilience of migrants are enhanced through the provision of Greek and English languages classes

Output 2.5 Staff and volunteers from Athens receive PSS pre- and post-deployment training as well as on a needs basis

Output 2.6 Migrants are offered practical assistance (migrant advice bureau, administrative)

Output 2.8: Social integration is promoted through cross-cultural activities participated by members of both host and migrant communities (MFC)

### Indicators

MFC Athens	Cumulative <sup>13</sup>
# of visits to the MFC since May 2017	25,150
# of calls to the MFC hotline since September 2015	35,997
# of people attending Greek and English language classes since May 2017	1,036 (cumulative per month, potential double counting)
# of casework interventions since May 2017	1,507
# of staff and volunteers from MFC Athens receiving psychosocial support	51
MFC Thessaloniki	Cumulative <sup>14</sup>
# of visits to the MFC since November 2017	6,429 <sup>15</sup>

<sup>13</sup> The MFC Athens started to be funded through the appeal since May 2017 (except for the hotline, which has always been part of the appeal). The reporting period is therefore May 2017 – April 2018. However, these activities have been transferred to the Operational Plan in February 2018.

<sup>14</sup> Since opening of the MFC, end of November until the end of the reporting period, April 2018. To note that the activities have been transferred to the Operational Plan in February 2018.

<sup>15</sup> Excluding CTP

# of casework interventions since November 2017	331
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**Progress towards outcomes**

The Multi-Functional Centres (MFCs) aim to provide support and guidance to migrants by improving access to assisted orientation (e.g. other NGOs) direct humanitarian services, improving understanding on rights as well as increasing awareness of social services in Athens and Thessaloniki.

**Multifunctional Centre (MFC), Athens**

The MFC in Athens, led by HRC and supported by Danish RC, continued services **in provision of information, legal advice, language courses, as well as primary health care services** in collaboration with the Spanish Red Cross (see Mobile Unit section below) and **multi-layered psychosocial support** interventions. Visits to the MFC have increased significantly, starting with 886 monthly visits in May 2017 to 2,472 in April 2018. Other service providers in the area are increasingly referring people to the MFC. The migrant population in Athens has grown, and there is an increase in people granted asylum in Greece, generating demand. Most of the visitors coming to the centre are between 18 and 49 years old. The majority of the beneficiaries came from Syria, Iraq, Afghanistan and some African countries. This corresponds with languages covered by MFC staff.

The **HRC hotline service** - a telephone information and support line - continues running in the premises of the MFC. The hotline facilitates migrant access to RC services and other NGOs by providing up-to-date information. The main requests are currently related to food and non-food items, medical care, interpretation/translation, social support, and information request regarding language classes. During the reporting period, 8,040 requests from individual beneficiaries and 1,131 requests from other services and organizations have been tended to. While the landline continues to be the most popular, migrants can also use WhatsApp/Viber to request information, representing 18 per cent of communications.

There is an increase in requests for **language learning** (English, Greek). All classes are at full capacity with a total of 194 students. Admission criteria have been established. An additional teacher joined the team in April.

The **Migrant Advice Bureau Service** (MABS) started in August 2017, focused on mapping existing services for migrants to provide them with relevant information. Since then, the MABS officer has assisted with paralegal consultations and practical procedures such as filling government forms, access to education and social security. 159 migrants have been provided with information since December, including on asylum seekers' rights and refugees' rights, procedures and family reunification, and the rights for children born in Greece.

Additionally, 656 individualized **social casework** interventions by trained professionals to migrants were completed, assisting them in their daily choices in Greece. The MFC also offers **psychological support**. The major issues relate to sleeping problems, memory problems and loss of concentration. Many refugees are referred from the language courses when they express not being able to concentrate and learn. Patients also sought help for eating disorders, parental skills, anxiety/stress symptoms such as panic attacks, loss of self-control usually, which were often linked to uncertain living conditions and waiting time of legal procedures. The majority are trying to deal with negative emotions, which affect family relationships and their own well-being. PSS activities have an additional aim of facilitating integration into the Greek context. The MFC also organized a seminar against bullying and racism for a group of African women. The participation was highly encouraging, and the students expressed their interest for other seminars with integration related issues. Staff has been provided with psychosocial training and support. Throughout the reporting period, two trainings with 23 participants, and three group support sessions with 43 participants were hold.

The MFC's **social space**, a free space for people to meet up with peers and to carry out a variety of activities, is popular especially in the afternoon and evening to use computers, play games, and socialise. There is access to internet, computers, printer and practical help in order to help refugees and migrants prepare for required meetings, consultations, interviews, applications as per their needs. Books, games and recreational activities such as music and craft activities are available.

Recently, the influx of migrants from the North has influenced the work of MFC, as a growing number of families without registration come directly to Athens and approach the MFC for support.

## Multifunctional Centre (MFC), Thessaloniki

The British Red Cross (BriRC) is supporting the HRC, with the IFRC, to run the MFC in Thessaloniki. The BriRC provides peer to peer support through short term exchange of staff from BriRC UK Refugee Services as well as key technical support from BriRC International Services. The MFC opened on 27 November 2017. At the MFC, migrants are now able to receive direct support to integrate and address their needs through services offered by staff and volunteers. Until March 2018, a total of 29 volunteers contributed 1,308 volunteer hours. The MFC also provides a base for the IFRC cash programme in urban Thessaloniki.

The MFC provides migrants with up to date information and guidance on existing service provision in Thessaloniki. This is done through **case work and orientation sessions** with a total of **331 case interventions**, notably in housing, shelter, health, asylum process and legal advice, relief, and PSS.

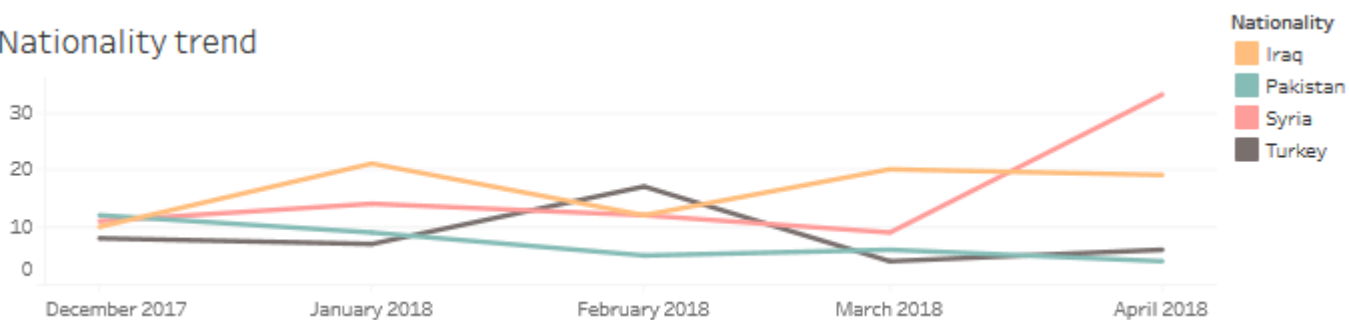
Among the people supported through case work, 82 per cent are male and 18 per cent are female.

The most common countries of origin include Iraq, Syria, Turkey and Pakistan, subsequently the major languages used are Arabic, followed by Turkish, Urdu and Sorani. During the month of April, an increase of Syrians has been observed.



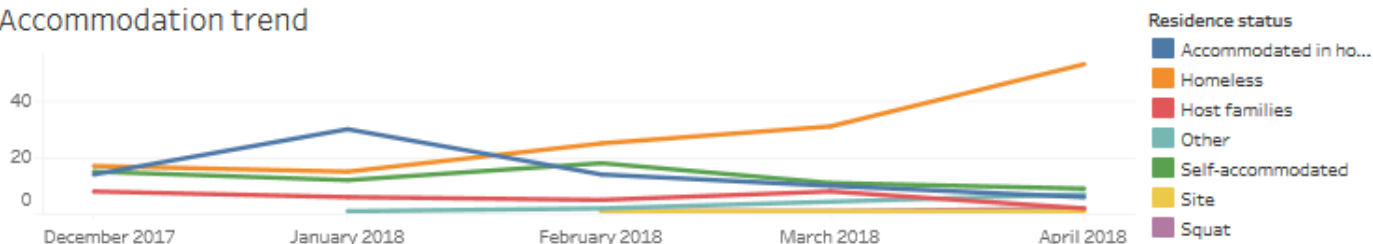
Casework at MFC Thessaloniki. Photo Cred: HRC

### Nationality trend



Regarding their status, a bit more than half of the people are asylum seekers (58 per cent) and approximately 8 per cent are officially recognised refugees. However, one third are undocumented migrants who are in a particularly vulnerable situation. It is important to note that the biggest group of beneficiaries reaching out to the MFC are homeless, which is a major issue increasingly faced, in which the MFC team supports by through communicating with UNHCR, as well as trying to map out possible solutions.

### Accommodation trend



As the cash programme requires a proof of residency, many requests are related to this, for which the MFC supports in obtaining the necessary documents. The MFC staff also mediates with other actors, whose beneficiaries are not meeting their basic needs, and referrals to other NGOs are considered. The MFC is establishing forms of cooperation between organizations, to build an effective referral system. Health, and particularly obtaining an AMKA card (which is a prerequisite to access free healthcare), vaccinations, and accessing hospitals, are key concerns. Financial support is also a frequent request from people seeking any other type of support, such as food or relief. This is a particular need for migrants who are not eligible for cash.

**Orientation sessions** started in February, with the aim of facilitating the integration of new arriving migrants, introducing them to the city and the relevant institutions and services. Prior to this, focus group discussions took place in Turkish and Arabic about information needs. The result of these FGDs influenced the design of the Orientation activities focusing

on access to Greek Health system and Asylum procedures. Booklets and flyers have been produced with maps of public services in Thessaloniki, about Greek health system, asylum procedures and for keeping safe during natural disasters. A total of 6,429 visits to the MFC were made between December 2017 to April 2018 (including for cash). Both MFCs will continue running under the Operational Plan (funding has been channelled through the emergency appeal until February 2018.)

### **Educational Health Station & Mobile Health Unit**

Output 2.4 Healthcare services to meet the needs of vulnerable migrants are provided by the Red Cross

<b>Indicators</b>	<b>Cumulative<sup>16</sup></b>
# of consultations registered at the EHS and Mobile Unit	9,776 (incl. 2,648 through the Mobile Unit)
# of vaccinations	3,039 (incl. 357 through the Mobile Unit)
# of accompanied referrals	5590
# of participants in health promotion and hygiene promotion sessions	1,240 (incl. 577 through the Mobile Unit)

### **Progress towards outcomes**

#### **Educational Health Station**

The EHS and the Mobile Unit, both supported by the Spanish RC, are covering the existing gap for the specific medical care for children in the urban area. Main services of the EHS include vaccinations and provision of health checks required for the enrolment of children into the public-school system. The EHS extended its working hours to 8AM – 6PM, starting in April. During the reporting period, consultations were conducted in Arabic, Farsi, Dari, Greek, English, Sorani, French, Urdu, Kurmanj, Turkish, Lingala and Pashtu. The following services were provided: Paediatric consultation (Primary Health Care), vaccination, student check, medicines supply, referral to other resources, health promotion activities. In total, 4928 consultations were received, 47 per cent of them female and 53 per cent male. The majority come for health check, and apart from this, the most common diagnoses are rhinitis and rhino pharyngitis, dermatitis, other skin infections, other gastrointestinal disorders, and lower respiratory tract infections. A total of 1,838 vaccination doses was provided to children, almost half of the administered doses were given to children under 5 years old. 81 health education sessions were provided to 603 participants, with an average knowledge increase of 65 per cent in topics such as child birth and postnatal care, feeding and nutrition, health services information, healthy living habits, and sexual health.

#### **Mobile Unit**

The Mobile Health Unit (clinic) is collaborating with over 18 actors (Public Authorities and NGO's) in the provision of health services. Since March 2018, a second Mobile unit has been established. During the reporting period, 1,886 medical consultations have been conducted, and 289 vaccination doses have been provided. 74 health education sessions to a total of 476 participants were delivered on topics including healthy living habits, sexual health and women's health. There was an increase in the request of RC health promotion activities from beneficiaries and other NGOs. During the reporting period, the MU created strong links with the different actors.

As lessons learned, the process for the migrants of obtaining the AMKA social number must be accompanied by the explanation of what it is for, how to use the national health services, to know the weaknesses and strengths of the Greek National Health System, since having AMKA does not guarantee a 100 per cent of access to the health services or medicines, including because of lack of interpreters. Support is needed in following up and supporting the migrants within the system.

#### **Accompanied referrals**

The accompanied referrals (ACCREF) project, supported by the Spanish RC continued with the aim of improving access of migrants and refugees to health services in the urban area of Athens and Chalkida. The ACCREF offers interpreters and cultural mediators - with good knowledge on the local culture and language - to accompany migrants and refugees to their appointments in the Greek public services and also during health emergencies. Staff are initially trained in cultural



Vaccination provision through the Mobile Unit. Phot Cred: Spanish Red Cross

<sup>16</sup> EHS and Mobile Unit started to be reported since appeal revision No. 3, the reporting period is therefore May 2017 – April 2018. However, these activities have been transferred to the Operational Plan beginning of 2018.

mediation and interpretation skills, the Greek public health system, health terminology, and information management. However, it was realized that many of the health appointments were related to protection cases, highlighting the needs for protection training. Also, the RC health team has trained the team on infectious disease to better respond to such cases.

Since the beginning, more than 5590 accompanied referrals have been made in person and through calls (4523 during the reporting period). With an increase in demand, the service is receiving an average of 60 requests per day, with 90 per cent related to health, followed by health emergency and social welfare. Social welfare assistance gives support in issues related to registration and bureaucratic tasks. Some requests are also related to protection. As the service is being provided to more agencies (NGOs) and public services, the demand for other languages has increased. While Arabic and Farsi are still the most requested languages, the service is increasing the numbers in covering Sorani, Turkish, Urdu and Pashtu. The staff placed in hospitals support internal needs of the hospital while the roving team provides support to the daily income of patients at different hospitals. The ACCREF training package has also been offered to public services, for their interpreters to improve their skills with the beneficiaries and public servants.

The EHS and the Mobile Unit have not been funded through Emergency Appeal, but are reported here for giving an accurate picture of the operation in Greece. Looking forward, the **EHS, ACCREF, and Mobile Unit will continue operating through the operational plan. Further updates will be reported in the first mid-year report of the operational plan in August 2018.**

#### **Community Engagement and Accountability (Urban approach)**

Output 2.2 Implementation of Red Cross programming is improved by taking into account migrant feedback and engage them actively in the implementation of Red Cross activities

Initial CEA activities were mainly being implemented on the islands and in the camps. CEA is currently focusing on adapting the approach to urban areas.

CEA is an integral part in all activities at the MFC Athens, but to improve reporting and using a common “CEA language” additional trainings are being provided to both volunteers and staff. In March some Greek students were trained through a rapid training as volunteers, including with an element of CEA, and in May all newly recruited staff will receive a CEA training. An area that is being addressed currently is to improve the way staff and volunteers approach people in the social space.

In Thessaloniki, CEA has been integrated since the start-up, and as the MFC is entering a more consolidating phase, it is receiving more attention. Most activities of the MFC relates to case management, and a feedback system linking to this has been set-up collecting several types of feedback including complaints, rumours and information requests through different channels is in place and so far, 943 feedbacks have been collected.

In the urban health programmes, CEA is still being developed. The ACCREF programme has received CEA and protection trainings, which is impacting how the interpreters are handling their clients and collecting feedback from them, but additional CEA training is planned for May. A feedback system has been set-up, but it can be further improved to make it more systematic.

Funding is currently channelled through the Operational Plan, and more detailed updates will be provided in the mid-year Operational Plan Report. However, as CEA is a cross-cutting strategy, it will continue being mainstreamed into the activities in the Emergency Appeal as well.

## **Basic Assistance**

**Outcome 4: The selected households have access to basic needs without adopting harmful strategies**

### **Relief**

#### **Progress towards outcomes**

While direct relief distributions by the Red Cross ceased in summer 2017, a stock of items remained and has been used as a contingency stock, available to other organizations and authorities responsible for camps and the ‘hotspots’ i.e. the first identification and reception centers (RICs) where migrants are first received. During the reporting period, major donations have been made to the Moria RIC in Lesbos and to the RIC in Kos. This has been done through a request by the authorities or NGO, and dispatched by HRC. This has helped organizations and authorities meet the basic need of migrants, as funding and the number of actors is going down. The RICs on the islands for example have had at worst double the population compared to their actual planned capacity.

During the reporting period 48,902 relief items have reached target population through either onsite distributions carried out by HRC teams or via donations to different public entities to meet the needs of populations that they have been dealing with in terms of assistance and support. More specifically, between November 2017 and April 2018:

- 44,056 relief items (hygiene items, shelter items, clothing and textiles) have been donated to RIC in Lesvos and Kos islands as well as to municipal agency of Levadeia (KEDHL).
- 4,846 relief items (hygiene items, clothing and textiles) have been distributed by HRC teams in Skaramangas, Ritsona, Nea Kavala sites as well as HRC UAM shelter in Athens.

Furthermore, it is important to note, that in April 2018, the IFRC donated the entire contingency stock to the Hellenic RC, under the agreement that they would be used for the humanitarian needs of migrants in 2018, and their use would be decided jointly. As of April the sizeable stock contained over 200'000 items with a worth of 750'000 EUR, and is a core part of the Movement's response capacity. The majority of the stock is located in Athens, with a small quantity in Lesvos.

Looking ahead, the use of the contingency stock will continue operating through the operational plan. Further updates will be reported in the first mid-year report of the operational plan in August 2018.

### Cash Programme for Host Population

#### Output 4.1 Vulnerable households received unconditional cash assistance through debit cards

Indicators	Cumulative
# of households received cash assistance	1,165
# of people reached with cash assistance	2,820
% of households with who used money for heating	86%

#### Progress towards outcomes

Due to the economic recession, high unemployment rate, decline of household income levels and increased poverty in Greece, electricity became an increasing burden on household expenditure. As a negative coping strategy, it is common that households do not use heating at all during the winter to cut down on their electricity consumption. Households have due electricity bills or have their power cut because of unpaid bills and household debt. HRC, funded through this appeal, has implemented a cash transfer programme to assist Greek vulnerable families to cope with the winter. It is an unconditional and unrestricted cash programme using debit cards. The Winter Cash Transfer Programme assists these vulnerable households by supplementing to their heating and electricity bills and by providing some additional cash assistance to enable them to have a number of personal items to keep warm at nights, such as electric blankets, warm quilts or warm clothes depending on the outstanding needs of each household.

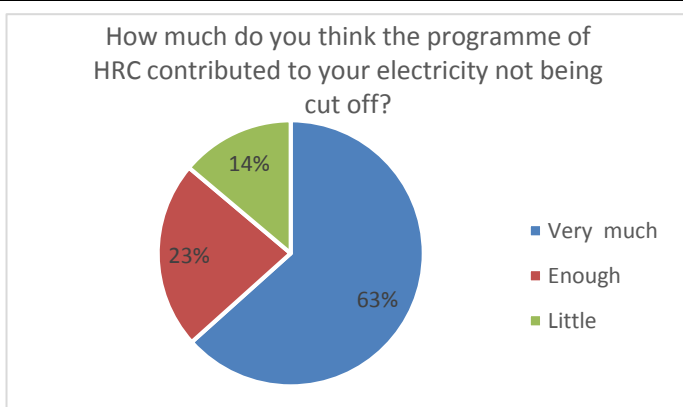
For this reporting period, the programme was expanded to four different locations where the HRC has Branches and where the local communities host refugees and migrants. The selection of beneficiaries was made based on economic and social criteria which was set by the HRC Social Welfare Division. Cash cards were distributed to **284 vulnerable households (667 beneficiaries)** to cover needs related to the heavy winter in four regions in Greece: **Kilkis, Ioannina, Chalkida, Piraeus**. These locations were also selected due to the population of migrants currently being hosted there, in order to reduce the tension between these communities.

Lastly, the low income area of Mandra was hit by a flash flood at the end of November. The flood affected almost the entire town, resulting in deaths, and the houses and assets within the houses were completely destroyed. After an assessment to determine who were the most affected and vulnerable, persons were also selected for cash support<sup>17</sup>. Again, the beneficiary selection was done by the Social Welfare unit, through household visits. Many of the items purchased by these beneficiaries related to being able to return to the damaged houses during the winter months, such as blankets, mattresses, clothes and heating (separate PDM). This experience also allowed the HRC to see how to use the acquired cash tools in response to a disaster.

### Post distribution monitoring

<sup>17</sup> In response to the floods, a DREF Operation was launched – refer to the DM section below for more information – however, the cash component was financed through this appeal.

For the vulnerable persons supported in Kilkis, Ioannina, Chalkida and Piraeus, a survey was completed with questions on the satisfaction level, beneficiaries' preference of transfer mechanism, and ways of spending the amount. **Feedback on HRC** was positive, with 100 per cent reporting to be satisfied with the behaviour and communication from the HRC staff and volunteers, and 97 per cent are satisfied with the implementation of the programme. Regarding the relevance and effectiveness of the intervention, 77 per cent evaluate the benefit for the coverage of heating expenses, electricity and warm clothing for the winter as good, and 63 per cent report that the CTP programme has helped very much for the electricity not to be cut off. Looking at the ways how the cash was spent (91 per cent have used it for electricity payments, 86 per cent for heating expenses, and 33 per cent have used it for warm clothing) it can be concluded that the programme has had the intended impact.



### Capacity building

The programme also had the objective of building capacity at the selected Branches, and to assist the HRC staff and volunteers to get familiar with the modality, the selection process, the distribution set up, the verification process and the post distribution monitoring process. Additionally, the HRC CTP team designs the training material and practical exercise for a number of CTP orientation workshops for HRC staff and volunteers aiming at increasing CTP capacity at both HQs and Branch level.

### Looking ahead

Under this Emergency Appeal, the IFRC will continue developing the capacity of the HRC to implement cash programming with the objective to be able to better respond to a new influx of refugees or to any other disaster in Greece. These capacity building activities will include training of staff and volunteers, sensitization of HRC branches and volunteers and the development of procedures to use cash programming to assist in emergencies (which is part of the DM development proposal).

### Cash Programme for Migrant Population

Output 4.2 Migrants received unconditional cash assistance through debit cards

Indicators	Coverage as of April 2018 <sup>18</sup>
# of households received cash assistance	5,136
# of people reached	11,734

### Progress towards outcomes

In 2018, the IFRC continued its partnership with UNHCR under the Greece Cash Alliance (GCA) programme in provision of a unified cash assistance to migrants in Greece towards meeting their basic needs. IFRC furthermore took on a larger role, becoming the cash provider for all of northern Greece.

During the reporting period, Sites/Camp activities continued to be implemented through Stakeholder meetings, CEA, Enrolment/Certification, Card Distribution, Card loading, and Help Desk activities. In 2018, upon a new application, IFRC was established again as one of the three implementing partners under the GCA. The caseload and geographical areas have increased, with a total number of beneficiaries reaching 11,734 by the end of April in all sites and urban locations. The implementation of activities is being delivered in 16 sites and at the Multi-Functional Centre (MFC) in Thessaloniki. Sites currently include Nea Kavala, Alexandria, Veria, Kato Milia, Diavata, Lagadikia, Serres, Drama, Kavala, Koutsochero, Volos, Konitsa, Doliana, Filipiada, Katsikas, Agia Eleni; as well as the urban locations in North, Epirus, and Thessaly. The programme is implementing a 'remote' or Desk certification procedure. This methodology was previously piloted and finally approved at the end of 2017, and incorporated into the new cash assistance programme design. Meaning that beneficiaries are physically verified by the CTP team quarterly, and for the other months verification relies on the agency responsible for each site.

The programme is also investing in **building the capacity of the HRC**. Since February the use of the HRC volunteers has been re-introduced which entailed introductory meetings with the Ioannina, Larissa, Thessaloniki, Arta, and Kilkis branches and follow-up training sessions in each branch on the CTP program and field operations. The aim is establishing a pool of operational volunteers at branch level who gain experience in both the migrant cash program and the HRC cash assistance for vulnerable Greeks. The topics include the CTP program as a whole, the selection criteria, the weekly and monthly payments, the field activities and related IM processes (summary). It is focused on the role they will assume

<sup>18</sup> The cash programme for migrants has been transferred to the Operational Plan in January 2018, however, numbers are reported until April 2018. Further updates to be provided in the mid-year report of the Operational Plan.

in the field (crowd control and spot-checks), beneficiary communication, and a particular focus is placed on security and IFRC procedures.

The significant increase of new people arriving through the Evros (refer to description of context) also affected the work of the Cash team. More people than usual needed to be put on the waiting list. By the 27 April, IFRC has enrolled 326 people and another 390 remain on the waiting list. This number might increase significantly, if authorities start officially registering people to camps (criteria for eligibility). The situation in some of the sites where the new people are being allocated has deteriorated in certain instances due to tensions between the old and new residents.

### Monitoring, Impact and Accountability

The plan is to conduct process monitoring PDMs on a monthly basis, and impact monitoring PDMs on a quarterly basis. The PDMs for Process Monitoring aim to assess four aspects of the programme process: accountability, process, accessibility and card usage. In terms of accountability, results show that 96 per cent of the respondents are satisfied with the interaction with IFRC staff, and about 67 per cent are satisfied with the validation process.

A round of FGDs was conducted in January and February 2018. People express that cash increases their sense of dignity and independence. It allows people to make their own choices and decisions what they need, and to access service, to buy what they need urgently including food, phone credit or to have cash on hand when needed. Major concerns include the lack of information regarding the duration of the programme, and that the amount is not sufficient, particularly for families, as expenses related to children are more than adult-related expenses. Sometimes they have to decide whether to spend the cash in food or in medical expenses. Furthermore, it is difficult to cover transportation and medicine. Additional assistance particularly for the winter, for families with new born babies, babies or members with special needs and chronic health problems is requested.

### Looking ahead

During the reporting time IFRC increased its role and tasks, working towards a more sustainable implementation model based on a reduced frequency of field visits and a single point solution of delivery, such as using the MFC in Thessaloniki in delivering cash to the urban settled beneficiaries. Moving forward the RC team is in a well-placed position to continue the implementation with UNHCR, and further increase its role and tasks. The key question is preparing for an exit of humanitarian actors and a handover to Greek authorities, which is scheduled for January 2019.

This activity will continue under the Operational Plan for Greece 2018. Future updates will be provided in the mid-year Operational Report.

## NATIONAL SOCIETY DEVELOPMENT

Developing the capacity of the HRC has been an integral component of the appeal as the impact of any given operations is dependent on the strength of the National Society. Therefore, capacity building efforts have been focusing on strengthening the volunteer network and management mechanisms, improving overall processes and support systems, equipping HRC staff and volunteers with adequate skills. For 2018, the approach will tilt more towards having HRC - driven programmes and capacity building, compared to the need for quick delivery characterizing the first phases of the operation

### National Society Development

**Outcome 5: NS capacity is strengthened in volunteer management, logistics and IT, admin and finance, contributing towards an adequate response and ensuring development and sustainability**

#### Volunteer Management

Output 5.1 Relevant recruitment and training delivered to volunteers

Output 5.2 Relevant support is provided to volunteers and staff through a standardized VM policy, monitoring meetings and technical advice/events and other materials

Output 5.3 Centralized online national database for all RC volunteers mobilized (not materialized)

Indicators	Cumulative <sup>19</sup>
# new Greek volunteers recruited	468
# migrant volunteers recruited	136
# of volunteer and staff coordination meetings ( <i>target: 12</i> )	14*
# of volunteer training delivered to migrant volunteers ( <i>target: 8</i> )	9*
# of volunteer training delivered to Greek volunteers ( <i>target: 8</i> )	9*
# of HRC volunteer hours	172,357
# of volunteer recognition events ( <i>target: 4</i> )	3*

<sup>19</sup> Total numbers provided from September 2015 – February 2018, until the exit of the camps. Indicators marked with asterisk have been added in the latest appeal revision, and cover the period May 2017 – February 2018.

# of volunteer visibility material procured ( <i>target: 200</i> )	200 jackets, vests, polo, hats
# of volunteer training materials produced and disseminated ( <i>target: 300</i> )	Used from existing stocks
Centralised database established ( <i>target: 1</i> )	0 ( <i>the online database was not approved</i> )
Volunteer Management policy ( <i>target: 1</i> )	1 ( <i>the existing VM policy of HRC was applied</i> )

### Progress towards outcomes

HRC volunteers continued being an integral part of the response of the operation. Since the beginning of the operation, a total of 1.865 HRC volunteers were engaged, offering more than 172.357 hours of voluntary work. From this total number, 1.261 were existing volunteers from all the HRC Divisions (Nursing, Samaritans/Rescue and Social Welfare) and 604 (468 Greeks + 136 migrants) new Red Cross Volunteers, who got the Fast Track Training and specialized in supporting the different operational sectors. In terms of gender composition, the profile of HRC Volunteers consists of 16 per cent male and 84 per cent female; the majority of which are women from 31-55 years old (34 per cent).



Fast-Track Trainings were provided to new recruited volunteers. Photo Cred: HRC



HRC volunteers have been integral to the response of the operation. Photo Cred: HRC

Participation of migrants as HRC volunteers has been a big achievement in this operation as their assimilation has helped bridge Red Cross and the target population. At the same time, many migrant volunteers have expressed that they appreciated the chance to be included and incorporated, and that this has given them honour. This was particularly relevant for all CEA activities. Migrant volunteers engaged 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. During RC's exit, volunteers have been instructed to approach MFCs and other HRC services in case they wanted to continue. However, while the migrant volunteer programme can be considered as a huge success, there has been less success in integrating the migrant volunteers as longer-term volunteers for the National Society, beyond their use in specific programmes.

HRC volunteers from all departments were recognized at an event in Athens on 13 December to mark 'World Volunteer Day'. Emphasis was given to the "Volunteering from Generation to Generation in HRC" as the VMT considered it very important to give honor to volunteers who disseminate the priceless value of Volunteering through the generations in order to support all those who are in a big need. People who had been granted refugee status in Greece and had joined the RC to support other people arriving in the country were also awarded. This celebration was a big achievement. A video was produced beforehand, with the involvement of volunteers from all. This, in addition to very close cooperation with head of divisions, increased the unity among volunteers.

### Logistics

Output 5.4 Relevant training provided to HRC HQ logistics staff on operation and logistics emergency response

Output 5.5 Existing capacity of HRC logistics department is assessed

Output 5.6 Warehouse inventory system is improved through LoGic training

Indicators	Cumulative
# Assessment report produced on existing capacity of HRC Logistics Department ( <i>target: 1</i> )	1
# Relevant training provided to HRC HQ Logs staff on operation and logs emergency response ( <i>target: 2</i> )	1
Warehouse inventory system is improved through LogiC training ( <i>target: 1</i> )	1

### Progress towards outcomes

The capacity building of HRC's logistics team has been significant throughout the Appeal timeframe. The operation logistics activities were extremely crucial in effectively managing the supply chain, which included procurement, clearance, warehouse management and storage and delivery of relief items to the distribution sites. Activities planned for this output have been completed during the previous reporting period. Out of the four planned activities listed in the revised Plan of Action (indicators above), three activities were achieved, and the results of these activities have been visible. Due to the shortage of funding, one planned training could not be conducted.

During the reporting period, the HRC person responsible for logistics participated in the Global Logistics Training held in Finland in April 2018. The aim of this training is to increase the IFRC and NS logistics response capacity by increasing the number of trained National Society logisticians on IFRC standard logistics tools and procedures.

As a follow up of the assessment on the existing capacity, the upgradation of the current HRC central warehouse in Kolonos is currently ongoing and a 'disposal committee' has been organised to clear out some items that have been stored in the HRC warehouse for a long time to allow for more space in the warehouse in order to accommodate the left-over stocks from the Emergency Appeal Migration Operation. This activity will further continue under the Operational Plan for Greece 2018 where we are seeking funding to refurbish and improve the conditions of the HRC central warehouse.

#### Admin and IT

Output 5.7 HR, admin and finance systems developed and upgraded

Output 5.8 HRC HR, administration and finance staff provided with training

Output 5.9 Improved internet connectivity and security

Output 5.10 Equipment purchased and utilized

<b>Indicators</b>	<b>Cumulative</b>
# systems upgraded (completed during previous reporting period)	1
# HRC staff trained	53
# equipment purchased (completed during the previous reporting period)	1

#### **Progress towards outcomes**

In order support the HR, administrative and finance staff involved in the operation, trainings continued throughout the reporting period. Capacity building to both IFRC and HRC staff was done through excel trainings for basic and advanced levels. In December, 8 IFRC staff members participated in an Excel training in order to better support their HRC counterparts. For 17 HRC staff members, an excel training started in October and continued until December. Furthermore, English lessons were provided to four people in total, three of them from finance, one of them from CTP.

Equipment (PCs, mobiles, etc) and other assets purchased during the operation, and not needed anymore due to the smaller scale of the activities, will be donated to the HRC in May 2018 to strengthen its capacity.

Furthermore, key elements of capacity building as well as some key strategic organizational development activities to support the reform of the HRC have been included in the Greece Operational Plan for 2018. However, due to the internal constraints affecting the governance of the HRC (integrity case, changes in governing board, upcoming elections, etc) most of these activities have been put on hold as they require long term engagement and ownership that was not possible during the first months of 2018.

## **Other key programmes**

### **Outcome 6: HRC disaster response capabilities are improved**

#### **Disaster Preparedness and Risk Reduction**

Output 6.1 A National Disaster Response Team is developed

Output 6.2 Hazards, threats scenarios and resources are mapped

Output 6.3 Contingency stocks in place to prepare for new influx of migrants (emergency basic items for 10,000 people and emergency shelter for 200 families)

Output 6.4 Branch disaster response teams are developed and equipped with basic equipment

<b>Indicators</b>	<b>Cumulative</b>
NS response plan is in place.	1
# of NDRTs and BDRTs developed.	0
Disaster risk analysis and management studies completed.	0
# of resource maps completed.	3
# emergency shelter items prepositioned	237,689 <sup>20</sup>

<sup>20</sup> Including 234,357 NFIs and 3332 shelter items. The contingency stock no longer contains food to go kits.

# of NFIs and food to go kits prepositioned	
# of local branches received new equipment	0
# of volunteers trained in disaster response	0
# of new training courses developed	1
<b>Progress towards outcomes</b>	

Due to the difficulty of obtaining a delegate deployed by a PNS, most of the work had been on hold, causing major delays in the planned activities. Finally, a DM delegate was identified by IFRC, and started his work in January 2018. A DM officer for the HRC has also been hired in March 2018 with the main goal of supporting the capacity building for disaster preparedness. The disaster preparedness work is now in the right gear, and one of the key reasons for extending the Emergency Appeal is to ensure sustainable results for the investments already done. Furthermore, the first half of the year is the right time to build capacity, as the second half tends to be more operational in Greece (forest fires, floods).

Major outputs during the last months include:

The National Society carried out a **“Well Prepared National Society”** self-assessment in February, which identified the key areas to improve towards the establishment of an effective preparedness for the response. As an example, the National Society wanted to prioritize the following actions for preparedness: 1. Development of DM policy and strategy, 2. Practical procedures, including for support services, when an emergency is announced, 3. Increasing assessment and data collection capacity, 4. A CTP preparedness is established.

The existing **migration contingency** plan has been updated and turned into a more operational plan with clear outlined roles and responsibilities. A Contingency Plan kick-off meeting was held in February. The meeting allowed the identification and description of the areas of intervention of the HRC in the case of significant increase of **migrant arrivals**. The need of an established emergency structure, when an emergency is announced, such as a designated emergency coordinator, was also agreed. Based on the meeting, an operation response strategy is being developed, which forms part of the migration contingency plan of the Hellenic RC. It is important to note, that input was given by the different divisions/departments of the HRC in a participatory way. As a result, the HRC now has a migration contingency plan with a scope of an influx of 10,000 migrants to cover specific parts of their basic needs (see contingency stock below, the scope will be changed to 8,000 after this update). Danish RC and ICRC were also supporting the process. The HRC, through a contingency planning workshop also identified floods and earthquakes as the disasters that they want to develop contingency planning on.

**Disaster preparedness contingency stocks.** After this update, as a **modification**, in view of the use of the stock to meet the humanitarian needs of migrants in the camps through donations to SMS agencies or authorities responsible for the camps during the reporting period, the figure for the people that can be assisted with basic immediate shelter needs, and covered in the contingency plan for migration, will be **reduced from 10,000 to 8,000**. Furthermore, it is important to note, that at the end of April, the IFRC donated the entire contingency stock to the Hellenic RC, under the agreement that they would be used for the humanitarian needs of migrants in 2018, and their use would be decided jointly. As of 18 April, the sizeable stock contained over 200,000 items with a worth of EUR 750,000 and is a core part of the Movement’s response capacity. Most of the stock is located in Athens, with a small quantity in Lesvos. Looking forward, the use of the contingency stock (output 6.3.) will be reported under the Operational Plan 2018.

The NS is in the process of establishing a **National Disaster Response Team (NDRT)**, along with **Branch Disaster Response Teams (BDRTs)** in selected branches. At least 1 BDRT will be formed in 2018. One of the challenges of the NS is the near complete lack of cooperation amongst different divisions/departments of the NS. These teams will be comprised of members from different divisions of the NS, who have experience with Response Operations and different specialisations. NDRT members can act as focal points in the event an emergency is declared. BDRT, when available, can manage the operation at the field level and coordinate with the National Structure as required (assessments, activation of areas of intervention, identify required resources). In March, the focus has been on developing the ToRs, defining the competencies of the team members through a workshop. Currently, the team to be trained would have: 3 team leaders, 2 persons per area of intervention and 1 person per support service, for a total of 20 persons.

As a **modification** to Emergency Appeal, we are adding to the activities under this output the process of developing the **Emergency Health Unit** (a mobile clinic as a national response unit) and an **Emergency PSS unit** (mobile PSS team) (**EHU, EPSSU**) for the Hellenic RC. The HRC has developed the draft Terms of Reference for the EHU, and for the EPSSU, outlining the Objective, Purpose, Roles and their required competencies and responsibilities, deployment mechanism. The key steps to converting these into a reality will include: defining and having in place the necessary equipment, pre-agreements for necessary medicines/consumables, a roster of staff and volunteers that are committed to being available, and a training path including an exercise.

## Mandra Floods Operations

HRC continued responding to disasters occurring in Greece. On 15 November flash floods hit the Attica region; Mandra – a town of 13,500 people – was the most severely affected. The most immediate impact was the loss of life, with 23 deaths reported. The second, and broader impact, was on the basement and ground floors of buildings in the city. The response by the HRC was immediate, and at the request of the Greek Civil protection. With the support of IFRC, HRC applied for DREF (DREF EPoA can be accessed [here](#), and a related operations update [here](#)). The trained volunteer corps of the Samaritans was deployed on the day of the disaster. The vicinity to Athens made it possible to maintain a 24/7 presence for the first 1.5 weeks after the disaster. The Samaritans conducted: patrols (in shifts 24/7), first aid, search and rescue missions, assessment of the situation/damage of households (in cooperation with IFRC through questionnaires), removal of debris, coordination with local authority and civil protection, water distribution, pumping out of water from households and cleaning, emergency electricity provision on the first day through generators, and distribution of food and water to the fire brigades. As for relief, the IFRC contingency stock was also deployed and distributed to the inhabitants of Mandra, based on the assessment of the HRC. Lastly, in view of the psychological impact of the crisis, the HRC deployed PSS teams that gave assistance by visiting households. Additionally, many households that were already among vulnerable Greeks, had their household assets destroyed and depleted, resulting in compounded vulnerability and recovery needs. They were therefore considered in the cash for Greeks programme (see section on Basic assistance).

As a lessons learned of this operation, the need to build HRC's capacity in applying for a DREF fund on its own became clear. As a follow up, the HRC conducted a **DREF training** the 24th of April, supported by the Regional Office Europe. The training consisted on a first session with a presentation about the DREF mechanism, explanation, procedures, types and selection criteria, followed by a simulation exercise where 21 participants from different technical units at HQ and from branches, based on a flooding disaster scenario, had to develop an Emergency Plan of Action for a DREF operation.

## Looking ahead

- **NDRT:** following the identification of the members the NDRT will be trained in June.
- **Emergency Units:** Following the recruitment of members, the HRC will deliver training for the EPSSU and the EHU in June. The trainings are organised in a two days session, with the first component on disaster management, focus on the response components and the emergency mechanism of the HRC; and the second day on the technical part - health in emergencies and PSS/PFA.
- **Flooding Contingency Plan:** The HRC Contingency Plan for Floods is currently being developed and is expected to be finalised in July. The contingency plan for earthquakes will be done later in the year.
- **BDRT In Lesbos:** In coordination with the Danish Red Cross, a first meeting is being organised with the HRC Lesbos Branch to discuss around the island main hazards and the current emergency response capacity. Based on the identification of the HRC capacity, the profile and identification of BDRT will take place, followed by training.
- **CTP SOPs:** A working session has been scheduled in May between the HRC CTP Coordinator, IFRC Regional CTP Coordinator, IFRC Greece CTP Coordinator, HRC DM Officer and IFRC DM Delegate, for the development of simple CTP SOPs for emergencies (small operations).
- **Support services emergency procedures:** To ensure that the HRC can efficiently respond to disasters, it is necessary to develop the administrative procedures (Finance, HR, Procurement) suitable for quick action in disasters, with rapid procedures clear roles and responsibilities.
- **Training in emergency assessment:** A training focus on emergency assessment needs to be organised for the HRC as currently there is no assessment capacity nor mechanism in place for the gathering and analysis of emergency information; this is currently done in an ad hoc basis by the different divisions, and little is put in written.
- **Simulation exercise:** A simulation exercise will be scheduled for early September for the National Mechanism. The aim is to bring together the HQ response structure, NDRT, Emergency Units and representatives from Branches to evaluate their level of coordination and understanding of the HRC Response mechanisms, based on a national scale disaster scenario. This activity depends on the level of progress on the ongoing preparedness activities.

## Restoring Family Links

### Progress towards outcomes

The RFL services during this period have been provided by the HRC Tracing Service with technical and financial support of the ICRC. RFL has carried on with the provision of support in registering and tracing missing migrants who have been separated by their relatives, as well as assisting migrants to re-establish contact with their beloved ones via three-minute phone calls, Wi-Fi communication and battery charging units for mobile phones.

Furthermore, RFL has also been highly involved in the DM activities (see above), towards strengthening the RFL capacity and coordinating during emergencies.

## Quality programming

### Outcome 7: Effective response to the operation is ensured

Output 7.1 The operation is informed by continuous and detailed assessment and analysis is conducted to identify needs and gaps; and select vulnerable recipients for rendering relief services; plan is revised accordingly

Output 7.2 The management of the operation is informed by a comprehensive monitoring and evaluation system

Indicators	26 October to 30 April
# of partnership coordination meetings	0
# of evaluations and lessons learned conducted	12
Monitoring systems in place	*refer to narrative

### Progress towards outcomes

During the reporting period there was no need for a partnership coordination meeting involving a significant number of NS, however, numerous meetings were held among Movement partners in Greece. The Cooperation Management Group (CMG) as well as several Technical Working Groups (CEA, Protection) meet regularly during the first months of 2018. These meetings had the participation of HRC, ICRC, IFRC, Spanish RC and Danish RC.

During the reporting period, four formal assessments were conducted. In November 2017, three assessments were conducted, a rapid needs assessment for accompanied referral services in the North, one on the floods in Mandra, and a needs assessment by Danish RC and HRC to provide information on the needs and gaps in services for migrants residing in urban areas in Central Athens. The outcome from this assessment has informed the development of the services at the MFC Athens. In April, the IFRC, HRC and ICRC conducted a joint assessment to northern Greece, in view of the large amount of new arrivals through the land border. Lastly, programmes were reviewed for cross-cutting issues (gender and disability, protection and CEA – see relevant sections).

As for monitoring, data collection with ODK and linked to dashboards allowed real-time monitoring. Monitoring visits to the field by the Programme Coordinator and technical leads were also frequently conducted; reports were collected from all sites, compiled and circulated on a (bi-)monthly basis. Satisfaction surveys and in some cases, exit and impact interviews were employed. For Cash programmes, PDMs were conducted to assess the satisfaction with the process of the cash distribution as well as the potential impact. Inputs from the CEA teams (via household surveys, face to face meetings, feedback, suggestion boxes) also provided valuable insights.

Lessons learned studies and reviews conducted during the reporting period include:

- **Mandra Floods response.** IFRC facilitated a multi-sectoral lessons-learned session with the participation of the different HRC units and management. This report has informed the DM development work in 2018. This helped the HRC acknowledge a number of points to strengthen e.g. fundraising mechanisms, but also acknowledge the meaningfulness of their holistic response to the disaster.
- **CTP.** IFRC participated in a study by the Cash Learning Partnership (CaLP) on the current operational mode employed by the Greece Cash Alliance (GCA) in delivering the multipurpose cash grant in Greece. The study has been published in April and can be accessed here. Other lessons learned on CTP was also conducted by the Austrian and British RC.
- **PSS.** Lessons learned on PSS was conducted in February 2018, gathering Lessons Learned from the Red Cross PSS operations in Greece for the period 2015 to 2018.
- A survey on mental health and psychosocial wellbeing of migrants residing in Moria camp, Lesbos, was done by Danish RC in November 2017
- Lessons learned on PSS in urban settings has been conducted by the MFC in December 2017
- A staff counsellor review summarized the staff care services that were provided to the national staff during 2017 at the Red Cross Migration Relief Operation in Greece and to present the key points and lessons learned obtained.

- **CEA.** A workshop analysed how CEA was mainstreamed during the operation from 2015 – 2017, bringing together the experts from the field who have been engaged in the day to day CEA implementation.
- **Protection. UAM shelters.** An external consultant completed an internal evaluation for HRC at the UAM shelters in Alkiviadou and Kalavrita during January and February. The consultancy aimed to provide key recommendations for improving the programme quality in both shelters.
- **Gender, Disability and Diversity.** conducted review by IFRC/ICRC consultants reviewed CTP and MFC programmes, with the aim to identify gaps and strategies for ensuring that women and men of all ages and abilities have access and benefit from RC services.
- **Programme reviews.** Internal reviews by CEA and Protection have been conducted for CTP and for the MFCs, further reviews are planned for the upcoming months.

A wider external evaluation of the whole Emergency Appeal will be commissioned in the third quarter of 2018 focusing on evaluating the effectiveness and relevance of the RC actions implemented under the Emergency Appeal for Greece, and looking at the overall movement coordination.

## Operational support services

### Human resources

During the reporting period, the scaling down of human resources for the camps and the other support staff (Human resources, Finance, Administration) was done gradually and in close collaboration with the field officers from Spanish RC and Hellenic RC. The plan was to gradually pull-out from the camps. The scaling down was conducted over two phases: first phase was in December 2017, where RC began minimizing the teams in the camps and then eventually exiting Nea Kavala and Ritsona in January 2018, and Skaramagas in February 2018. However, as there were some delays from KEELPNO in hiring their medical staff, the plan had to be amended for Ritsona; and RC exited in February 2018. However, during this period, the Accompaniment Referral programme continued to expand with new recruitments to cover new needs in addition to the hospitals. By 1 March only 35 national staff remained involved in the Multipurpose Cash Program, CEA, Protection, DM, Coordination and Support services.

### Logistics and supply chain

The logistics department continued supporting the operation specifically in the areas of procurement, warehousing, and transportation. Remaining stocks in Chios and Kos have been transported back to Kamatero Warehouse in Athens. Lesvos warehouse remained rented until February 2018 retaining a small stock in view of Lesvos's strategic location, as per request of HRC and part of Danish Red Cross capacity building of the local branch. The logistics department also continued coordinating with different organisations and Greek Government departments regarding transportation and donating goods to the RIC Lesvos. IFRC stocks were maintained as a contingency and used on different occasions which included donating them to NGOs and authorities for the humanitarian needs of migrants in Greece along with distributing them in camps where RC was present. For the upgrading process of the warehouse, a key issue will be the disposal of old unused HRC items. Throughout the reporting period the number of rental vehicles types (monthly or daily) varied according to the needs of the different programmes and activities in the North and Attika Region. Furthermore, the logistics team supported the Operation for Floods Disaster in Mandra by providing 3rd Party Rental Vehicle Services, transporting and delivering items for distribution to the beneficiaries in the affected areas and performing procurements.

### Communications

Communication activities continue on a reduced basis. Since the IFRC communication coordinator finished her contract in December, the communication manager of the regional office as well as the Senior Humanitarian Affairs officer in Greece took over most of the communication tasks.

Major communication material produced during the reporting period include:

- Photo-blog story for World Migrants Day in December
- A press release about the camp exit in mid-February, both in English and Greek.
- CEA snapshot (in English and Greek) was produced February and further communicated to all Embassies of the European Union member States in Greece, to the relevant Ministries and Authorities as well as the International and Local NGO's and Organizations operating in Greece.
- In March, IFRC issued a reactive statement regarding its mission and cooperation with the HRC. The statement was released to Greek Media and had a big coverage in some of the biggest newspapers and News Portal of the country (Huffington Post, Athens Voice, Proto Thema etc.)
- IFRC produced facts and figure documents on a monthly basis, distributed for use and publication to 190 Red Cross and Red Crescent National Societies, shared with donors and partners.

Reactive media responses have been delivered with attention to reputation management and dissemination of reactive lines to key IFRC offices and partner national societies. IFRC and HRC continue to receive weekly updates from national and international media through the distribution of the weekly media round-up. Papers for internal use continued being produced, such as a paper 'EU-Turkey Deal Analysis'. The IFRC was also engaged in the inter-agency advocacy working group.

## Security

Over the last months (late 2017 and early 2018) a deterioration of the security situation was felt in Skaramagas, due to the absence of access control and camp management. This point was raised repeatedly by us and by other organisations to the Greek authorities but unfortunately the situation was not addressed (at the time we left the camp in February 2018). Another element that contributed to tension over the last months was the increasing presence of unregistered persons of concern in some of the camps like Skaramagas (ECHO action) or Koutsochero (cash program) and their expectations to be served.

Following the finalisation of IFRC regular engagement in accommodation camps, the significant reduction of IFRC staff and activities, and the absence of a fully dedicated security focal point, the IFRC security regulations for Greece were reviewed and adapted to this new situation.

## Planning, monitoring, evaluation, & reporting (PMER)

The existing planning, monitoring and evaluation and reporting (PMER) system of the operation continued to be supported with the presence of an IFRC PMER delegate in-country until the end of March 2018, and technical support from the regional office as needed. A national PMER officer was recruited in December.

The PMER team continued to closely collaborate with the Spanish Red Cross IM team who has been instrumental in implementing a harmonized data management system using Open Data Kit (ODK) as well as other data collection tools. In 2018 the IM team has been significantly reduced to only one national staff. The focus is therefore on keeping the system running, and for now the discussion will be focused on HRC staff training.

## Contact information

**For further information specifically related to this operation please contact:**

### In the Hellenic Red Cross in Greece

- **Angeliki Fanaki**, HRC EA Head of Operations/Head of HRC International Programs, Public Relations & Communication Office  
phone: +302103609825; email: [pr@redcross.gr](mailto:pr@redcross.gr)

### In the IFRC Country Office in Greece

- **Ruben Cano**, Head of Country Office  
phone: +30 695 750 8929; email: [ruben.cano@ifrc.org](mailto:ruben.cano@ifrc.org)
- **Sofia Malmqvist**, Programme Coordinator  
phone: + 30 6981667750; email: [sofia.malmqvist@ifrc.org](mailto:sofia.malmqvist@ifrc.org)

### In the IFRC Regional Office for Europe

- **Christophe Lobry-Boulanger**, Head, Europe Migration Response Operation  
phone: +36 1 888 4500; email: [christophe.lobryboulanger@ifrc.org](mailto:christophe.lobryboulanger@ifrc.org)
- **Olga Dzhumaeva**, Partnerships and Resource Development Coordinator  
phone: +36 1 888 4500, email: [olga.dzhumaeva@ifrc.org](mailto:olga.dzhumaeva@ifrc.org)
- **Dorottya Patko**, Planning, Monitoring, Evaluation and Reporting Manager  
phone: +36 1 888 4526, email: [dorottya.patko@ifrc.org](mailto:dorottya.patko@ifrc.org)

### In IFRC Geneva

**Programme and Operations focal point:**

- **Susil Perera**, Senior Officer, Response and Recovery  
phone: +41 22 730 4947, email: [susil.perera@ifrc.org](mailto:susil.perera@ifrc.org)

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## 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 (NGOs) 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.

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**.

REVISED EMERGENCY APPEAL

17/05/2018

MDRGR001 Greece : Population Movement

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	361,033			361,033
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	1,165,794			1,165,794
Construction - Materials	0			0
Clothing & Textiles	1,647,834			1,647,834
Food	2,232,683			2,232,683
Seeds & Plants	0			0
Water, Sanitation & Hygiene	1,885,513			1,885,513
Medical & First Aid	588,653		123,549	712,202
Teaching Materials	52,735		1,120	53,855
Utensils & Tools	176,817			176,817
Other Supplies & Services	1,308,648		26,179	1,334,827
Emergency Response Units	0		3,281,874	3,281,874
Cash Disbursements	2,882,089			2,882,089
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>12,301,800</b>	<b>0</b>	<b>3,432,722</b>	<b>15,734,522</b>
Land & Buildings	0			0
Vehicles	29,448			29,448
Computer & Telecom Equipment	230,650			230,650
Office/Household Furniture & Equipment	12,355			12,355
Medical Equipment	0			0
Other Machinery & Equipment	0			0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>272,454</b>	<b>0</b>	<b>0</b>	<b>272,454</b>
Storage, Warehousing	499,204			499,204
Distribution & Monitoring	414,698			414,698
Transport & Vehicle Costs	1,242,145			1,242,145
Logistics Services	314,954			314,954
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>2,471,001</b>	<b>0</b>	<b>0</b>	<b>2,471,001</b>
International Staff	10,016,043			10,016,043
National Staff	4,455,037		55,556	4,510,593
National Society Staff	5,037,490		124,140	5,161,630
Volunteers	537,519			537,519
<b>Total PERSONNEL</b>	<b>20,046,089</b>	<b>0</b>	<b>179,696</b>	<b>20,225,785</b>
Consultants	270,000			270,000
Professional Fees	449,617			449,617
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>719,618</b>	<b>0</b>	<b>0</b>	<b>719,618</b>
Workshops & Training	609,777			609,777
<b>Total WORKSHOP &amp; TRAINING</b>	<b>609,777</b>	<b>0</b>	<b>0</b>	<b>609,777</b>
Travel	1,180,532		4,266	1,184,798
Information & Public Relations	480,076			480,076
Office Costs	807,602		3,648	811,250
Communications	192,739		4,640	197,379
Financial Charges	203,024			203,024
Other General Expenses	672,108			672,108
Shared Office and Services Costs	32,595			32,595
<b>Total GENERAL EXPENDITURES</b>	<b>3,568,675</b>	<b>0</b>	<b>12,554</b>	<b>3,581,229</b>
Partner National Societies	0			0
Other Partners (NGOs, UN, other)	0			0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme and Services Support Recovery	2,599,312	0		2,599,312
<b>Total INDIRECT COSTS</b>	<b>2,599,312</b>	<b>0</b>	<b>0</b>	<b>2,599,312</b>
Pledge Earmarking & Reporting Fees	109,696	0		109,696
<b>Total PLEDGE SPECIFIC COSTS</b>	<b>109,696</b>	<b>0</b>	<b>0</b>	<b>109,696</b>
<b>TOTAL BUDGET</b>	<b>42,698,422</b>	<b>0</b>	<b>3,624,972</b>	<b>46,323,394</b>
<b>Available Resources</b>				
Multilateral Contributions	39,325,150			39,325,150
Bilateral Contributions			3,624,972	3,624,972
<b>TOTAL AVAILABLE RESOURCES</b>	<b>39,325,150</b>	<b>0</b>	<b>3,624,972</b>	<b>42,950,122</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>3,373,271</b>	<b>0</b>	<b>0</b>	<b>3,373,271</b>