

Final Evaluation of IFRC Emergency Appeal Greece: Population Movement, 2015-2018



Final Report, 8 February 2019



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List of Acronyms

ACCREF	Accompanied Referrals
BDRT	Branch Disaster Response Team
CEA	Community Engagement and Accountability
CCCM	Camp Coordination and Camp Management
CFS	Child-Friendly Spaces
CTP	Cash-Transfer Programme
DREF	Disaster Relief Emergency Fund
DG ECHO/ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG HOME	European Commission's Directorate General for Migration and Home Affairs
DM	Disaster Management
EHS	Educational Health Station
ECAS	Europe Conflict and Security Consulting Ltd
EPOA	the Emergency Plan of Action
ERU	Emergency Response Units
EU	European Union
ESTIA	Emergency Support to Integration and Accommodation
FACT	Field Assessment and Coordination Team
HRC	Hellenic Red Cross
ICRC	International Committee for the Red Cross
IFRC	International Federation of the Red Cross and Red Crescent Societies
IFRC REO	IFRC Regional Office for Europe
IOM	International Organization for Migration
MFC	Multi-Functional Centre
MoH	Ministry of Health
MSF	Médecins Sans Frontières
NDRT	National Disaster Response Team
NFI	Non-Food Items
ODK	Open Data Kit
PNS	Partner National Societies
PSS	Psychosocial Support
RC	Red Cross
RCRC	Red Cross/Red Crescent
RDRT	Regional Disaster Response Team
RFL	Restoring Family Links
RICs	Reception and Identification Centres
SGBV	Sexual and Gender-Based Violence
SMS	Site Management Support
SoPs	Standard Operating Procedures
UAM	Unaccompanied Minor
UNHCR	United Nations High Commission for Refugees
WASH	Water, Sanitation and Hygiene

Picture on Front Page shows a sign in the location just outside Moria Camp in Lesbos where Red Cross actors hold Psychosocial Support activities. Taken by Gudrun Van Pottelbergh, 4 October 2018.

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The evaluation team would like to thank the staff of the Hellenic Red Cross, the International Federation of the Red Cross and Red Crescent Societies and the Partner National Societies for their support to this process. In addition, we are grateful to the key informants and the participants of the focus group discussions to have made time to share their experiences and knowledge with the evaluation team. We realize that for some persons this has meant to share personal concerns and emotions, and we are grateful for their honesty and openness.

Executive Summary

In 2015, Greece experienced a major increase in the number of migrants arriving on its shores, as thousands of people tried to reach Northern and Western Europe. This crisis caught the country unprepared due to the sudden increase in the number of people arriving on the islands. The situation was further exacerbated by the severe economic crisis affecting Greece at the time, and the lack of a clear migration strategy from the Greek Government and the European community at large.

In May 2015, the Hellenic Red Cross (HRC) requested assistance from the International Federation of the Red Cross and Red Crescent Societies (IFRC) in responding to the humanitarian emergency, resulting in a release from the Disaster Relief Emergency Fund (DREF). The number of incoming arrivals further increased over Summer 2015 and in September 2015 the IFRC launched an Emergency Appeal to support the National Society.

The Appeal has been extended, scaled-up and revised on several occasions since 2015, reflecting changes in the situation and needs, but it has come to an end by 31 December 2018. With a total budget of 50,5 million CHF, the Appeal has assisted 338,673 people in locations across Greece through the activities of HRC, IFRC and Partner National Societies (PNS) through food and non-food assistance, WASH, health and psychological support, emergency winterization assistance, restoring family links and social services. The Appeal also included National Society institutional preparedness and capacity development.

The purpose of this evaluation was to evaluate the relevance, effectiveness, and impact of the Red Cross (RC) actions implemented under the MDRGR001 Emergency Appeal for Greece and is a standard practice for the IFRC for appeals of this size. The evaluation team consisted of an external team lead and two internal team members and took place between September and December 2018. The evaluation assessed the contribution that the Red Cross (RC) actions made towards improving the situation of the migrants who arrived in Greece between 2015 and 2018, considering the evaluation criteria of relevance, effectiveness, impact and coordination. Data collection included an extensive desk phase with 200+ documents, a two-week field visit including 93 key informant interviews (56 women and 37 men) and group discussions with 78 persons (52 women and 26 men) and an online survey with 44 RC staff being involved in the operation.

The main conclusion of the evaluation is that the RC actors under the IFRC MDRGR001 Emergency Appeal for Greece: Population Movement managed to deliver a relevant and effective response, despite difficult circumstances and a number of challenges to the operation, as identified in the following pages. Overall, beneficiaries, partners and authorities were satisfied with the services of the RC, and even though the crisis is not over yet, the Appeal contributed to improved living conditions of the migrants.

The evaluation has identified the following key findings:

Relevance

- 1) Overall, assistance was found to be relevant to the needs of the target population, although there were differences between phases, parts of the population, or locations. The RC faced challenges targeting the specific needs of the migrant population for several reasons, including the heterogeneity of the target audience, the overrepresentation of young men, the rapidly changing needs, and evolving vulnerability criteria.
 - **The first phase** of the Appeal was characterized by its reactive nature. The speed of the crisis overwhelmed the RC and did not always allow the quantity of the assistance to be in line with the actual

needs. As of the deployment of the first FACT mission, needs assessments became more in-depth, adjustments were made, and assistance became more relevant.

- The changing situation in **the second phase** forced the RC to adapt its response and activities to remain relevant to the new needs of the stranded population. The high amount of funding, high levels of assistance, competition between actors and pressure to act resulted in an over-achievement of aid.
 - **The third phase** has been characterized by a move to focus on urban centres, reflecting the need for integration of migrants into the local population. New forms of assistance aiming to meet multi-sectoral needs were developed and/or strengthened. However, reduced levels of assistance due to planned phase out and handover, and a decrease in funding means the continuously high needs of the migrant population have not been fully met. The lack of local capacities to take on the responsibilities complicated the handover process.
- 2) The RC showed that it was able to adapt to the changing phases of the response and demonstrated the evolution of its programmes, both in relation to changing needs and to moving away from tried and tested approaches to new ways of delivering assistance. This was demonstrated by the transition from “the relief on the move approach” to the strengthening of an integration and urban approach, such as via the Multi-Functional Centres (MFC).
 - 3) Health seems to have been the most relevant type of assistance and also the sector where the RC played the most important role. The RC also assumed other important responsibilities in Relief, particularly in the first phase, and Cash-Based Assistance in later phases. The need for Community Engagement and Accountability (CEA) was present across all phases to provide information and to counter misinformation. Certain types of assistance could have been strengthened in the response, particularly Psychosocial Support (PSS)/mental health, CEA and the earlier or stronger involvement of cultural mediators, protection, and family reunification.
 - 4) Several international and national contextual factors limited the relevance of the response to the emergency. The fact that the crisis occurred in a country of the European Union challenged the standard humanitarian operational practices, which were not always suitable to be applied in this context. In addition, the Greek financial crisis limited the available local capacities and resources.
 - 5) Strong guidance from the national host authorities was absent, which had operational implications for the provision of humanitarian aid of all actors involved. There were no indications that RC assistance was not in line with national plans and policies.

Effectiveness

- 6) Despite all challenges pertinent to the response and context, the RC managed to achieve most objectives at output level. There were some challenges related to timeliness and efficiency, mainly because of the fast-changing context.
- 7) Overall, beneficiaries, partners and authorities were satisfied with the services of the RC, especially the health services around 2016-2017. The RC activities were deemed to be of good quality overall and managed to fill important gaps.
- 8) Risk analyses at the start of the Appeal could have been stronger. Although they improved over time, the risk matrices of the last phases were still not comprehensive, nor did they include robust mitigation measures. The basic assumption on which the RC strategy was based, namely that the local authorities would be capable enough to take over, did not materialize.
- 9) The sustainability of the activities and results in the camps after the departure of the RC actors remains a question, especially for health activities and community engagement. The phasing down of these activities should have taken place earlier in certain locations and/or been better explained to the camp populations to manage expectations.

Impact

- 10) The lack of international and national political progress in offering a comprehensive answer to the migration crisis has led to a halt in improving the situation of migrants in Greece and limited the positive results of the humanitarian actors in the past three years, especially for the migrants and asylum seekers on the islands.

In terms of Movement Coordination

- 11) The HRC's internal crisis, and limited capacity and experience challenged Movement coordination. As the host National Society, they could not take on a leading role nor support key functions. This led to the IFRC setting-up parallel systems and processes.
- 12) Strong and unwavering commitment of HRC volunteers and staff all over Greece counterbalanced the lack of proper systems and procedures within HRC and made the operation effective.
- 13) HRC underwent a clear learning process, but this mainly happened at the level of individual staff and volunteers and was not fully mirrored at institutional or management level and is therefore likely to be less well sustained if key staff leave.
- 14) The IFRC assumed a dual role, managing overall coordination for the operation while also delivering programmes. This resulted in considerable responsibilities for the Country Office, whose staff was also confronted with the challenge of building the capacity of the HRC.
- 15) There was strong interest from European National Societies (NS) to contribute to the response, due to the politicization of the crisis. There was some friction between the IFRC and PNS, especially in terms of leadership, coordination and information-sharing during the response, which was exacerbated due to the crisis happening within the European Union.
- 16) IFRC though provided strong leadership to have all bilateral activity under one coordinated umbrella. ECHO funding was obtained by the IFRC and distributed for implementation of parts of the programme to the European NS – Spanish, German, Austrian, Danish RC. This model proved to be effective, reduced un-necessary competition and enabled NS to participate based on their specialized competences and receive recognition in their own countries
- 17) HRC and Movement partners¹ could have provided more efficient full duty of care responsibilities towards staff and volunteers during the first phase of the operation, and still need to take steps to address this and fully recognize the work done in all locations.
- 18) IFRC surge capacities, both financial and technical, were deployed relatively quickly, though there is room for improvement regarding the timeliness of deployment and predicting need, as well as a need for flexibility in an operation of such a protracted nature as this.
- 19) While the high turnover of staff may not always be avoidable in a response that continued way beyond the expected timeframe for emergency response tools, it is important that international partners send delegates with the appropriate technical skills/expertise, calibre and training in how the Red Cross/Red Crescent (RCRC) Movement functions and how to support a National Society.
- 20) The availability of funding had a clear influence on the programmes. More funding in the second phase enabled activities, but reduced funding in 2018 led to a decrease of the activities.

¹ The International Red Cross and Red Crescent Movement consists of the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies and 191 National Red Cross and Red Crescent Societies.

RECOMMENDATIONS

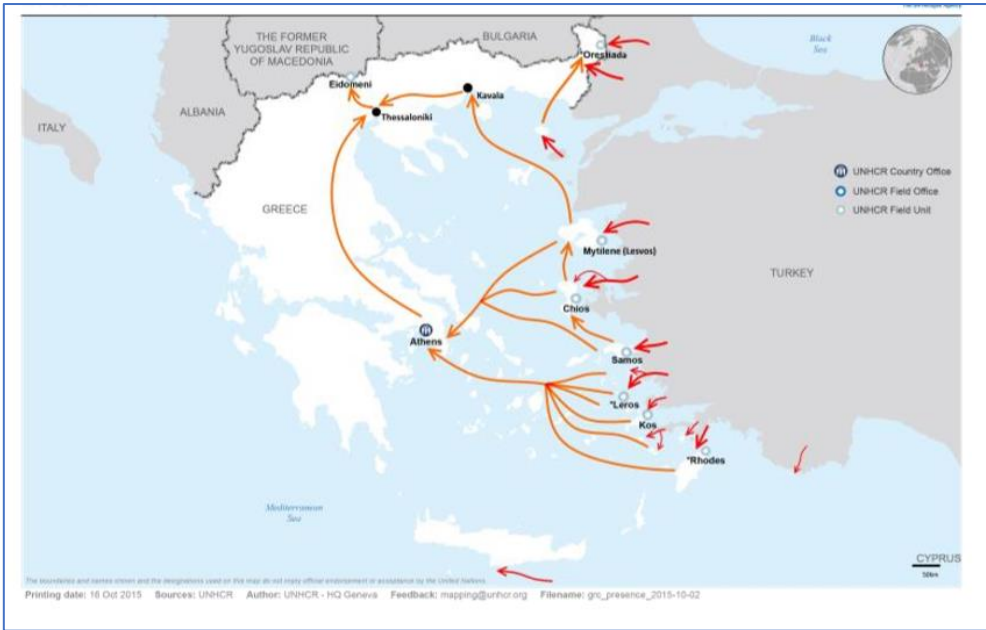
- 1) **Ensure early risk assessment and mitigation (contingency planning)**- Risk assessment and mitigation exercises should be carried out in the early stages of future population movement responses, to prepare for likely scenarios, and include planned actions and monitoring measures.
- 2) **Fully integrate targeted community engagement and accountability** - Ensure that CEA is prioritised as an integral part of response activities from the outset of a population movement operation and ensure all RC staff and volunteers are briefed on key CEA approaches and messages.
- 3) **Organize timely duty of care for volunteers and staff** - Put in place early support for volunteers and staff in frontline positions, including provision of training, support and PSS, and ensure such appropriate support is maintained throughout the response, including retention measures, recognition of their efforts and appropriate compensation.
- 4) **Use IFRC-wide standard assessment and data collection and analysis tools** - Support the consistent use of standard needs assessment tools and approaches across IFRC operations, learning from the use of ODK in Greece, and supplement it with qualitative, narrative information.
- 5) **Guarantee the quality of its international delegates** - For major population movement operations of this nature, the IFRC and PNS should deploy experienced operational managers more rapidly and ensure that all delegates are fully trained, aware of the Movement's Principles and have the skills to work with and support National Society counterparts.
- 6) **Build on the community of volunteers for engagement** – It is important to learn from the experience of recruiting community volunteers from within the migrant community, to understand the positive and negative experiences in Greece, and to design a more thorough approach for their induction, training and integration/retention in the National Society.
- 7) **Support the early deployment of Movement protection experience and tools** - The Joint Protection Working Group was an important development and should be used as a model for early engagement in protection issues in similar population movement responses, to ensure the use of all Movement resources to prepare clear, joint protection plans, approaches and training.
- 8) **Improve the sophistication of vulnerability criteria** - Avoid making assumptions in targeting vulnerable groups and ensure that all vulnerable people are considered, including those who are assumed to be less at risk in classic vulnerability criteria.
- 9) **Sustain community participation after the RC exits** - The RC should consider steps to embed community participation in camps and other communities, to sustain vital community engagement to ensure the benefits of such participation are not lost .
- 10) **Strengthen the role of CEA to counteract misinformation, rumour and false expectations**, in complex migration contexts. This could include, looking for opportunities to bring the migrants and the host population together, to better understand each other's reality and bridge the gaps.
- 11) **Ensure that there is an early and transparent phase out process** – It is vital to ensure that all phase down or exit planning is done early, is well planned with key partners and is well communicated to the target population. While the RC was challenged by the lack of national capacity to which to handover, phasing down services should have started earlier and communicated its exit better.
- 12) **Organize a lessons-learned event with key stakeholders of the emergency response of Greece** - Set up a post facto lessons learned meeting for Movement partners, to capture the challenges, opportunities and lessons for the next phase – this would contribute to future programming, to lessons for similar responses and would be an opportunity to bring a cross-section of volunteers, staff and partners together.

1. INTRODUCTION

1.1 The Population Movement in Greece

In 2015, Greece experienced a major increase in the number of migrants arriving on its shores, as thousands of people, mainly from Syria, Iraq and Afghanistan, tried to reach Northern and Western Europe. Although the reception of migrants and refugees was not an unknown phenomenon in Greece, this crisis caught the country unprepared, due to the scale and suddenness of the increase in the number of people arriving on the islands. The situation was further exacerbated by the severe economic crisis that had affected Greece since 2007-08, and the lack of a clear migration strategy from the Greek Government and the European community at large.

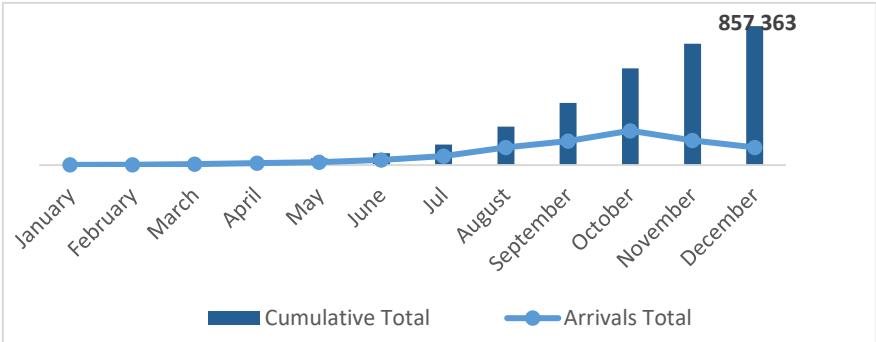
Map 1: Emergency locations in Greece



Source: UNHCR Greece data snapshot (24 Dec 2015.)

By August 2015, 200,000 migrants were registered by authorities as having arrived in Greece by boat from Turkey, mainly via the islands of Lesvos, Chios, Kos, Samos and Leros, as shown on Map 1. By the end of the year, this number had risen to 857,363, as indicated below in Figure 1.

Figure 1: Arrivals in Greece 2015



Source: data for graphic extracted from “Europe — Mixed Migration Flows to Europe, Yearly Overview (2015)”. IOM.

The majority of these people immediately - after some hours or days – moved on from the islands, through Athens and on to the northern border, to continue their journey to the rest of Europe. This massive influx of migrants on the move generated a consequential burden on the small islands and locations of transit, particularly those around Athens, in the ports and the northern site of Idomeni. The number of people arriving was so high that, despite all efforts, the authorities and local communities had huge difficulties coping with the situation.

The situation began to change in the first quarter of 2016, as border restrictions were introduced reducing the access of migrants and refugees on Greece’s northern border to the former Yugoslav Republic of Macedonia and the Balkans route. In March 2016, the European Union (EU) and Turkey reached an agreement to limit the number of migrants and refugees entering Europe via Turkey. Since then, new arrivals continue to be held in centres, mainly in the islands, to await the outcome of their asylum requests. There were also plans to “relocate” thousands of migrants already in Greece to other EU countries if their asylum claims were accepted and if there were family reunification requests, but this relocation did not happen on the scale planned and left migrants stranded in Greece.

As a result, around 50,000 people² were stranded in Greece by March 2016, either on the islands or at other points of the journey, particularly around Athens or in the north near the border with the former Yugoslav Republic of Macedonia. To deal with this, the Greek Government opened a number of camps scattered in different locations across the country and turned the sites on the islands into Reception and Identification Centres (RICs).

During 2017 and 2018, the focus shifted towards integrating migrants and refugees into Greece, including moving them to urban centres and supporting them towards becoming part of Greek society. This proved challenging in the current financial crisis, where jobs and services are very restricted for Greeks, as well as non-Greeks. It led to a focusing of service provision on integration, information and legal support, and accompaniment to access local services and also to the scale-up of the blanket cash distributions provided by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) and coordinated by the United Nations High Commission for Refugees (UNHCR).

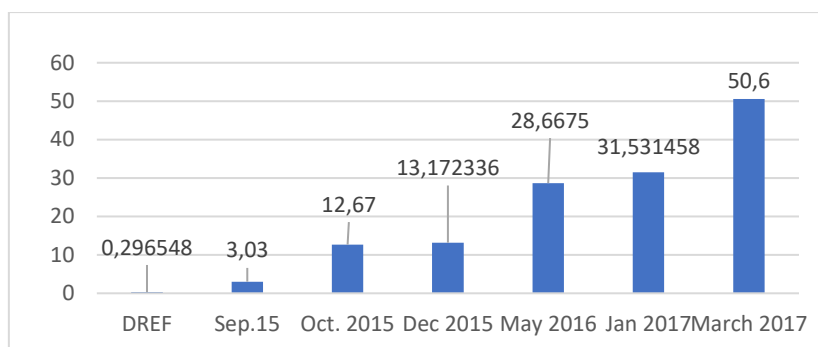
In the last two years, international humanitarian organizations started handing over some aspects of their work to the Greek authorities and local NGOs and started to leave. The bulk of the international humanitarian response will come to an end by December 2018. As of 2019, the provision of most services to migrants and refugees will be under the responsibility of the Greek Government, assisted by local NGOs and civil society organisations. The Emergency Support to Integration and Accommodation (ESTIA) programme, providing urban accommodation and cash assistance to refugees and asylum seekers, will continue with funding from the European Commission’s Directorate General for Migration and Home Affairs (DG Home) taking over from support from DG ECHO. International actors remain engaged in the provision of camp services and coordination, but to a lesser degree.

² Numbers out of the Emergency Plan of Action Revision No. 2 of 11 May 2016

1.2 The Red Cross and Red Crescent Movement Response ³

The Appeal developed over the three years of the response, with the budget responding to the increase in needs. Figure 2 demonstrates the growth in budget to the final Appeal budget of 50,6 million CHF.

Figure 2: Budget of RC Response (in million CHF)



Source: IFRC Emergency Appeal Sept 2015 and Revisions of Oct 2015, May 2016 and March 2017

The Appeal could be divided across three phases⁴, corresponding to the different revisions of the Appeal and the Emergency Plan of Action (EPoA):

Emergency Appeal PHASE 1 – Population on the move (Sept 2015 – March 2016)

In response to the dramatic rise in the number of migrants and refugees arriving in Greece, the HRC increased its support by mobilising its volunteer base on the islands, in Athens, and in the North, and engaging staff to scale-up relief, health/First Aid, and Restoring Family Links (RFL) services, in sites and transit centres managed by the Greek Government. In support of the HRC, the IFRC first launched a Disaster Relief Emergency Fund (DREF) and subsequently an Emergency Appeal (MDRGR001) on 2nd September 2015 for CHF 3.03 million to assist 45,000 beneficiaries⁵. As numbers continued to grow, initial plans were reviewed in October 2015, and the response was scaled-up to support 200,000 beneficiaries with a range of services. The IFRC also mobilized its surge capacity, deploying two Regional Disaster Response Team members (RDRTs), a Field Assessment and Coordination Team (FACT) in August 2015, four Emergency Response Units (ERUs)⁶ in September 2015, and a Head of Country Office and of Emergency Operations in January 2016, as well as scaling up its technical and management support.

³ An overview map of the response locations of the HRC, the IFRC and the Partner Societies as of December 2016 can be found in Annex 1.

⁴ A timeline of the IFRC Appeal can be found in Annex II.

⁵ Previously, in May, IFRC had released Disaster Relief Emergency Funds (DREF) of CHF 296,549 to support the HRC response, though activities implemented in this early stage are not subject to this evaluation.

⁶ BHC from Spanish Red Cross, BHC from Norwegian Red Cross and French Red Cross, Logistics from Swiss Red Cross and British Red Cross, and Relief from Benelux/American Red Cross.

Emergency Appeal PHASE 2 -Stranded migrants and refugees (April 2016-March 2017)

As the Greek borders with both Turkey and the Balkan countries closed, the assistance planned and delivered by the RC had to change to respond to the mid to long-term needs of around 50,000 vulnerable migrants and refugees stranded on the mainland. The needs were particularly acute in sites around the ports of Thessaloniki, Kavala and Piraeus and the RC was stretched to meet the needs across all the sites in which it was present. HRC had to scale up its technical capacity and learn new skills “on the job”. In support of this, the IFRC extended its surge capacities – both management and technical support – and deployed a second FACT in March 2016, providing increased health, WASH and other support. Three ERUs were also deployed as of March 2016.⁷ In addition, the RC developed more flexible programmes, such as cash programming, or extended approaches around community engagement and psychosocial support, and revised the Appeal and budget in May 2016 to CHF 28.6m

Emergency Appeal PHASE 3 - Move to increased integration (March 2017 - end 2018)

After the end of the first quarter of 2017 the total number of migrants and refugees stranded in Greece was estimated at around 62,000. The HRC, with partners’ support, continued to provide a response to the population movement operation, while at the same time taking over responsibility for specific programmes and support services as partners exited from the operation. The IFRC was continuing its support to HRC during this transition towards a more sustainable, long-term country plan. The Danish RC and Spanish RC were still in-country supporting specific programmes or locations and the British RC, Austrian RC, Swedish RC and Icelandic RC were still providing financial and technical support.

In this third and last phase of the Appeal, the plan and budget were revised in March 2017 to CHF 50.5m and the emphasis moved towards supporting the integration of the migrant and refugee population into Greek society, including through support for the Multi-Functional Centre (MFC) in Athens and the set-up of a second centre in Thessaloniki. The two MFCs provide assistance in integration, labour, legal, information and language services, depending on the location and are centres for accompaniment, cash, PSS and health care. The Accompanied Referrals (ACCREF) programme (in Athens and Thessaloniki) was strengthened, providing translation services to migrants and refugees during health appointments and meetings with public services. The Educational Health Station (EHS) and the two mobile health units, providing health services (including vaccination and health education) to migrants without AMKA cards⁸, enabled the provision of the necessary health cards to help enroll children in schools and provided information on how to get AMKA cards, to help migrants access the public health system. HRC also supported Unaccompanied Minor (UAM) Centres.

Currently, towards the end of 2018, Greece is again seeing an increase in the number of new arrivals on the islands and in the north, on the Evros border with Turkey. This has required the HRC/RC to deploy staff and volunteers, as well as contingency stocks, in an emergency response to answer the needs of new migrants and refugees and raises questions for future needs and assistance capacities.

⁷ BHC/HP/MSM from Finnish and German RC/British and Austrian Red Cross, BHC/HP from Spanish Red Cross and French Red Cross, and Logistics from Danish Red Cross.

⁸ The AMKA card is the social security number of Greece.

1.3 This Evaluation

Towards the close of the emergency response, the IFRC Head of Country Office for Greece commissioned a final evaluation of the three-year response to learn from and evaluate its Relevance, Effectiveness and Impact, and Coordination, and to support the handover to longer-term country programming and to inform future population movement responses. This is in compliance with the IFRC's Framework for Evaluations and commitments for all major response operations.

Purpose To evaluate the relevance, effectiveness and the impact of the Red Cross actions implemented under the MDRGR001 Emergency Appeal for Greece.

Objectives The evaluation aimed for:

- **Accountability:** To assess the Red Cross actions under the MDRGR001 Emergency Appeal towards Red Cross and Red Crescent Movement donors (including ECHO) and other stakeholders and partners involved in and contributing to the operation.
- **Learning:** The evaluation report includes lessons learned and recommendations for future, similar operations for relevant actors within the IFRC, HRC, Partner National Societies (PNS) and the International Committee for the Red Cross (ICRC).

Specific Objectives The evaluation had three specific objectives:

1. To assess the relevance of the Red Cross Actions under the Emergency Appeal
2. To assess the effectiveness and impact of the Red Cross Actions under the Emergency Appeal
3. To analyse the Movement coordination within the operation

Scope The evaluation covered the three phases of the Emergency Appeal from September 2015 to December 2018, and the activities that have taken place in all major operational points in Greece and across all key sectors funded.

Team Composition The evaluation was conducted from September to November 2018. The evaluation team consisted of an external team leader of Europe Conflict and Security (ECAS) Consulting Ltd, and two evaluators with substantial experience of the RCRC Movement. The team worked in accordance with the IFRC Evaluation Standards described in the IFRC Framework for Evaluation.⁹

2. METHODOLOGY

The evaluation was based on a methodological approach to **assess the contribution that the RC Actions made towards improving the situation of the migrants who arrived in Greece between 2015 and 2018**. This approach generated greater understanding as to why the observed results occurred or not. Particular attention was given to the context, the role of other stakeholders, IFRC and HRC's internal and external procedural requirements and financial obligations in order to understand decision-making and programmatic priorities.

⁹ IFRC Framework for Evaluation of 2011 can be accessed at <https://www.ifrc.org/Global/Publications/monitoring/IFRC-Framework-for-Evaluation.pdf>

The evaluation focused on selected OECD/DAC evaluation criteria, namely Relevance, Effectiveness and Impact, and Coordination. **The assumption was that relevance, effectiveness, impact and coordination enhanced the degree to which RC actions contributed to the expected outcomes.** Although sustainability and efficiency were not the focus of this evaluation, they had to be considered, to support valid and accurate findings and conclusions. An assessment of the migration response also required a comprehensive picture to grasp the specificities of the context.

In line with the contribution analysis, the evaluation team collected evidence from various sources and applied a mixed-research methodology:

- In the desk phase, 201 electronic documents, including Appeal documents, operational plans and updates, mission reports, lessons learned, strategic documents, and satisfaction surveys were consulted in addition to a report from the Open Data Kit (ODK) on a variety of topics. Additional written documentation was gathered during the field phase.
- In the two-week field-phase, which lasted from 24th September to 5th October 2018, the evaluation team visited entry, transit and exit points in Greece, including Athens and its surroundings, including Piraeus, Ritsona camp, Skaramagas camp, the MFC and the EHS, Thessaloniki, including the MFC, and Lesbos including both Moria and Kara Tape camps. The evaluation team held 93 key informant interviews (56 women and 37 men) either in-person or by telephone/Skype and group discussions with 78 key informants (52 women and 26 men). Key informants included:
 - Former and current staff members from IFRC (Greece Country Office, Budapest REO and Geneva HQ);
 - The HRC staff and volunteers (Athens and other regional branches);
 - Seven Partner National Societies (Spanish, Luxembourgian, Austrian, British, Danish, Finnish and German), ICRC (Athens and Geneva)
 - Camp coordinators and service providers (Skaramagas, Ritsona, Diavata, Moria and Kara Tape);
 - ECHO;
 - Greek authorities (regional and community level);
 - Local actors (PHILOS, A21, WAHA, CrossCultural Solutions, Lighthouse Relief and Kitrinis);
 - International partners (UNHCR, International Organization for Migration (IOM), Médecins Sans Frontières (MSF), Caritas and Danish Refugee Council).
 - The team met with beneficiaries and migrant (community) volunteers in Ritsona, Skaramagas, the MFCs Athens and Thessaloniki, and with vulnerable Greek households in Piraeus.
 - An online survey was circulated to more RC staff involved or formerly involved in the operation, gathering the opinions and perspectives of an additional 44 staff members or delegates.

Challenges and Limitations

The evaluation encountered four key challenges that influenced data collection:

- 1) The evaluation was conducted at the end of the third phase of the Appeal, in Autumn 2018, which limited the possibility to gather information from the first phases. Even though interview questions were designed to collect information from across the three phases, informants mainly shared information regarding the most recent events. In addition, the evaluators visited the locations in Greece as they are today, but the situation has changed dramatically over the past three years. Therefore, findings from Phase 3 are more comprehensive than those from Phases 1 and 2. For

example, the evaluation contains more information on ongoing or recently closed activities, such as health, PSS, the MFCs, rather than the distributions of relief and Non-Food Items (NFI) in the beginning of the crisis, for example.

- 2) It was difficult to locate former beneficiaries of the Appeal, meaning that the input of beneficiaries cannot be considered fully representative. Many migrants that had received assistance from the RC under Phases 1 or 2, had since left the country. In addition, many beneficiaries had left the camps where the RC had offered them assistance, because they moved to urban centres or to other countries. These people, important primary sources of information, could thus not be fully consulted by the evaluators. As a mitigation measure, discussions with migrant volunteers were held at locations visited by the evaluation team in order that the volunteers share insights from the migrant community.
- 3) Beneficiaries interviewed were mainly men. Informal conversations with women were held at the margins of the visits to try to compensate for this. The evaluators also sought to realize broader representation by involving young and older migrants and persons with and without families in the group discussions.
- 4) Third, the complexity of the operation made it impossible to visit all locations and activities, and to consult all stakeholders. The survey partially compensated for this by reaching a greater cross-section of stakeholders, and partners were carefully selected.

3. RESULTS

3.1 Relevance: To what extent was the Appeal relevant to the changing needs of the target population in the context of Greece as the operation unfolded over the three phases of the IFRC response?

The following chapter responds to sub questions under relevance per phase of the Appeal, namely in terms of the target population, needs assessments, the appropriateness, adaptation and sufficiency of the assistance. The first part of this chapter is drafted in a chronological order, from the pre-Appeal response until phase 3. The second half of the chapter discusses elements in terms of relevance that cut across all phases, namely how assistance was relevant to the needs and to the situation, which types of assistance were most relevant, how the assistance adapted and if the intervention related to Greek national plans and policies on assistance to migrants.

For the DREF Operation between May and September 2015, thus before the launch of the IFRC Appeal, the main targeted beneficiaries were migrants and asylum seekers rescued from the sea and arriving to the islands of Chios, Lesbos, Samos, Rhodes, Kos and Crete. Following an official request from the HRC and the Greek authorities to the IFRC for support, the intervention strategy was decided by a Task Force of staff from HRC and IFRC Regional Office for Europe (ROE) (10th – 15th May 2015). The Task Force reviewed the needs of the migrants upon disembarkation and at the reception points on the islands. The needs identified

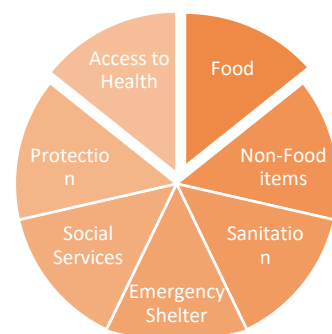


Figure 3: Identified Needs in the Emergency Plan of Action of 23 May 2015

are listed in Figure 3. In response to these needs, the RC focused on the following activities:

- Food and non-food items (NFI) distribution
- Health and hygiene promotion services
- Search and rescue and first aid services
- Restoring Family Links (RFL)

The initial response in 2015 was **characterized by its reactive nature**. Despite awareness that the “migrant operations require long-term commitment from the National Society, as it seems to be an open-ended crisis,” the reality was that local communities were overwhelmed and the capacities of local actors were low, including those of the RC actors.

3.1.1 Emergency Appeal Phase 1 (Sept 2015 – March 2016)

Target population

In the first phase of the Appeal, from September 2015 to March 2016, there was a focus on the locations where the largest numbers of migrants were arriving, and on providing reactive, life-saving services to help them on their journey. The main beneficiaries of the Appeal were migrants arriving by sea to the islands of Lesbos, Samos, Kos and other smaller islands, as well as, increasingly, those at a later stage in their journey, around Athens and Piraeus and in the north, on the border with the former Yugoslav Republic of Macedonia. Following the first Appeal revision in October 2015, this focus became better defined as assisting those at “entry, transit and exit points”.

Assessing the needs

The first version of the Emergency Appeal (2nd September 2015), was based on the assessments of two Regional Disaster Response Team (RDRT) members deployed by IFRC June-August 2015, to support HRC on Lesbos and Kos. However, the assessment was limited due to the “*lack of adequate time to properly assess all the needs and develop respective services, ... at the beginning of the crisis,*” according to a survey respondent. The needs identified by the RDRTs are outlined in Figure 4. In response to these needs, the RC continued to focus on the same activities as under the DREF but included “beneficiary communication and engagement with migrants and refugees” as a priority.

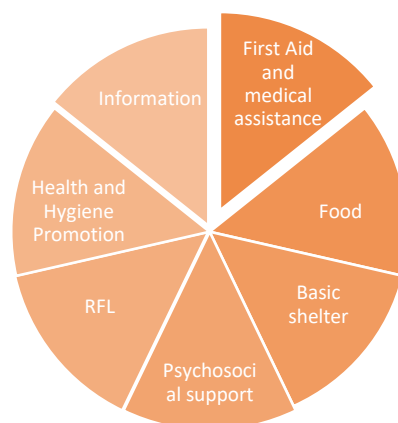


Figure 4: Needs included in the Emergency Appeal of 2 September 2015

The first **FACT mission** was deployed from 29th August to 25th October 2015 at the request of HRC. The team included experts in relief, logistics, health, water and sanitation, and was requested to reassess the needs after the initial response and to assess the increasing numbers of migrants and levels of needs. They took factors such as the effectiveness of the first distributions, the length of stay of the migrants, and the impact of the weather into consideration. The activities of the first phase prioritised rescue, food/NFIs (particularly dry clothes), basic first aid and RFL – all of which would allow migrants to pass through as quickly as possible.

The FACT Sitrep of 25th October 2015 **differentiated between needs at entry, transit and exit points**. At entry points, the main needs were rescue, dry clothes, shelter, first aid, meals/water and information, plus RFL and protection. In Athens (i.e. transit), there was a greater need for information, protection, RFL, medical assistance, as well as for food/water, clothes and hygiene. And in Idomeni (i.e. exit), again the needs were more for information, food, basic health care and hygiene, but also for warm clothing, rain gear and support for their onward journey. The results of the FACT assessment informed the first revision of the Appeal (21st October 2015) and covered the move from static to mobile assistance, activities for relief (food and NFI), health and RFL. WASH became a sector in its own and a cash transfer pilot project was instigated to support vulnerable groups with specific needs (e.g. special medicines, baby milk or food).

Appropriateness & Adaptation

Towards the end of 2015, efforts were made to **move towards a more comprehensive approach, but there still lacked a clear, longer-term strategy**. The first Operations Update (December 2015) notes that *“Amidst the constantly evolving situation, the HRC and the IFRC are providing humanitarian response as best as possible, hitting the ground running.”* Key informants said that all humanitarian actors were constantly, even daily, adapting their programmes, as planning was a challenge in such a fast-moving situation. Based on the first FACT assessment, adjustments were made to activities in the plan and the geographic scope of activities was expanded. From October 2015, backpacks were given to people to carry items, and large family parcels were replaced by “food-on-the-go” and lighter hygiene items. Cash assistance was also included in the plan. However, several key informants said that a more strategic approach would have been beneficial at this time and capacities in certain sectors could have been reinforced. For example, there was no real communication on concrete operational challenges between RC actors at entry, transit and exit points, although they were dealing with the same people within a few days of each other. In addition, the HRC RFL team and protection staff could not keep up with needs and would have benefited from reinforced capacity.

Quantity

The needs in the first phase were overwhelming for local and international actors and the speed of the population movement was difficult to keep up with. Unpredictable and changing circumstances were challenging for all programming and problems were particularly acute for relief distributions, as they relied on a long chain of processes (tender, procurement, transport, etc) that require time and coordination to ensure delivery of the needed items. It was the case, that by the time some items arrived, the amounts no longer corresponded to actual needs. Moreover, during the first phase, the Appeal’s funding coverage was not complete, which challenged procurement and planning of logistics. Distributions also required a lot of human resources, and it was challenging to ensure the right number of staff and volunteers for such a sustained period.

As a result, **the level and type of NFIs available did not always correspond** with the number of people or the needs in a location - sometimes there were too few NFIs, at other times too many. In addition, many organisations were giving out kits leading to an overload of certain items, such as blankets or toothpaste and toothbrushes, which were ultimately thrown away. Food was also being distributed by several organizations, some of which was discarded. Spontaneous, private donations from individuals added to the overload of unwanted items. This all impacted the volume of items distributed.

Intermediate Findings on Relevance in Phase 1:

The first phase of the Appeal was characterized by its reactive nature. In the DREF and the first weeks of the operation, comprehensive assessments were absent. Following on from the deployment of the first FACT mission, needs assessments became more in-depth, adjustments were made, and assistance became more relevant. The speed of the crisis overwhelmed the RC and other actors and did not always allow the quantity or appropriateness of the assistance to be in line with the needs in the given locations. Steadily, an approach on how to deal with this overwhelming situation was developed.

3.1.2 Emergency Appeal PHASE 2 (April 2016-March 2017)

The second Phase of the Emergency Appeal was a response to the closure of the borders with countries to the north and the EU deal with Turkey in March 2016 and required the second revision of the Appeal on 11 May 2016. This had an influence on the target population, needs assessments, appropriateness and quantity of the assistance.

Target population

For the second phase, from March 2016, the main beneficiaries shifted from migrants in “transit” to migrants “stranded” on the islands of Samos, Chios, Kos, Lesbos, around Athens and in the north and began to see more women, children and older people. Beneficiaries also began to include host families for the first time.

Assessing the needs

The changed nature of the operation required a reassessment of the needs of the migrants now stranded in Greece. A second **FACT team** was deployed in March 2016 and included an assessment by health and WASH specialists. The needs identified are listed in Figure 5. In May 2016, a relief and sheltering assessment took place and concluded that major needs remained unmet, including a lack of information on migrants’ status and rights, poor quality and variety of food, sub-standard shelter conditions and site management, limited access to health services and hygiene items, and issues of protection. The **revised Emergency Appeal of 11th May 2016** was based on these assessments from the RC teams and an analysis from ACAPS¹⁰, and focused on:

- Food and NFIs, supplemented with cash transfer
- Health and Care
- WASH
- CEA with migrants and host communities.

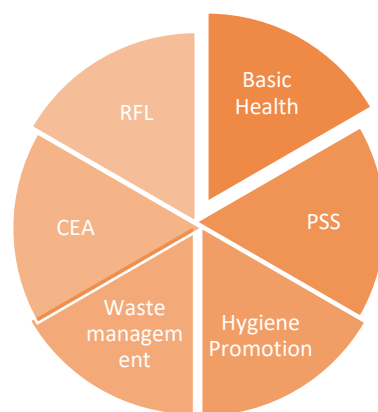


Figure 5: Needs identified by the FACT Team in March 2016 (Source: Revised Emergency Appeal of 11 May 2016)

¹⁰ ACAPS is an independent information provider specialized in humanitarian needs analysis and assessment.

2016 also saw the introduction of ODK, originally by the Spanish RC, to gather and analyse beneficiary feedback and this was eventually extended across the operation, to improve the targeting of the assistance. The ODK results helped pick up on key issues around the profile of the migrants seeking assistance, their needs and preferences and influenced key changes in services.

Appropriateness & Adaptation

The change in the situation had a strong **influence on the activities** of the RC. As people began moving into camps managed by the Greek authorities (including the military), where food was provided by catering services, there was less need for food and bottled water. This changed again, as beneficiaries complained about the food and eventually the RC together with most humanitarian actors and supported by ECHO, advocated for a move to cash and communal kitchens to reflect the wishes of the beneficiaries. Picture 1 shows the investments made in containers and solar panels in Skaramagas camps as part of the efforts under Phase 2 to host migrants in camps.



Picture 1: Container in Skaramagas camp

The importance of health was emphasised due to the longer stays in camps. Health needs changed, as more families (including women, children, and elderly persons) entered the country and there was more need for child vaccination programmes and culturally appropriate health and WASH solutions within camp settings. The camp setting also called for a scaling up of waste management, vector control and drainage systems, as well as improved hygiene promotion. Furthermore, there was increased need for PSS and mental health care, due to the stress of being stranded and an increased risk of protection incidents and Sexual and Gender-Based Violence (SGBV). RFL structures had to adapt to this new reality and transform into mobile units.

With the closure of the borders in March 2016, the RC was confronted with the need for a strategy to support migrants and refugees staying for longer periods in Greece. The concrete start of **a more comprehensive, long-term strategy** was made with a high-level mission (August 2016), which recommended moving from camps to an urban approach and an increase in long-term assistance around the existing capacities and core business of HRC. Gradually, the importance of cash-based assistance was taking over from the distribution of NFIs to allow for more dignity, flexibility and choice, for the camp populations. This shift also allowed the RC to include host families in the target population, and to provide cash to a small number of people to during the winter.

Quantity

Living conditions in the camp at the beginning of Phase 2 were below humanitarian standards, as camps were confronted with higher numbers of incoming migrants and were overcrowded. They had limited shelter and poor sanitation capacities. For example, the Relief and Sheltering Assessment Report (May 2016) states that there were 46,004 people in sites with a capacity for 34,650.

However, funding and aid agencies poured into Greece after March 2016¹¹. The increase in funding enabled the RC to adapt its strategy and to considerably increase its levels of assistance. 60% of the online survey respondents agreed that the assistance provided was sufficient, but comments also included that it was more than needed. A key informant stated: *“They were nursing beneficiaries. Not only Red Cross, but all organizations”*, while a beneficiary said that *“When Red Cross was in the camp, they (the migrants) did not miss anything at all”*. As a result of the influx of other actors, there was also increased competition for space, which increased the RC’s willingness to take on more areas of the response.

This was especially the case for **basic health care, which was provided to a very high level by the RC in the camps** – well beyond what was available for the host population. RC actors were initially hesitant to respond to the request from the authorities to provide 24/7 services. However, clinics and have long opening hours, with often a doctor, nurse, midwife, paediatrician and psychologist available for consultations on acute and chronic needs. International staff did downsize the opening hours of the health services, but it took time to realize that the services in place went beyond responding to actual needs.

Intermediate Findings on Relevance in Phase 2:

The changing situation forced the RC to adapt its response and carry out a renewed needs assessment by a FACT team, which was the basis to revise the Appeal. Activities were adapted to be relevant to the new needs of the population. A decrease in the speed in which people moved through Greece allowed for relief items to be better targeted and more culturally sensitive and for the RC to start reflecting on a longer-term strategy. The high amount of funding and the pressure to act resulted in competition and a high-level of services in some areas.

3.1.3 Emergency Appeal PHASE 3 (March 2017 - end 2018)

The changing needs, evolving context and recommendations from the High-Level Mission in August 2016 defined programming in Phase three and resulted in a last revision of the Appeal on 22 March 2017, influencing once more the definition of the target population, the manner of assessing needs, the appropriateness and the quantity of the assistance.

Target Population

In the phase three, between March 2017 and the end of 2018, the target population was defined as migrant families and individuals of all ages and genders, especially those from marginalized groups in accommodation/reception centres and urban settings. The target population was mainly in **camps or increasingly in urban centres** in mainland Greece, and there were limited activities on the islands.

Assessing the needs

¹¹ The contextual analysis in Annex IV summarizes several elements influencing the level of services in the second phase.

The third phase, between March 2017 and the end of 2018, was informed by **multiple assessments conducted** across the operation. The transition to this third phase was marked by a High-Level Mission carried out in August 2016, consisting of representatives of HRC, IFRC and partner NSs, who met with the Greek authorities and other humanitarian organisations and reviewed the changing environment and the operation. One of their recommendations was a more detailed assessment to look into options to move from a camp strategy to one of greater integration within Greek society.

This assessment¹² (November 2016) identified the ongoing needs of migrants, in all locations, as more around the need for **integration support**, including for improved accommodation and living conditions, quicker and better access to asylum, labour, accommodation and accessible health services, improved protection and security, and more psychological support for vulnerable groups. It also stressed the need to scale-up support to migrants in urban locations, particularly around finding accommodation and jobs. It was clear that migrants and refugees – either those moved to urban centres or those stuck in camps, were keen to move forward with their lives, either inside or outside of Greece. The third and final revision of the Appeal (22nd March 2017) continued to offer assistance in existing sectors, but also took on a **more holistic approach** and focused more on **services in urban areas** and integration in the national set-up.

Appropriateness & Adaptation

After March 2017, the intervention strategy sought to foster a **longer-term approach, benefitting both migrant and Greek populations** and supporting the integration of both communities for greater social acceptance and understanding. The operation moved from a sectoral approach to be structured around six “building blocks”:

1. Accommodation and reception centres
2. Urban approach: information, advice, health services and PSS
3. Building bridges: CEA, sensitization, communications campaigns, advocacy
4. Basic Assistance: food, NFI, cash
5. National Society Development: focus on volunteer management, RFL, support services
6. Disaster management capacity development

“Continuing the provision of emergency response..., while at the same time moving towards sustaining long-term benefits, through supporting integration of the migrant population into the Greek community and building on existing skills within HRC.” Revised EPoA, March 2017. This new approach required a rebalancing of activities between sites and a shift of focus from camps to urban centres - the two **Multi-Functional Centres** (MFCs) and the **Educational Health Station** (EHS)/ mobile health units, and Accompaniment Programme (**ACCREF**). **Unconditional cash assistance** increasingly played an important role, replacing much of the other assistance and moving to a ‘one platform-approach’ coordinated by UNHCR and funded by DG ECHO with the RC covering the whole of the North of the country. A few independent projects remained, in places such as Lesbos or Ritsona, mainly around health and RFL, which were identified as strengths of HRC. This phase saw the first explicit mention of

¹² This assessment was done by the British, Danish and Spanish Red Cross Societies, with remote participation from the Austrian, Finnish and Dutch National Societies.

protection, gender and diversity in the IFRC plan / Appeal, thus late in the operation and which were said to be integrated in the activities of the MFC and the EHS. Picture 2 illustrates a poster in the EHS promoting the hotline operated by the MFC. The text box below summarizes the objectives of the MFC.

Multi-Functional Centres (MFCs)

HRC was already running a MFC and a national hotline for migrants in Athens before 2015. However, the MFCs in both Athens and Thessaloniki came into their own during the third phase, as centres for assistance to help migrants integrate into urban, Greek society. Their role is “to deliver a range of services to support migrants in their journey to effectively integrate into Greek society, as integration will benefit both migrant and Greek communities, regardless of the duration of time spent in Greece.” The MFC in Athens moved to be closer to the areas where migrants live and have a larger space. Both MFCs are accessible entry points to RC services, including: legal support; language classes; health services/PSS; social welfare services, incl. kindergarten and support to school children; and RFL. The MFC in Athens is supported by the Danish RC and the MFC in Thessaloniki by IFRC with funding and support of the British RC.



Picture 2: Poster to advertise the hotline of MFC

Quantity

In Phase 3, the needs in the **RICs on the islands** remained high, just as in the previous phases. However, the RC and other actors had to phase out activities in summer 2017, so that the authorities could take over responsibility for activities in line with **government** and donor conditionality. The halt came so abruptly that HRC backstopped the handover to the local authorities for a while. By autumn 2018, HRC was continuing with a few limited distributions or provision of NFIs to other actors for emergencies, some PSS and some RFL activities, although on a limited scale. One interviewee said that the, RC was one of the only actors providing NFIs from contingency stocks to the new arrivals.

On the mainland, the level of assistance in health services initially continued from the second phase into the third, but the revised appeal had already foreseen the phase out of activities in the camps in line with requests from the Greek and European authorities. For the beneficiaries, the **contrast** was striking after the RC departed from the islands in Summer 2017 and from the camps on the mainland in early 2018, and was most pronounced in terms of health services. In Ritsona, for example, the migrants went from full-time services, to having one doctor and an orthopaedist three to four times a week for the whole camp population of 957 people. There was no dentist, midwife or paediatrician and limited access to external medical care due to limited availability within the national system and transport limitations. In addition, other types of assistance were required, including interpretation, transportation or accompaniment services, and cash to cover medical costs on top of ongoing services by EHS, MFC, ACCREF and other smaller projects. There was also a clear cultural difference around the prevalence of providing antibiotics to patients – many were used to obtaining antibiotics in their in their countries of origin, whereas RC actors were more conscientious in limiting their use, causing frustration amongst the migrant population.

A further cultural difference was linked to the relief items provided. Across the three years of the operation, **baby milk and diapers** were without doubt the items most often requested by the

beneficiaries, although they were already part of relief distributions. The need for these two products was so high they were even stolen from warehouses and bought by migrants without children to send to migrant families in other locations in Greece. This seems to be due the fact that hygiene products, especially diapers, are much cheaper in migrants' countries of origin and thus used more as compared to Greece where the costs are high, especially in relation to cash grants.

Intermediate Findings on Relevance in Phase 3:

The third phase has been characterized by its move towards urban centres, reflecting the needs of the migrant population for integration. Multiple assessments led to the conceptualization of a more holistic approach, in an effort to link the migration crisis to Greek Society. Protection was explicitly mentioned for the first time, although assets were in country before. New forms of assistance aiming to meet multi-sectoral needs were developed and/or strengthened, such as a greater focus on the provision of information and accompaniment services. However, the reduced level of assistance in the third phase, due to the required phasing out of activities by the authorities and donors, has meant that the RC and other humanitarian actor have not been able to meet the continuously high needs of the migrant population.

3.1.4 Relevance Across Phases

A number of elements pertaining to relevance cut across the three phases and can be generalized for the operation. These are listed here below.

Relevance in relation to the different types of needs of migrants

The relevance of assistance was assessed by the online survey; staff were asked if the operation targeted the actual needs of the migrants: 50% agreed and 38,6% strongly agreed with this statement; only 5,6% strongly disagreed and 2,8% disagreed. Filtering that question according to phases allowed to separate the results time-wise and indicated that 83% of respondents active in the first phase thought the operation targeted the actual needs, 100% of respondents active in the second phase and 92% in the third phase.

The following challenges were common for all phases in order to target specific needs:

- **The target population was not a homogenous group of people with the same needs.** In this operation there were many different nationalities, each with different capacities, cultural backgrounds, and politics. There was a divide between migrants with resources, and those without, but often they got the same assistance. Some could clearly finance their needs in terms of food or shelter, while others were dependent on the assistance provided.
- **Distinctions can also be made based on time.** There were differences between those who arrived in Greece at the outset and those who came later, as well as the different locations they arrived or were stranded in. At present, the assistance of the RC and other actors is being downsized, as part of the handover to the Greek authorities, however, emergency assistance continues to be needed for both existing migrants and new arrivals. The relevance of RC assistance is lower now for incoming migrants, since the RC and others no longer cover the whole range of services. There is even a decrease in relevance for the earlier wave of arrivals, with some beneficiaries informing the team that the current assistance was not relevant for them, as they needed employment and

legal status, rather than cash. These needs are more difficult for the RC to address in the Greek context, since they fall beyond its mandate and control.

- The evaluation did **not find evidence of comprehensive, and consistent surveys** carried out by the RC across all locations, phases and activities in order to measure relevance from the perspective of the beneficiaries. Surveys done were irregular across the three years, varied in objectives and had limited numbers of respondents in comparison with the overall migrant population, even though RC staff confirmed it was a representative sample. (e.g. the team only had one survey providing information on the relevance of assistance - the household surveys done on ODK between June and December 2017 for all sites).¹³
- **Data from ODK** helped to improve feedback from beneficiaries and allowed the RC to improve the relevance of services, particularly health services, as the systematic data collection and analysis provided an updated and comprehensive picture of the (continuously changing) situation and needs. In Phase 1, the main diagnoses were upper respiratory tract infection, which was understandable given the weather conditions for those on the move, especially in winter. In Phase 2, the same diagnosis was the most common one, in addition to trauma from burn wounds. In the last phase, health checks were by far the most common reason for visiting health facilities according to ODK, and many more referrals were noted, including for students who were required to undergo health checks in order to access public education on the mainland. This corresponds to the changes in needs of the migrant population as described before.
- **The interpretation of who were vulnerable groups changed over the phases of the operation.** At the beginning, the response prioritized people rescued from the sea, those in need of urgent assistance and medical care, basic survival essentials, such as food, water, hygiene and PSS. Over time, the response continued to target the classic humanitarian vulnerability criteria - minors, particularly unaccompanied ones, single parents, pregnant women, the elderly, the disabled – and in this case, victims of trauma, such as SGBV, trafficking and torture. However, this focus on classic vulnerability criteria contrasted with the fact that a majority of arrivals were **young men**, and assistance needed to be more targeted to their needs. As of December 2016, the breakdown of arrivals was 42% men, 37% children and 21% women and it was not until Phase 2 that more women and children arrived. Over time, the **standard vulnerability criteria** and corresponding prioritization of activities **was adapted to reality, and by the Phase 3, all registered migrants and asylum seekers were targeted, although those not registered still did not receive cash assistance.**

The online survey asked if activities had been tailored to the needs of the different groups (men, women, children, elderly, disabled, etc.) - one third of respondents identified 'room for improvement' on that matter, with only some activities targeted at children (e.g. child-friendly spaces, baby kits and UAM safe spaces), with most services' standard for all. There are two missing groups throughout this response the elderly people and the disabled, although one beneficiary did state, exceptionally, that he was lucky to have his 76-year-old mother with him.

¹³ RC staff informed the evaluation team that surveys covering the overall migrant population were done by other actors and used by RC as secondary data.

- In addition, in Phase 2, the vulnerability criteria included in the Appeal document were extended to include a small number of **vulnerable people from within the local Greek population** for winter assistance. To include a part of the host population is standard practice for good humanitarian practice (“Do No Harm”). However, in this context there were limits in the funding available for Greeks and a reluctance to target those outside the “migrant focus”. In Phase 3, a small percentage of vulnerable Greek households, especially senior citizens, families with dependents or without breadwinners, were selected for a second round of cash grants in different locations. It was positive to see that the HRC Operational Plan for 2018¹⁴ moved away from a division between migrant and host populations and used criteria of overall vulnerability as guiding principles to define programming.
- The eligibility criteria for the cash assistance** under the harmonized programme coordinated by UNHCR were set at national level, yet they did not specifically target the most vulnerable. This decision was beyond the control of the RC but influenced their operation. Assistance was standardized per person and per location (partial for catered camps, and full for non-catered camps or locations). Persons under 18 years received a smaller amount than adults and larger families received more due to the higher number of family members. Yet, the criteria were not adapted to the needs of different vulnerable groups and made no difference between migrants with or without resources, healthy or sick, young or old, accompanied by family or single, etc. Vulnerable persons were supported by other kinds of assistance, such as health programs and UAM shelters and centres for minors but were not specifically targeted by the cash assistance. Furthermore, it was a precondition for receiving cash assistance to have an address and be registered, which left out vulnerable people living on the streets. The problem of homelessness was said to be particularly bad in Thessaloniki, and to be getting worse during 2018.

In addition, the RC showed that it was **capable of adapting to the changing phases** of the response and demonstrated the evolution of its programmes, both in relation to changing needs and to moving away from tried and tested approaches to new ways of delivering assistance. This was seen from “the relief on the move approach” through to the strengthening of the integration approach, through the two MFCs and the accompaniment programme. Sectors of intervention were adjusted to meet the needs of the population across the different phases of the operation.

The main driver for these changing needs was **the dynamic context** - the interventions had to be adapted on several occasions to remain relevant. This was confirmed by staff involved in the operation in the online survey, who identified **changing needs** as the main reason why activities or programmes were adjusted. Changes in the migrant population and changes in governmental procedures/policies were other important explanations for adaption, together with reasons such as a reduction of target population or closure of borders and camps. As it will be explained, in the chapter on effectiveness, these were also reasons why targets could not be met at particular times.

The adaptation capacity of the RC could be perceived in the changes in terms of **relief distributions**:

¹⁴ Not all activities of the HRC Operational Plan 2018 fell under the IFRC Emergency Appeal.

1. Distributions of food and non-food items had already started in the islands by August 2015 with the DREF operation. One month later, with the Emergency Appeal, distributions scaled up to assist 45.000 beneficiaries in the islands, Attica region, and border areas in the north. Feminine kits, baby kits, survival kits and food parcels were distributed, and mattresses for the reception centre in Athens were delivered.
2. Soon after, in October 2015, the contents of the distribution were reviewed to better adapt to the needs of people on the move. From early November 2015, winter jackets, baby carriers and backpacks were added to distributions in Lesbos where the majority of migrants were arriving. During that cold winter, distributions of socks and blankets increased in all locations.
3. By January 2016, the food and non-food items had been changed again to make the kit lighter and more portable, and a backpack was added for all sites to facilitate transportation. When Idomeni was closed, teams adapted distribution methods to be able to reach beneficiaries before they crossed the border, and in Athens, teams were able to react quickly to sudden arrivals from Idomeni.
4. After the closure of borders and the EU-Turkey deal in March 2016, when migrants got stranded inside Greece, food kits were adapted again to address the new situation: cash was already being studied as a suitable strategy to meet the needs of the migrants and increase dignity while reducing distributions. When the Greek Government started to provide food in some of the new camps being opened, the RC reduced distributions of NFIs in those sites and increased cash.
5. As the population was no longer in transit but living in camps for an unknown amount of time, the relief strategy was reviewed and adapted to include a plan for communal kitchens that, despite the time and effort invested, never fully materialized, since local authorities rejected the plan.
6. A one-off joint agency relief distribution for the winter 2016-2017 was organized in coordination with UNHCR and authorities. The first winter distributions for host families were added. The size of this activity required surge support to enable the RC to distribute 105,241 winter items to at least 15,000 migrants and winterized 454 tents in Kordelio and Cherso.
7. As of May 2017, in coordination with UNHCR and the local authorities, distributions were only carried out in sites where migrants had only partial cash assistance. The RC distributed food items, household items, clothing and textiles, baby items, hygiene items, and shelter items in its operational locations from its contingency stocks. Donations were made on request from other agencies for assistance to assist new arrivals.
8. By summer 2017, distributions ceased as cash assistance was being implemented in almost all locations in Greece under the programme coordinated by UNHCR, except in response to the needs of new arrivals.
9. By the end of the operation, the RC has distributed a total of 1,6 million items.

Intermediate Findings on relevance in relation to the different types of needs of migrants:

Overall, assistance was found to be relevant to needs, although differences existed between phases and between parts of the population or locations. There were challenges for the RC to target specific needs of the migrant population, including the heterogeneity of the target audience, the

overrepresentation of young men, changing needs and changing vulnerability criteria. The RC showed that it was capable of adapting to the changing phases of the response.

3.1.5 Appropriateness of types of assistance

Whereas all types of assistance under the IFRC Emergency Appeal were relevant to the needs of the population and the situation, some types of assistance were deemed more relevant at particular moments. For example, the previous pages have indicated the relevance of distributing relief items (food and non-food) especially in Phase 1 but when Cash-Based Assistance was implemented, the relevance of relief distributions decreased. A number of other sectors deserve further explanation to determine its relevance under the different Phases of the Appeal.

Community Engagement and Accountability (CEA)

The need for reliable and comprehensible information was present throughout all phases.

Therefore, CEA was included in the first Appeal/Plan of Action (October 2015), where it was stated that the arriving population needed information to make decisions: *“with limited access to often conflicting sources of official information, word-of-mouth, mobile phones and social media were commonly cited means of journey planning and communication.”* It was striking that many people reported the misinformation given to or picked up by migrants, including that many thought they had “reached Germany” upon arrival on the islands. The report from the CEA Lessons Learned Workshop in 2017 indicated that almost all arrivals did not know which country they had reached, and therefore the simple activity of holding up a map was sufficient at that stage.

The CEA-approach encouraged listening to people to better understand their needs and collect feedback on the appropriateness of activities: *“Fulfilling the needs of these people implies also listening to their voices and understanding what their real needs and plans are.”* (EA Sept 2015) In the first months, the idea of asking beneficiaries about their needs was new to some staff and volunteers. From key informant interviews, it became clear that engagement of the target population in the planning of activities was not established practice for the wider RC, and CEA approaches needed to be understood and reinforced among all RC actors. Even staff of the ERUs were not sufficiently trained in CEA approaches and were carrying out traditional outreach activities in health/PSS, but not CEA, which was insufficient in relation to the volume or complexity of needs.

CEA was clearly relevant across the three years of the operation. It moved from providing life-saving information and listening to needs, to becoming more thorough and structured in the later phases, coordinated by the IFRC. But there were challenges in delivering CEA, particularly in Phase 1. Two-way communication took time to be systematically organized and scaled up, and it also took time to ensure that it could influence changes in assistance: *“Despite feedback from refugees and telling HRC, the items were not improved and people were fed up, as they felt not listened to...the cheap soap made of animal fat (halal), everyone hated it, but it was not changed “.* Initial feedback mechanisms did not always work well, with target populations often providing positive answers, despite expressing negative opinions.

Steps were taken during the second phase to improve migrant consultation, improving feedback mechanisms and expanding of the hotline (ECHO I report). ODK was another tool brought on board by the Spanish RC to strengthen accountability and all of this led to changes in programming and to making aid more culturally appropriate (e.g. moving from prepared food, which might not be halal, to cash to buy and cook food). As people became stuck in Greece, it became more important to engage with migrants. Cash-based interventions helped develop more complex engagement approaches and by Phase 3, CEA was supporting integration and providing information on asylum procedures and other national regulations/systems, as well as on RC assistance.

In 2018, many migrants continue to have a *'transit mentality'*, which can limit the impact and benefits of CEA. From the outset, many migrants had no interest in staying in Greece and wanted to move on and, as the migrants came from many different communities of origin, there was little feeling of being a community and a lack of clear community leaders - a challenge for established "community engagement". Misinformation continues to play a crucial role in this crisis and has a direct impact on the long-term effectiveness of humanitarian activities. Myths, rumours, and hope for a better life in Europe are important hindering factors for proper integration of the population in Greece. This is an area that needs to be addressed in future with more integrated and creative work to bridge misunderstandings and build bridges between migrant and Greek communities.

WASH

In Phase 1, WASH activities consisted of hygiene promotion activities and the distribution of hygiene items (leaflets and hygiene kits) by the HRC, as well as the dissemination of health messages, and related demonstration activities with the support of the British and Danish RC.

In Phase 2, with increasing camp accommodation and as part of the FACT assessment, WASH was particularly relevant. This led to the deployment of WASH ERUs: the Spanish and French RC ERU supported the HRC in the Attica camps, and the British/Austrian RC ERU supported them in Cherso and Nea Kavala from March 2016, and also later in Kordelio/Softex. The IFRC request for the Mass Sanitation Module (MSM) for the north targeted personnel with the assumption that equipment and material could be got locally. The MSM module was deployed from March 2016 until mid-2017 in the North and was said to be welcomed by beneficiaries as it addressed the priority needs.

The July 2016 report *'Bearing Witness in Greece'* pointed out that water and sanitation remained a concern *"despite that the great efforts of the joint British and Austrian ERU contributed to a significant improvement in WASH"*. Chemical toilets were reported to be insufficient in Cherso and separate areas for female toilets were not standard practice in every camp. Poor living and hygiene conditions resulted in cases of scabies, lice infestations, and insect bites. The Real-Time Evaluation from September 2016 noted that the living and hygiene conditions in the camps where the HRC was working were alarming, with *"people living in crowded tents or containers (often families and groups of single men placed together) some on the bare floor, openly defecating and using unsanitary WASH practices."*¹⁵ However, HRC was not the site manager (SMS) or shelter actor in these camps.

¹⁵ Real Time Evaluation, European Migration Response 2015-2016, September 2016, p. 37

The RC did not have full control of WASH hardware in most camps where and could not address issues relating to septic tanks, solid waste and waste disposal. Quality improvement depended on negotiation with camp coordinators and authorities, whose decisions influenced the effectiveness of the activities – both positively and negatively. For example, there was no advance planning on the water supply in containers in Ritsona. In the north, however, where cooperation with authorities was said to be good, the MoH and the MoMP regularly visited the camps to verify if local standards were respected.

The RC was the WASH lead in two camps (Kordelio and Ritsona), providing access to water and sanitation through the installation, operation and maintenance of WASH infrastructure, such as toilets, showers and laundry areas. In Ritsona, the French RC and Veolia delivered hardware and the RC provided ramps to improve access for the disabled and elderly. In other camps (Skaramagas, Nea Kavala, Cherso), RC provided support to other WASH actors *“as gap fillers in maintaining and operating WASH infrastructures.”*¹⁶

Due to difficulties of finding local HRC staff to hand over to, the WASH component was driven by international staff. A strength of WASH seems to have been their community involvement. The RC distributed health and hygiene messages in cooperation with the BHC units, through the community volunteers, who were reportedly a good resource for picking up on ongoing issues in camps during household visits, cleaning rounds and during the distribution of soap and other hygiene items.

In Phase 3, WASH became less relevant. The RC pulled out of WASH activities in the camps in the north in May 2017, with the ERUs leaving and handing over their activities to the HRC or other actors: related infrastructure was handed back to UNHCR; hygiene promotion was handed over to the HRC; and particular equipment for camp management were passed on to local organisations. The distribution of hygiene items was gradually reduced, initially providing only those items not covered by the minimum expenditure basket, including baby and hygiene items, up until July 2017.

Health

Across all three phases, **the demand for all aspects of health services**, especially those of the RC, were in continuously high demand, from both the target population and the authorities.

In terms of health care, the ODK household surveys¹⁷ stated that 60-70% of respondents needed medical services in the previous months, of which over 90% visited the RC health services. In Phase 1, the domestic health system was overwhelmed by additional demands from migrants and refugees and the authorities wanted to outsource health care to other actors, including the RC. This matched with the core activities of HRC and of its partners - several informants said that health is the ‘bread and butter’ for the RC. In Phase 2, the services that the RC was able to provide in the camps (due to capacity and funding), led to high-levels of service and expectations from beneficiaries, some of whom came from countries with well-functioning health systems and brought these expectations with them. For many beneficiaries, the RC was a synonym for health care. As a result, when in Phase 3 the RC pulled

¹⁶ Final Report to ECHO from April 2017 (2016/01006/FR/01/01).

¹⁷ The household surveys were conducted as follows: Lavrio (July 2017), Nea Kavala (July, October and December 2017), Ritsona (July and December 2017) and Skaramagas (July and December 2017).

out of health services in camps and other sites, beneficiaries did not understand why. This was made worse by the fact that there was very limited capacity in the Greek health system (KEELPNO/Ministry of Health (MoH) to take over the RC role, and many areas of support disappeared. This has led to high-levels of dissatisfaction with current service provision and demands for the return of the RC. The Greek authorities are trying to address this through upgrading Philos.

Among health needs, there has been a strong demand for **psychosocial support (PSS) and mental health care** throughout the response. This is due to the high-levels of trauma among the migrant population. Although PSS was well resourced throughout the response and was adapted across the three phases from traditional PSS activities, such as child-friendly spaces and community activities, to more tailored PSS assistance and consultations, the RC was challenged in addressing the specific needs of one particularly vulnerable group - young single men. They were particularly traumatised and open to involvement in criminality or drugs. Therefore, they had a specific need and benefitted occupational activities in the camps. For this purpose, the Spanish RC developed a PSS programme in Ritsona and Skaramagas camps, including activities such as gardening and carpentry. Another good example comes from Lesbos, where the Danish RC developed football and cinema projects, and there were further reports of IT courses or other vocational training. However, in general it was difficult to provide adequate, targeted support. Specialized mental health services and proper case management were needed in some cases (e.g. UAMs), but challenged the RC basic health care approach.

Other types of assistance

When the population became stranded, **shelter and accommodation** were key needs. However, the RC decided not to engage in shelter and to focus on other areas in line with the existing capacities of the HRC and IFRC. HRC had previous experience of working in migrant accommodation but did not feel it had the capacity to engage on this scale. Other actors took on the responsibility for shelter and accommodation, but some staff felt that the RC could have been more involved in this sector.

Staff commented on the need for more support for integration into employment in Phase 3. Several key informants said that **vocational training and skills-building** could have been useful, particularly given the challenges of the Greek economy. It was understood that it was not a donor or partner priority, as other funding channels existed and other actors worked in this area, but, again, some staff wanted to include activities in this area.

Finally, there was a serious gap perceived in the handling of **protection issues**. This issue was raised by many informants and was seen to be a serious issue across all three phases and this was a key issue, highlighted by the High-Level Visit in 2016. This subsequently led to the establishment of a Protection Working Group and steps to build protection awareness and skills. This included working with other partners, such as "A21" on trafficking awareness and referral (in the north). Despite this, the RC, was slow to harness and share the expertise of partners, particularly the ICRC who was in country, to inform a more coherent response to protection and ensure that teams had the tools and training to deal with such issues. Linked to this, some respondents felt there could have been more done to deliver on the RC role to support family reunification, as there were clear needs and opportunities to build on EU legislative openings (e.g. the Dublin Agreement).

Intermediate Findings on Relevance of Types of Assistance:

From the perspective of the RC response, health was the most relevant type of assistance and the sector where the RC played the most important role. The need for CEA was present across all phases in order to provide information and to counter misinformation. Certain types of assistance could have been strengthened in the response, particularly in areas such as PSS/mental health, CEA and the earlier involvement of cultural mediators, protection, and family reunification.

3.1.6 Relevance of the response to the situation

Emergency response never operates in a vacuum and therefore the context needs to be analysed to determine the wider relevance of the assistance.¹⁸ In Greece, the context influenced the operation drastically. From the outset, **the migration crisis in Europe and Greece challenged the standard practices of the humanitarian community**, as the system is not built to deliver assistance within the context of a developed country in the European Union and is based on expectations regarding the division of responsibilities between Government actors and international humanitarian organizations, that did not hold true in reality. As a result, the context in which humanitarian organizations and donors operated in Greece was unexpectedly different. Even senior practitioners admitted in interviews that the operational context was one of the most challenging situations they had ever worked in for several reasons, including the limited experience of international humanitarian actors had to respond to population movement crises in developed countries, or the highly-politicized and mediated context. Also, the European Union, who had political responsibilities and interest in this crisis, while at the same time being the major donor, had a very strong role and needed to adapt.



Picture 3: Sign in the Safe Zone of Ritsona Camp informing about ECHO funding

In addition, Greek actors and authorities were unprepared for the magnitude of this crisis and were focused on dealing with the ongoing national financial crisis in the country. This resulted in the **absence of conventional humanitarian coordination mechanisms**, such as clusters or national substitutes, and the lack of a comprehensive plan or specific plans by the authorities on how to deal with this crisis.

The absence of strong guidance from the Greek government had several **operational implications on the work of all humanitarian actors affecting relevance, including that of the RC**. The authorities insisted on taking the lead in decision-making, without necessarily having a vision, long-term plan, or the capacity or willingness to listen to the advice of the humanitarian actors in country. The term SMS (Site Management Support) was invented for the Greek crisis to refer to CCCM (Camp Coordination and Camp Management), to indicate that a camp coordinator had the function to manage the camp but without full responsibility for decision-making, which remained in the hands of the authorities. It was a challenge to know the intentions of the authorities, and decisions were made on an ad-hoc basis.

¹⁸ A full contextual analysis can be found in Annex IV of this report.

Reliable information and clear plans or decisions were scarce, even for camp coordinators. For example, the camp in Softex (Kordelio)¹⁹ was said to be going to be closed 'next week' since its establishment. Eventually, the camp closed without any notice one week after the RC handed over its activities to another actor, Kitrinós. It was challenging for humanitarian actors to plan in this context.

Humanitarian actors with decades of experience were frustrated by **questionable decisions**. The former Softex warehouse in Kordelio was used to host migrants despite the strong opposition of the humanitarian community. The conditions were deemed extremely unsuitable, and even dangerous. However, NGOs and ECHO partners had no choice other than to deliver assistance there if they wanted to respect the Principle of humanity. The RC provided health services and took on camp management responsibilities in Softex and tried to address the situation.

In another example of slow or poor decision making, there have been no adequate winterization plans, over the three years of the Appeal, not even for the upcoming winter of 2018-2019. Only when conditions were extremely harsh, in the winter of 2015-2016, for example, could humanitarian workers purchase heaters for tents. The RC contributed to massive distributions with UNHCR in late 2016 in response to a last-minute demand from the authorities for winter support. Plans by the authorities to build greenhouses over the tents was, for the humanitarian community, an eye-opener that a proper understanding of the situation was absent.

Another concrete result was for the health services. The health structure in the country was deemed weak and overburdened, resulting in the authorities wanting to create parallel health systems for migrants and refugees, implemented by international humanitarian actors. Yet, there were no clear standards for health in the beginning, and no good coordination between the Greek health system and the health actors in the camps.

The absence of a fruitful working relation between the authorities and humanitarian community had **two other key consequences** for all humanitarian actors, including the RC. **First, the handover from the RC to local actors proved to be unnecessarily complicated** and failed attempts to transfer responsibilities were noted, despite efforts to set up a thorough handover process by RC teams on the ground. State staff were present in the camps before the handover, but they took a passive approach until the RC departed. A good example is the case of Lavrio centre, where the RC took over camp management responsibilities. Despite repeated efforts and pressure through press releases, the RC could not convince the Ministry of Migration Policy to be involved in the transition of the Lavrio centre. Even after the handover, Philós, the state actor responsible for the health services in several camps, did not have the necessary material, personnel or equipment.

Second, the role of law enforcement agencies in providing security in the camps was seriously questionable. Access to camps was not restricted, and especially in Skaramagas, this led to multiple issues. Informants assumed that basic policing services would have worked to deter violence. However, police officers did not intervene in tensions inside the camps, either between nationalities or when humanitarian facilities were attacked. In the absence of that, the RC had to rely on an

¹⁹ Softex is a fabricant of toilet paper who use the former industrial facilities in Kordelio where the migrants were hosted. This explains the name.

acceptance strategy as its main security measure. Occasionally, health services were paused, and personnel evacuated until tensions within the camps calmed down. Whether non-intervention by law-enforcement agencies was a deliberate political decision or not, security risks played an unexpectedly large role in the effectiveness of the operation. It is surprising that no major incidents took place.

Despite occasional differences of opinion on how to approach the crisis, there is **no evidence that the RC assistance was not in line with the Greek national plans and policies on assistance to migrants**. The RC respected decisions of the authorities, including that migrants should no longer stay in sites but be distributed over several smaller camps, even when this meant that the assistance would be costlier in terms of financial and human resources and delays would take place.

Some humanitarian actors spoke out regarding the poor management of the situation by the host authorities, and joint letters were drafted to the national authorities or to the European Union to advocate for better management of the crisis. The IFRC worked on common positions and approaches to deal with operational challenges and to approach the Government. As of 2017, the IFRC gathered data and approached the Ministry of Migration Policy on this topic but kept **a distance from becoming involved in public advocacy**. The latter was appreciated by the authorities but criticised by some partners. Overall, the relation between humanitarian actors and the national authorities was a very complex one, disintegrating at times into a blame-game and weakening the effectiveness of the operation

Intermediate Findings on Relevance to the Situation:

The response was influenced by political, economic and social developments at international and national level. The fact that the crisis occurred in an EU country challenged the appropriateness of standardized humanitarian operational practices and ways of working. Insufficient guidance from the host authorities had operational implications for the overall provision of humanitarian aid. At the same time, humanitarian actors did not receive clear directives from government, and did not have the operational freedom to decide how to respond to the needs of the people. Keeping the assistance relevant was a continuous challenge for the RC and other humanitarian actors, particularly when trying to prepare for or respond to new peaks in the crisis (e.g. winter), in term of security and in planning for and delivering the handover of activities to the national actors.

3.2 Effectiveness: To what extent were the activities under the Appeal effective in meeting the needs of the target population in the different situations (and locations)?

The second evaluation criteria focused on effectiveness. The following chapter analyses if the activities under the IFRC Emergency Appeal have been implemented as planned, and what factors contributed to or hindered that effectiveness.

3.2.1 Key Achievements at Output Level

The results of the IFRC Emergency Appeal: Population Movement in Greece are **positive at the output level**, as stated in the Operational Updates²⁰. RC actors have been successful in delivering services outlined in the operational plans, as can be demonstrated by the following overview of key achievements and facts and figures as of April 2018:²¹:

- More than **1.6 million food and non-food items** were distributed from the start of the crisis to July 2017. Between 26th October 2017 and 30th April 2018, an additional 48,902 relief items were distributed, of which 44,056 items (hygiene items, shelter items, clothing and textiles) went to RIC in Lesbos and Kos and to the municipal agency of Levadeia, and 4,846 items (hygiene items, clothing and textiles) were distributed by HRC teams in Skaramagas, Ritsona, Nea Kavala and the HRC UAM Shelter in Athens.
- **17,984 migrants received unconditional cash assistance** under the Appeal. Between October 2017 to April 2018, 5,136 households were reached. In addition, **1,165 vulnerable households** from the host population received unconditional cash assistance through debit cards.
- **174,292 basic health care services** were organized under the Appeal, including 164,516 basic health care consultations and 13,540 vaccinations. Under the health component, 537 migrants were trained **in first aid** and 11,132 participated **in health education and/or hygiene promotion**.
- **96,135 PSS services** (case management, counselling and referrals, community and family support services) were provided, including 45,159 child-friendly services. 887 national staff and volunteers received technical training to provide PSS support and **2,091 national staff and volunteers attended PSS sessions focusing on their own well-being**.
- **9,776 consultations** were registered at the Educational Health Station and Mobile Unit in addition to **3,039 vaccinations**. **5590 accompanied referrals** were organized, and 1,240 migrants participated in health promotion and hygiene promotion activities.
- **110 unaccompanied minors** were provided with basic needs in Athens, Kalavrita and Volos.
- The **MFC in Athens registered 25,150 visits** between May 2017 and April 2018, received 35,997 calls, and had 1,036 people attending Greek and English language classes. MFC staff counted 1,507 casework interventions. The MFC in Thessaloniki counted **6,429 visits** since November 2017.
- **468 new Greek volunteers and 136 migrant volunteers** were recruited. In just the period May 2017 until February 2018, nine trainings were delivered to Greek and migrant volunteers. Under the Appeal, **1,261 HRC volunteers** were engaged and **172,357 volunteer hours** were provided. Three volunteer recognition events were organized between May 2017 and February 2018.
- In terms of capacity-building, **training was provided to HRC HQ logistics staff** and the logistics emergency response and the **warehouse inventory system** were improved. HR, admin and finance systems were developed and upgraded and **53 HRC support staff were provided with training**.
- The HRC disaster response capabilities were improved through the development of a **NS response plan and of National Disaster Response Team**. 237,689 emergency items were prepositioned, including 234,357 NFIs and 3332 shelter items.
- In terms of quality assurance, **12 evaluations and lessons learned** initiatives were conducted and the Appeal continued to utilize ODK and dashboards for real-time monitoring.

²⁰ It fell out of the scope of the evaluation to verify all these results at output level, but in general no information was found in the data collection that contradicted with this overview.

²¹ Operations Update Nr. 8, 25 May 2018 and Operations Update 6 as of 14 July 2017.

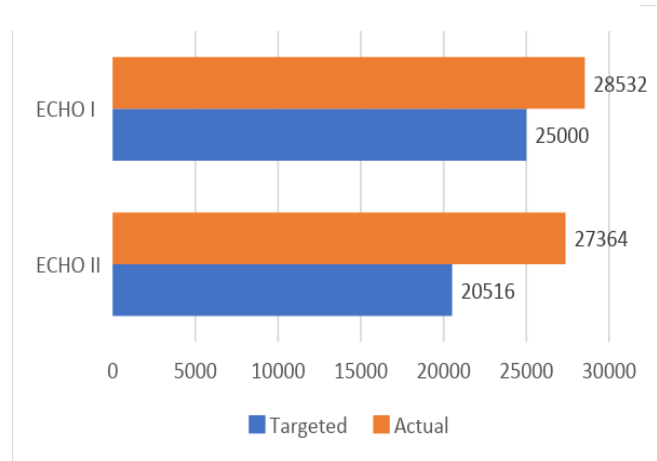
3.2.2 Meeting targets

Donor reporting provided a wealth of data on indicators and the fulfilment of targets. **In general, results under the Emergency Appeal were achieved, and targets were met with only few exceptions.** Figure 6 demonstrates a comparison of the targeted number of beneficiaries with the actual amount of people assisted through ECHO Funding.

A number of observations can be made from the two donor reports to ECHO, covering the period from March 2016 to April 2017, and from May 2017 to May 2018.

- Under the second ECHO grant, **contingency plans were included**, in which basic food items, NFIs, and WASH support would be procured and maintained as contingency stocks. By February 2018, HRC was thus prepared and had 253,000 items in their warehouses to (900.000 CHF). During the field visit by the evaluation team, it was clear that many of these items were being used in 2018 to assist the new arrivals in Evros, Lesbos, and other islands.
- The MFC Athens was said to be particularly effective**, reaching 6,428 beneficiaries instead of the 1600 targeted in the period between May 2017 and February 2018. In particular, the hotline was perceived to be a core service of the MFC and had been well extended beyond its original goals. This information was confirmed in the interviews and dashboards. When comparing services between Phases 2 and 3, a substantial increase can be observed with the landline calls going up from 2701 individual and 178 organisational calls in Phase 2, to 19,234 individual calls and 3068 organisations calls (of which 2404 of these organisations were non-RC actors) in Phase 3. WhatsApp messages went up from 337 individual requests for information in Phase 2 to 5655 individual requests in Phase 3.
- Unforeseen fluctuations in the beneficiary target numbers** within camp populations influenced effectiveness in delivering well targeted assistance. The size of camp populations could change very quickly because of the fluidity of the situation and the sudden opening or closure of camps, which made it hard to predict the numbers and location of migrant populations, particularly during the earlier stages of the crisis. The open system allowed migrants to move in and out of camps without restriction, which meant that the number of the camp population could change daily. **Security risks also affected effectiveness** in the camps because of inadequate law enforcement.
- The long delays in getting the approval of authorities and respective site management** impacted the timeliness and effectiveness of individual activities. The best example in the first ECHO project proposal is the development of communal kitchens. Humanitarian actors considered this, alongside the distribution of cash, to be a better and more sustainable way of providing migrants

Figure 6: Actual vs. Targeted Number of Beneficiaries under ECHO



Source: Final Report to ECHO from April 2017 (2016/01006/FR/01/01) and February 2018 (2017/00655/FR/01/01).

with nutrition, rather than by delivering food kits or catering. However, the communal kitchens never materialized as planned.

- **ECHO promoted a “one partner, one site, one-sector” policy in camps to foster efficiency.** ECHO, as the single most important donor for many NGOs, was able to drive its preference for a harmonization of services in camps and later across all sites. However, this had an impact on the reach and effectiveness of RC delivery and limited the RC’s freedom of action in certain areas. In particular, this happened for the CBA, where ECHO pushed for one actor to coordinate the country-wide CBA programme, which was coordinated under UNHCR. (see below). While RC staff saw the need for coordination, they felt that the UNHCR coordination led to challenges with the imposed information management system, and the blanket targeting system, which excluded some of the most vulnerable people.

Cash-Based Assistance in Greece

Following an assessment carried out by the Austrian RC in 2015, the planning of the Cash Transfer Program started in early 2016 using pre-paid cards to help meet the immediate needs of vulnerable migrants in Greece, as well as ultimately vulnerable Greek families. First distributions of unconditional cash cards commenced in Ritsona in October 2016 and reached 2,750 people (1,115 families) by the end of that year.

In May 2016, the Cash Working Group worked on a Minimum Expenditure Basket (MEB) intended to meet the basic needs for food, shelter, non-food items, health and transportation for the refugees and migrants. The final decision on the grant size included the in-kind food and non-food assistance that migrants and refugees were also receiving and was standardized per household across all actors. During the winter of 2016 and 2017 the HRC designed and implemented its own winter cash programme reaching a total of 2,150 Greek individuals.

In early 2017, UNHCR became the lead for cash programs implemented in Greece, with the IFRC, Mercy Corps, IRC, Samaritan’s Purse, and Catholic Relief Services working as implementing partners within a harmonized approach. The value of the transfer was based upon a MEB defined by the Cash Working Group in agreement with the Greek Government and was set below the amount given to vulnerable Greek families by the social protection system. The amount is proportionate to family size, ranging from 90 Euro per individual in catered accommodation to 550 Euro for a family of seven or more in a self-catered accommodation (UNHCR Overview).

In December 2018, 63,051 refugees and asylum seekers were assisted by cash grants as part of the ESTIA programme, funded by the European Commission. The caseload of IFRC in that month was 17,926 refugees. In total, 31,231 individuals (refugees and asylum seekers) received cash assistance at least once under the migration appeal. The HRC and IFRC had also provided cash assistance to 2,820 vulnerable Greeks in the 2016/2017 and 2017/18 winter.

3.2.3 Added value of the RC

Beneficiaries, partners and authorities were asked about the **quality of the work of the RC**. Few complaints were noted, and key informants were pleased with the work of the RC. In particular, they appreciated the efforts of the RC in involving communities and volunteers. Throughout the operation, initiative to establish and involve community volunteers in the response was seen as a positive move, both in terms of adding to RC expertise and capacity, as well as supporting the integration of migrants as volunteers in RC and Greek community activities. Since volunteers picked up on the concerns and complaints of other migrants, using community volunteers, positively influenced the wider

effectiveness of RC activities. According to the ECHO I report, 150 community volunteers supported the implementation of RC activities at the main sites in November 2016, said to be 'the peak of operations'. Many of the migrant volunteers themselves stressed that they would have liked to have done more for the RC, particularly because it gave them an occupation and a meaningful thing to do, as well as some additional recompense and engagement. Other humanitarian actors were said not to have these capacities and camp coordinators struggled after the departure of the RC, when community level activities and engagement diminished or ceased. The community did not take the initiative after the departure of RC and no other actor seems to have been able to fill this gap fully.

In addition, it was noted that **the IFRC/RC was flexible and tended to fill gaps** left by other actors rather than limit its engagement. The gap filling was viewed as both positive - the RC would often offer assistance or take on coordination roles where others would not (e.g. Softex camp in Kordelio) – and negative in that the RC was often left to maintain services or find someone to hand-over to if there were gaps. This was mentioned in relation to cash, where the original Cash Alliance Working Group had consisted of five actors. However, during 2017/8, the working group had reduced to two actors, who were providing all cash assistance on the mainland - the RC in the north and Catholic Relief Services in the south. Another example is that the RC continued a number of activities in Ritsona after it was agreed in December 2016 that it would stop implementing hardware activities. This was due to the lack of funding of the partners taking over WASH (Air Force and IOM), leading the RC to continue its role in desludging, repairing communal toilets and showers, and gravelling two areas for truck access, through until March 2017. Also, in Kordelio, the RC and ECHO agreed to extend its emergency WASH activities through until July 2017, since permanent infrastructures were not yet in place.

In general, the Red Cross intervention was perceived positively by beneficiaries, partners and authorities, although some issues on timeliness and efficiency were raised.

3.2.4 Timeliness and efficiency

Survey respondents (staff and delegates) were asked their opinion on effectiveness on two levels:

- 1) If the programme they were involved in achieved its objectives; and
- 2) If the Appeal was effective.

Figure 8: Question from online survey on effectiveness of programmes

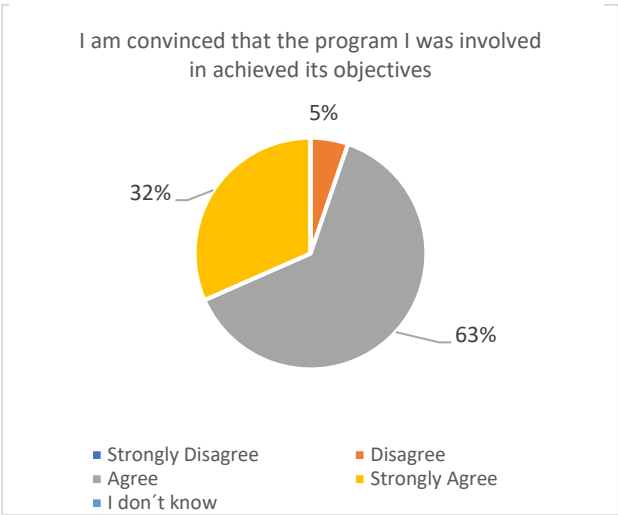
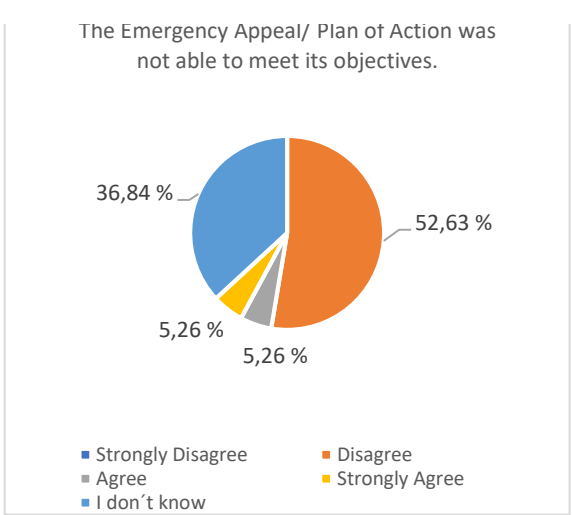


Figure 7: Question from online survey on effectiveness of the Appeal



When it comes to individual activities, almost all agreed that their programme achieved its objectives, as can be seen from Figure 8. However, survey respondents stated that this required strong efforts and came at a price, namely that staff had to work to their absolute limit. Figure 7 demonstrates that not all survey respondents felt confident enough to judge the overall effectiveness of the Appeal, since they were only involved in a part of the activities. About one third said they did not know, a little over half agreed with the statement, and 10% disagreed or strongly disagreed.

Several RC and non-RC staff members expressed **concern over efficiency and timeliness**. Almost a quarter of survey respondents were not convinced that assistance was provided in a timely manner. The fact of having funding available but still being late in delivering assistance, led to frustration amongst some staff. The main reason for assistance being delayed was **the slow approval processes or lack of planning, coordination and communication by the authorities**.

In addition, the slow procurement process and complex RC decision-making processes had an impact on the transition towards Phase 2. The most cited examples were the late procurement of winter supplies and the arrival of these supplies in May or the need from Presidential sign-off for all HRC expenditures. The change from a mobile to a static population led to different needs and requirements for goods and services and for a renewal of capacity and support, and yet it took time for the system to adapt and for the new teams and goods to be agreed and arrive. As a result, the goods purchased under Phase 1 were distributed in Phase 2, even if they were not that appropriate at that stage.

3.2.5 Satisfaction of beneficiaries

Little data exists to measure the satisfaction of beneficiaries in Phase 1. For Phase 2, however, ODK and donor reports to ECHO included details on beneficiary satisfaction. A survey conducted between November 2016 and April 2017 collected 1500 responses from six camps (Skaramagas, Ritsona, Nea Kavala, Kordelio, Diavata and Oreokastro). Satisfaction levels were as follows: **Cash Transfer Programme - 97%, Relief (food and NFI) - 92%, Health Promotion activities - 92%, PSS - 87%, Hygiene items - 84%, BHC services - 67%**. The report found that one of the reasons for lower satisfaction with health services, compared to other services was different medical approaches between European health units and the medical services in the countries of origin. Most complaints on health services were about the access to services or insufficient quantity of medicines provided, especially antibiotics.

Direct feedback from beneficiaries on the effectiveness of the first two phases was more difficult. The Spanish RC established **ODK** and the system was extended across all RC partners, providing consistency across all programmes and a basis for operational decisions. However, ODK data was of limited use to assess the real satisfaction of beneficiaries. ODK surveys indicated that **99% were satisfied**, but it was clear that beneficiaries often felt compelled to be positive in surveys, even if they voiced concerns elsewhere. This makes the use of this data insufficient by itself without further explanation.

In Phase 3 until the departure of the RC from the camps, **beneficiaries were satisfied with the services of the RC, especially with health services**, as confirmed by satisfaction surveys²² conducted between

²² The evaluation relied on the following surveys: Satisfaction survey results on basic health care between May 2017 and February 2018 of all camps, household surveys between June and December 2017 of all sites, on health promotion between May 2017 and February 2018 of all camps and on PSS activities between May 2017 and February 2018.

May 2017 and February 2018 and feedback during the evaluation visit. The household surveys, for example, demonstrated that 92% of those needing medical assistance in the camps of Nea Kavala, Lavrio, Ritsona and Skaramagas, sought help at the RC BHCU. Beneficiaries of the BHCU were largely satisfied with the paediatrician, general practitioner and nurse. A little less satisfaction was noted with the dentist or midwife. In general, surveys noted very high levels of satisfaction with limited complaints in terms of opening hours, waiting time or space. The finding that health services were satisfactory in the camps on the mainland was confirmed in the literature and through interviews with beneficiaries.²³ The survey data only covered Phase 3, and less data was available to assess access to health services outside this period, in urban environments.

In support of related findings under relevance, **more men** indicated that their problems were not solved after visiting the RC health services. Some staff explained this was because men were more outspoken than women in feedback mechanisms, however, as was already stated in the previous chapter, assistance was not always relevant to young men and this could be linked to their response.

Another source for assessing beneficiary satisfaction was the direct discussions and interviews with beneficiaries and migrant volunteers during the field visit. Most of them described their experiences at the time of the field visit (autumn 2018), as disappointing as they continued to expect more or different kinds of services from the RC than were currently available. Volunteers referred to migrants coming to the MFC and expecting immediate and comprehensive services. Nevertheless, the interviewed migrants and migrant volunteers stated that the **RC remained the best organization for providing healthcare to the refugees and did what they could** - their procedures were perceived to have been easier and less complex than those of other organizations, their care more accessible, and their staff and volunteers were “respectful” and understanding of their situation.

3.2.6 Sustainability

Effectiveness would have been higher were the following elements present:

- **The main challenge to effectiveness was linked to sustainability.** The handover of the services to local capacities, including the Ministry of Health or the HRC, proved to be challenging. In May 2016, a long-term strategy for BHC was included in the EPoA, but did not materialize since it proved difficult to recruit local medical staff. Since few suitable candidates were found, capacity-building efforts could not take place. As such, international staff and actors stayed longer than anticipated. ERU missions had to be extended beyond their original mandate and over several rotations, until March 2017, due to the absence of a capable partner to handover to (IFRC CEA Report of April 2017²⁴). Initially, it was said that RC activities would continue until local actors could take over the services in the camps. However, in the end, the activities had to be closed, due to the end of funding, the planned handover to the authorities and the departure of actors. When RC actors

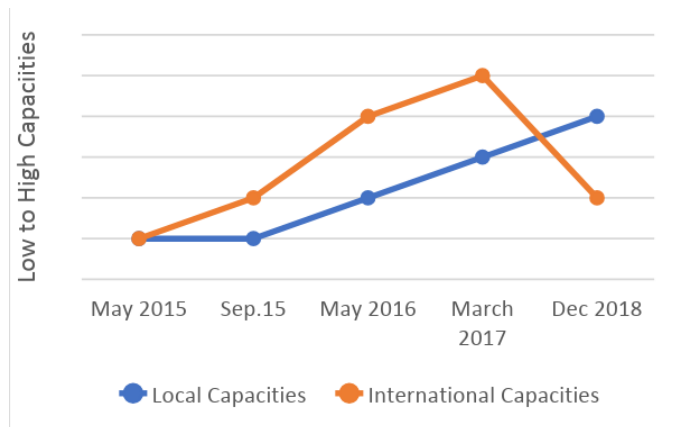
²³ ECHO, Mission Report to Greece by Dr. Ian Van Engelgem, dated 24 November 2017

²⁴ Report on community engagement and accountability (CEA) practices and activities used by Emergency Response Units (ERU) and Operational Teams (CTP and Relief Coordination) in the IFRC Greece Population Movement Operation 2015 – 2017, and recommendations for the better utilization of CEA in ERUs by Dorothy Francis of April 2017.

finally left, there was either no one left to take on the many of the roles and gaps in activities, such as CEA in Ritsona and WASH in Skaramagas, or there was a decrease in the standard and quantity of services provided in line with national levels, as in health²⁵.

- The High-level Mission developed strategies for transition, integration, and longer-term planning and capacity building. Yet, several informants stated that a **clear and context-specific exit strategy was not considered** when planning activities at the start of the Appeal, including when developing the parallel health services in the camps. The IFRC plan for Phase 3 relied heavily on the **assumption that local capacities**, particularly those of the Greek authorities, **would be able to take over** some of the activities of the

Figure 9: Theoretical Assumption on grow in international and local capacities of the RC transition strategy



This is demonstrated in Figure 9. The RC was aware that the services provided by the authorities would be more limited, however, some reported that HRC and some PNS continued to deliver activities, particularly health, at the same levels up until the handover, without downsizing gradually.

“The vast majority of services provided to meet the basic needs of asylum seekers, and related to the social inclusion and integration of refugees, will be entirely the responsibility of the Greek Government by the end of 2018,” IFRC Operational Plan, 2018

- In the first versions of the Appeals, there was no clear **RC risk assessment or management strategy**. Only gradually were risk matrices included in the Appeal, but still without clear mitigation measures. In the EPoA of March 2017, many potential issues related to risks, assumptions and constraints were identified and described, yet there was no clear assessment of the potential impact of the revised plan of action and it was felt that this had still not been clearly identified and addressed by the RC, even given the current contextual challenges and situation with the HRC. **The risks of a possible gap after the departure of RC** actors in specific locations was not included in plans and strategies, nor was the risk of the high expectations of beneficiaries, the low capacities of the authorities and local actors, and the ongoing slowness of asylum and integration processes.
- Improvements in terms of planning for sustainability can be seen over the years**, demonstrating the adaptability of the response. For example, the Operational Plan of 2018 recognized that the mobile health units might increase dependency of migrants on RC medical services, instead of

²⁵ Philos openly reported that it had limited numbers of medical staff per site, few medicines, and were having to use personal equipment and networks to provide health care. This service was being upgraded and recruitment was underway while the team was in Greece.

encouraging them to transit to the Greek public services. Staff indicated that the risk of the mobile health unit becoming a parallel system had been considered, but that it was clearly explained to the beneficiaries that it should be an entry point to other services, rather than a duplication of services and its planned exit was clearly explained to the migrants. The EHS team realised that the HRC cannot maintain the same level of services, and they used the last three months of 2018 as a transition period, with migrants required to come to the EHS centre for services. This allowed migrants to get acquainted with the location of the clinic inside an Athens hospital, and encouraged vulnerable mothers to accompany their children to the EHS. This has decreased barriers for migrants to access the Greek health system after the end of the project. **Lessons were learned**, but in Autumn 2018 it seemed unclear if these measures would have resulted after the team had left at the end of 2018.

Findings on Effectiveness:

Despite all challenges pertinent to the response and context, the RC has managed to achieve its objectives. Overall, beneficiaries, partners and authorities were satisfied with the services of the RC, especially the health services around 2016-2017. There were some issues of timeliness and efficiency in relation to the response due to slow decision-making with the RC and with the authorities. The sustainability of activities and results after the departure of the RC actors in the camps was identified as an issue. The basic assumption of the risk analyses, that the local authorities would take over, did not materialize. Proper exit strategies could have been strengthened and applied earlier and communicated more clearly to beneficiaries.

3.3 Impact: What was the impact of the Appeal for the target population?

The impact, i.e. the actual long-term effects of the operation, depended on two elements, the operation itself and the context in which the RC actors operated. While there is no doubt that migrants would have been worse off without the RC, a number of developments within the context have limited the potential positive results the Appeal could have had.

Dignity & Involvement

The RC was successful in making a positive change in the situation of the migrant population. In the online survey, 85% of the staff involved in the operation agreed with this. Indeed, the RC was a main humanitarian actor in many sectors, such as relief, health, cash, WASH and urban approach, and had it been absent, it would have been sorely missed. The RC made a difference for the migrants across the three years.

Beneficiaries, and local and international partners, agreed that **the RC brought dignity to the migrant population**, especially when providing services in the camps. It gave them a sense of 'normal' life in the camp conditions. Migrants stated that the RC was like 'a mother and father' to them and provided them with everything they needed. Through community involvement as volunteers, the camp population had a feeling of ownership and could influence the assistance provided. The RC presence

reassured migrants that they would be looked after, and staff got invited for weddings or received food. In the ECHO II report, it was said that when the RC operated in Kordelio, there was no garbage lying around, WASH facilities were properly used, and the camp population appreciated information received and the distribution of hygiene items. Similar stories were noted from RC beneficiaries in Ritsona, where the camp population was involved in painting classes resulting in an exhibition, and volunteers were leading PSS activities within their own area of expertise and in Moria, where the PSS activities were also critical for the young men who urgently needed an occupation. In Skaramagas, community activities were noted to have seriously deteriorated since the departure of the RC.

Overall, **the RC provided a strong community involvement element to its assistance and care in the camps**, and this was the element that was most strongly noted, and subsequently missed, by the residents. The community volunteers in the MFCs in Athens and Thessaloniki also felt this strong sense of involvement and were proud that they were able to help other migrants - it made them feel better. *"I did not want to go out and I did not talk to anybody. I just felt isolated and was not willing to leave my tent. I was having bad thoughts, because you feel ... you are in the worst place.... It was not until a friend of mine, after several attempts tried to persuade me to attend the football training that RC organised, that I began to leave my tent"*²⁶, said a young man. The cash-based assistance also initially supported this feeling of dignity, since it provided more autonomy to the population to purchase what they preferred.

The Role of Information & Integration

The high quality and quantity of RC services had led to dependencies and unrealistic expectations of the assistance they would receive in the future. Some migrants, including volunteers, still did not properly understand the mandate of the RC and expected assistance with the approval of the asylum process, access to schools or finding jobs. Moreover, migrants felt that they were promised more from the humanitarian community and when they were left to the Greek reality and standards, which were often lower than what they had been used to at home, many were disappointed. It could have been different if the integration process had taken place more quickly and if more had been done to address expectations and provide clearer information on the real situation. However, it was lengthy, and migrants became frustrated that those arriving in 2016 were no more integrated than those arriving in 2018. Greek society had no jobs to offer, even when they spoke the language. Feeling that there was no progress, migrants and refugees felt afraid at what would happen to them and concerned that support would stop if they were granted asylum. *"In beginning, I thought this was another option for humanity. I thought I (had) arrived for a bright future, for being safe and being happy, but now I lost everything,"* said one migrant.

These excellent services created a bubble around the camp populations that were not sustainable. When this bubble burst after the departure of the RC, the migrant population felt abandoned. There were no more volunteers picking up garbage or cleaning the site and volunteers could not earn a little extra money either. Instead of having social workers, psychologists, and doctors available in the camp, or other WASH or NFI services, the migrants had to navigate Greek society to reach local health and social services, which was more complicated. In Ritsona camp, limited CEA activities took place to prepare beneficiaries or community volunteers for the RC's exit from the camp and the RC was

²⁶ Source: Final Report to ECHO on 31/05/2018, Agreement Number ECHO/-EU/BUD/2016/01016.

criticized for not better preparing them before leaving and not creating incentives for volunteers to continue with the organisation of social activities and community support after they had gone. Where the handover of materials may have worked, it became clear that the camp populations had not been well enough prepared for the end of the soft support they were receiving from the RC, and were anxious about the departure and what would happen to them next. As result, the migrants were angry and resistant to the RC's departure and as result, the reputation of the RC was affected.

Several beneficiaries expressed understanding of the difficult situation of Greece. *"Greece has nothing to offer their sons, how can it offer things for refugees?"* However, this only strengthened the influence of rumours that the situation would be better in other European countries, which undermined their desire to stay and try to integrate. Stories and rumours abounded that Germany and other countries provided all migrants with envelopes of money, passports, accommodation and jobs, and even the latest i-phone. This sense of there "being no future" hindered many migrants from integrating into Greek society and led to a vicious circle. While the HRC, IFRC and Spanish RC did provide CEA support, it was felt that a stronger, more structured approach might have been needed to tackle these feelings, including organizing direct exchanges between migrants and the Greek population to demystify false expectations and provide more accurate information.

Lack of Hope for the Future

During this long waiting time, a lack of hope has led to depression amongst beneficiaries. Some migrants, especially for highly educated ones, no longer feel assisted and consider the cash-assistance to be insufficient and irrelevant to their needs and humiliating as they need jobs. The entire situation has **resulted in negative coping strategies for a part of the migrant population**, including dependencies on private support from relatives abroad, resorting to illegal income generating activities or even crime, using smugglers to move on, or returning to their countries of origin. UAMs returned to safe zones even after being transferred to urban centres, since they felt isolated and without support. On the islands, vulnerable or new migrants in some sites resorted to pregnancies, self-harming or faking diseases to be considered for resettlement on the mainland or moved on more quickly for transfer to Europe. Families with new-born babies remained in tents in the informal settlement of Olive Grove, instead of moving into containers inside the adjacent Moria camp, since they assumed that this would increase their chances for asylum or better treatment. *"We were not in heaven in Syria, but at least I could offer my family a good life,"* said one migrant.

In terms of conflict-sensitivity, **tensions between the different nationalities** within the migrant population were noted. These were already present in the beginning, due to the decision of the former Yugoslav Republic of Macedonia to only let certain nationalities pass through, such as those from Syria, Afghanistan and Iraq. The Arab population was perceived as receiving preferential treatment and assistance over others, and nationalities were said not to trust each other. In the last phase, tensions have developed between old and new arrivals. One Syrian woman was frustrated that other nationalities were exploiting the situation and trying to enter Europe, when they were not suffering from a civil war. She felt that she had more right to assistance than others, and new arrivals should stop coming. Especially on the islands, the situation is dire in this regard.

The situation was challenging for the host population. From the beginning of the operation, international actors received complaints about the level of services the migrants were receiving

compared to the status and standard of living of the host population. Although Greece is a high-income country, poverty and unemployment rates are among the highest in the EU²⁷ and the effects of the financial crisis are still being felt. Right from the beginning, there was a difference in health, shelter, NFIs and other services that local Greeks could access compared to the migrants. Upon request, local people were allowed occasional access to some of these services, but to a very limited degree and assistance for Greeks was one-off. For example, the FACT Report of October 2015 stated that in Idomeni and Samos/Chios, the local community had asked to access the RC health facilities due to its high standard of care, level of specialization and long hours of service provision, including at weekends. By the winter of 2016, the HRC cash team also pushed to include a cash programme for vulnerable Greek families (as they had learned was good practice). However, due to donor restrictions - ECHO did not want to include the host population in assistance, as there were other, separate programmes to help the Greek population deal with the crisis - the cash assistance was of a small scale, given the level of needs. However, this decision negatively impacted the balance of the humanitarian assistance with host communities, particularly as the programmes for Greek families were so limited.

As such, some of **the Greek population did not understand the level of support for the migrants**. It was said that humanitarian actors failed to explain their role to the Greek population, namely that their aim was to help the migrants, and that the local population would be assisted by other means and channels. Actors themselves were not clear on what they could and could not provide and why. For a domestic relief organization, like the HRC, this double responsibility was not easy to manage, in particular during the last phase of the response, in which the migrants were accommodated in urban centres and were clearly visible to the Greek society, rather than in relatively isolated camps. This situation is continuing beyond the end of the current Appeal and the pressure is likely to get worse, given the capacities of the Greek system to absorb all the needs of both the migrant population and its own. These tensions could potentially bubble over in future.

Findings on Impact:

The RC Appeal, and the humanitarian operation at large, did a good job in a challenging context, and when and where possible, brought dignity to the beneficiaries. However, the lack of international and national political progress in offering a comprehensive answer to the migration crisis, leaving thousands stranded and not being in a position to fully respond to the needs of new arrivals, has led to a halt in improvements in the situation of the migrants in Greece and has negated some of the positive results of the humanitarian actors in the past three years. Migrants in Greece find themselves in a waiting situation, which is a fertile ground for despair and misunderstandings, builds tensions and hinders the search for a lasting solution to the crisis.

²⁷ In 2016, 35% of the Greek population was at risk of poverty or social exclusion with Greece among the top three in the EU after Bulgaria (40,4%) and Romania (38,8). The average of the EU was 23,5%. (Source. EUROSTAT, https://ec.europa.eu/eurostat/statistics-explained/index.php/People_at_risk_of_poverty_or_social_exclusion, consulted on 1 December 2018)

3.4 Coordination: To what extent did the coordination, amongst key factors, help achieve the expected outputs of IFRC's response in Greece?

The response to the migration crisis in Greece has **challenged the functioning and internal coordination of the RCRC Movement, both nationally and internationally**. These difficulties found their origin in the specific circumstances of the 2015-2018 operation in Greece and in the challenges related to RC actors. Many actors within HRC and the IFRC, as well as partner National Societies, have worked hard to optimize coordination, share operational expertise and human resources, and to work together to support the delivery of the response.

3.4.1 Movement Coordination Mechanisms

Overall, the RCRC Movement in Greece managed to maintain effective operational coordination, both internally and externally. Although it was reported that the Movement Coordination Mechanism had not formally been triggered in Greece, there were a number of coordination meetings set up across levels and sectors. They can be summarized as follows:

1. In 2016, the focus was mainly on operational coordination and information sharing through the work of the two Field Coordinators (one in Thessaloniki and one on the Islands) and through a Weekly Task Force in Athens to share information. This was supplemented by the usual set-up of operational reporting, including FACT and ERUs, and additional programmatic meetings at national and field level. The fact that the Appeal was jointly revised by HRC, the IFRC and the PNS in late 2016 and early 2017, was also seen as an important milestone in coordination.
2. In 2017, coordination was better structured and took place both on a strategic level between the HRC, the IFRC, and the ICRC, and on operational level between all Movement partners. Whereas the Movement Platform was never officialised because of the HRC integrity crisis, monthly informal lunches took place between the HRC, IFRC and ICRC Heads. The operational level became better structured and more efficient. A Task Force for the Migration Operation brought coordinators/leads from the different operational and technical areas together, while additional subgroups discussed programmatic issues.
3. In 2018, the same coordination mechanisms were continued, but reflected more HRC's divisional structure rather than its programmes. Three technical working groups were also foreseen, however, while protection and CEA functioned, the third working group on National Society development never materialized, due to the continuation of the HRC internal crisis.
4. Additional operational meetings with HRC were organized on an ad-hoc basis between 2016 and 2017 to discuss the revision of the Appeal, the implementation of the ECHO grant, the evolving situation and to share plans.

The feedback on the effectiveness of the internal coordination depended on the level and manner of coordination and there were **varying opinions** as to the levels of transparency and efficacy of the regular coordination meetings. A majority of the staff responding to the survey found the coordination meetings useful to quite useful, as shown in Figure 10. In addition, the following observations can be noted:

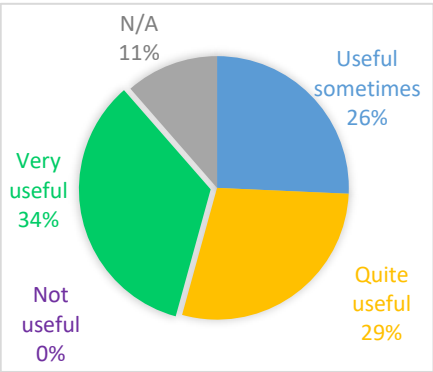


Figure 10: To what extent were the coordination meetings with Movement partners useful

- **Site coordination between the different Movement partners was perceived as positive**, with 26% of survey respondents considering it very good, 56% good, but 12% bad and 3% very bad. Personal cooperation worked better than institutional coordination, and the same can be said for the individual transfer of knowledge and learning. *“Regular coordination meetings were arranged and provided information of coming activities, although some NFI distributions were not very well planned, but luckily all went well eventually,”* commented one survey respondent.
- In the earlier phases, general coordination meetings were organized at HRC HQ, with all sectoral representatives from the HRC, the IFRC and PNS. As the operation became more complex, these meetings became too large, long and inefficient, so the RC actors adapted and set-up task force meetings by sector to be more agile and focused. **The general coordination meeting became more focused on strategic matters** and a learning process can be noted in that change. A side effect was of course that information-sharing between staff was less than in the first year and there was a need for action to be taken to address this gap.
- Regular coordination meetings also took place at management/operational and technical levels in the different sites (the islands and the North). In addition, the Movement set up **technical working groups** to address specific areas of work or challenges.²⁸ Due to the geographical dispersion of the operation, Skype calls were used between the sites for coordination and information sharing purposes. However, the distance was still said to hamper effective coordination, and stopped PNS in the north from attending regular meetings in Athens.
- **High-level meetings** between the HRC President, the IFRC Head of Office, the IFRC Head of Operations and the HRC Head of Operations, and on a trilateral basis with the ICRC, took place on a weekly basis in 2016 and 2017 in order to discuss progress and any issues requiring specific attention. While they were opportunities for HRC, the lack of ownership by the National Society for the migration response and for the coordination, and the inevitable focus on the internal crisis and legal litigation, hampered the effectiveness of these meetings.

²⁸ A technical working group to look at ways to improve the ways of delivering CEA and communicating with the changing migrant and refugee population, a logistics task force, a Cash Working Group to set up and adapt the cash modality and set the MEB for the Greek context, working groups dedicated to health and mental health and an urban working group in Thessaloniki to share information and experiences on the specific needs of urban integration and transition

- The **High-level Visit of Heads from a number of PNS** was seen as timely to prompt a rethink of the RCRC response to the changing situation. Recommendations from that visit helped shaped the move to greater engagement in Cash-Transfer Programme (CTP), PSS, Protection and the shift to longer-term programming and focus on integrating migrants and refugees into the Greek national system and context. It also clearly stressed a “Do No Harm” approach.

3.4.2 Key Challenges and Successes in Movement Coordination

The coordination and the mobilization of the different capacities and resources of the Movement were **affected by the situation and the institutional challenges within the RC**. This affected some actors and technical areas more than others, but overall limited the development and the possible added value of the coordination processes and tools as a result. Rather than one actor taking the lead and being responsible, it was a combination of efforts and developments from a number of different partners, that supported the coordination delivery.

The Hellenic Red Cross (HRC)

When the migration crisis hit Greece, **the National Society was experiencing serious governance and management issues**. This overall challenge was already articulated In the EPoA of 2015, where it was recognised that it was a risk having HRC manage the operation. The migration crisis exposed the problems within the National Society to the other parts of the Movement:

- In response to the accusations of poor management and governance, Greek courts had appointed multiple, short-term Governing Boards, with a limited mandate to establish new Statutes, organize elections, and deal with urgent administrative matters. These boards **did not fully engage in or take decisions regarding the migration response** and the leadership did not change institutional practices or implement necessary organisational reforms. This situation of HRC meant it was **not well perceived** by some public bodies, partners or the Greek population, and was not able to fully focus on the migration operation. In addition, the repeated intervention of the HRC leadership in operational and management issues, resulted delays and put constraints in the EPoA implementation on several occasions
- **HRC’s working culture was not in line with the needs to respond to acute emergencies**. HRC staff and volunteers, especially in the Branches, had limited experience in such crises or of working with other parts of the RCRC Movement. The latest humanitarian ways of working had not been adopted by the HRC, for example, the Sphere Standards had never been translated into Greek²⁹. For the initial phases, the evaluation agreed with the statement from the Gender, Disability and Diversity Review 2018 that *“beneficiaries are primarily viewed as a target population rather than persons with the capacity to make informed decisions”*³⁰. The National Society was characterized

²⁹ The translation of the Sphere Standards into Greek was included as an activity the Emergency Plan of Action of 2 September 2015. However, it seems that this was not done; it was not mentioned afterwards, and a Greek translation of the standards cannot be found on the Sphere website.

³⁰ IFRC. Gender, Disability and Diversity Review of Multifunctional Centers and Cash Transfer Programming in IFRC and Hellenic Red Cross Migration Operation in Greece, June 2018.

by a bureaucratic management style, where micro-management hampered the agility and effectiveness of the response (e.g. all expenditure, no matter the size, was signed off by the President). Support units, including logistics, finances and human resources, were weak at the outset, but managed to build some capacity during the response, thanks to support from and engagement with Movement partners.

- The National Society had four Divisions (Samaritans, Social Welfare and Nursing and RFL) and all operated in silos. Each Division had its own volunteers for example. In 2015, **there were no established coordination mechanisms within the HRC**. Under the Appeal Task Force, meetings were organized where HRC staff could share info, take joint decisions and coordinate plans, but the divisional structure did not really alter as a result of the response. There were also challenges in finding appropriate counterparts in the HRC for the IFRC at all levels and locations.
- **Due to the financial crisis, HRC staff often did not receive their salaries for many months and per diems were very uneven across the Society**. Basic equipment, such as cars, vests or IT equipment, were missing in the Branches', but also for RFL in Athens for example. The hiring of some HRC staff under the IFRC Appeal created divisions among the HRC staff, as those assigned to work under the Appeal received their salaries on time, were given the required equipment and material, and had greater opportunities in work. This situation contributed to tensions within a dysfunctional and stretched HRC. *"The Appeal created two groups within the HRC, those working for the Appeal, and those who didn't,"* said a key informant.

Despite these challenges, **the response delivered on its goals** and the successes should be highlighted:

- The HRC was **praised by many stakeholders for its local presence across Greece and for the commitment of its volunteers in each location**. Key informants asserted that it helped the RC to have an immediate presence and to adapt to the quick changing needs in terms of geography (from the islands to the north). Where other organizations needed to move staff and equipment around, the RC always had a basis to work from.
- In such a challenging context and difficult circumstances, it is **important to acknowledge the commitment and individual efforts of many of the HRC staff and volunteers**, who continued to offer assistance on a daily basis for many months, with limited experience, support and recognition. There was solid feedback from those interviewed on the commitment and hard work of HRC staff and volunteers in all locations and this needs to be recognised.
- A number of the staff and volunteers have **considerably increased their skills and experience** and are still with the HRC. Although HRC staff and volunteers felt under-confident at the outset in dealing with international counterparts, many learned a lot from doing the job alongside experienced delegates and valued the opportunity to develop their skills through training, learning by doing and specific capacity building support. They also valued participating in the coordination systems and mechanisms that, in their experience, were relatively new and appreciated the benefits of coordinating with other sectors and departments, both within the HRC and within other parts of the RCRC Movement.

- The activities implemented under the EA provided staff with exposure to humanitarian developments, standards and approaches, but benefitted individuals, and not the HRC as an institution. The previously-mentioned approach of interim Boards and Management, **resulted in HRC missing the opportunities** presented by the crisis, the Emergency Appeal and the engagement with Movement partners. Attempts were made by the IFRC and some PNS to support institutional and organisational changes within the HRC, yet little fertile ground was found. A good example of HRC's potential ownership of change,



Picture 4: Ambulance of Lesbos Branch, purchased by Danish Red Cross

- was observed during the field visit of the evaluation. The Danish RC bilateral support in Lesbos had invested in the capacity building and sustainability of the branches, including the installation of Branch offices, purchasing a car for staff (see Picture 4) and bikes for the volunteers, thus strengthening the Branch to fulfil its responsibilities towards the local population. There are other examples as well, which are elsewhere referred to in the report.
- The HRC developed, with support from the IFRC, the concept of **fast-track volunteers** to refresh and bring up to speed existing volunteer capacity, and to bring in additional new volunteer capacity, including volunteers from migrant and refugee communities. For many this was felt to be a creative and effective step to bring in additional volunteer capacity and, in particular, to engage migrant communities. However, for others it was seen as too quick, too light and unable to provide volunteers with a real understanding of the RCRC, or to build a sustainable volunteer base. Indeed, many of these new volunteers were reported to have done “lighter or second-class work”. The approach needs to be further assessed to see how migrant / community volunteers can be better integrated and be retained with HRC.
- It was recognized that HRC staff and volunteers were confronted with unforeseen and difficult circumstances in the first phase of the response and for a long duration thereafter, such as on the islands in and Idomeni. As such, **psychosocial support was arranged for RC response teams**. Trainings on key topics, such as security management or cultural matters related to the work with migrants, started to take place by the end of 2016 and continued throughout 2017. While staff and volunteers appreciated the psychosocial support provided, the evaluation team's meetings with staff and volunteers indicated that there is still an ongoing need for support and this support could have been provided sooner and more thoroughly.
- The HRC had no **Disaster Management Unit** and no mechanisms and protocols to respond to a big scale crisis (e.g. no evening or weekend on-call) before the crisis. Yet, as a result of IFRC capacity-building efforts, contingency plans and Standard Operating Procedures (SOPs) were drafted for disaster management, HRC staff were appointed with specific responsibilities in DM, the first National Disaster Response Team (NDRT) was established and Branch Disaster Response Teams (BDRT) were being planned, as well as health and PSS emergency response units. These elements (except BDRT) were successfully tested in the HRC response to the wild fires in the Summer of 2018. The willingness of staff to cooperate cross-divisionally grew gradually, and there was

evidence of improved coordination during the response to floods and fires in 2017/18, *“Cooperation between divisions was difficult ... but now the staff and volunteers have learned to work together”* 2016 Draft Report on Greece’s Transition from Humanitarian Assistance to Integration: Transitional and integration programs.

The International Federation of the Red Cross/Red Crescent (IFRC)

The inability of HRC governance to meet its responsibilities as host National Society put a heavy burden on IFRC to take on the coordination of the operation, but IFRC experienced a **number of challenges** in fulfilling this responsibility:

- The IFRC was pushed into a **dual role, running overall coordination for the operation, while also delivering programs**. The IFRC had only a relatively small team in place for such a large operation and these responsibilities stretched the human capacities of the Country Office. With HRC missing the capacities and the interest of management and governance to take on further responsibilities, it resulted in a complicated role and an uneven relationship with HRC, that distracted from the short-term humanitarian imperative. Frustrations were large given that there were no real internal changes taking place within the HRC, despite capacity-building efforts.
- The IFRC did not have **a presence in Greece nor a legal Status Agreement in the country**, which restricted its operational capacities. Coupled with the financial and legal issues of the HRC, this resulted in the IFRC having to find solutions on an ad-hoc basis and to set up a parallel structure and systems for finances, human resources and logistics procurement, relying on the existing structure of the IFRC REO to support the operation. Delegates were bringing in cash from the IFRC REO, and human resources were hired via a recruitment agency, which added to the in-country complexity, and resulted in practical challenges, such as payments, VAT issues and cash transfers.
- Key informants felt that the IFRC, and the Movement as a whole, did **not have the relevant experience** for responding to a population movement crisis of this magnitude and dynamic characteristics and was unprepared for the response in the European context. It did not have the tools or preparedness measures to mitigate or respond to such a migration crisis. The IFRC REO had not been confronted with a similar type of emergency before.
- Many key informants said that there was a **lack of clear leadership between the levels of the operation** – between the levels of management in the islands, the North and Athens, between HRC leadership and the IFRC structure, between PNS, and between the management in-country and decisions being taken at a more political level in Budapest or Geneva. This was particularly the case at the outset when there was limited operational capacity in-country and it was all being managed from IFRC REO, and around the time of the High-Level Visit in 2016/17. Many felt it took the RC too long to make decisions as a result in this fast-changing context. External partners noted that they did not understand who was in the driving seat this time for the Movement.
- **Disagreements between IFRC and PNS** were noted, in particular, with regard with the overall coordination of IFRC in this crisis. Decisions of the IFRC were challenged by PNS, who required convincing, as with the implementation of ODK across all programmes or the faster transition from

international to local staff. The IFRC felt that PNS did not always understand or appreciate its coordinating role and its parallel responsibilities in terms of capacity-building of the NS. On the other hand, movement partners had divided perceptions of the role of the IFRC. Some PNS staff thought that the IFRC performed well in its coordination role, with open and inclusive staff and management, regular coordination meetings, and information sharing, while others thought that the IFRC should have done much more to be inclusive and to share information, particularly with those in locations outside of Athens. *“It creates confusion when the IFRC is trying to have an overall coordination role in an operation, while also at the same time being operational... it becomes unclear who the Federation represents, when there is at the same time a “competition” with PNSs on budget shares and donor-attention let alone access to staff and volunteers of the national society,”* said a key informant.

- There were some **challenges around security coordination at the outset** as neither HRC nor Movement partners were set up for the situation on the islands, in the North or in the camps. There were some challenging experiences for volunteers, staff and delegates at the outset. However, the IFRC did set up an effective security plan and procedures that were used from 2016. *“Security was not taken seriously at first as it was in an EU Country,”* said a key informant.

Yet, the **wider IFRC network mobilised its surge capacities in a thorough manner**, and was able to scale up its response and provide relevant and effective assistance and services to migrants and refugees, across the three Phases. This was a substantial deployment for the network:

- **Funding played an important role in the operation.** Significant funding was raised for the Appeal, especially in the first two year, and IFRC managed to diversify its funding better than many other actors. Donors were engaged and committed. The IFRC managed the funding well, even though the HRC situation brought financial challenges, the IFRC was able to properly coordinate funding across the operation. The evaluation did not identify any financial shortcomings in this regard, or any indications of donors complaining about insufficient or inadequate reporting. Of course, the phasing out of funding heavily influenced the decrease in RC activities as 2019 approaches.
- **The IFRC REO** provided overall DM capacity and operational management/coordination at the outset of the operation. Given the complexity of the context, the IFRC Head of Delegation was mainly taken up by the representational role, so during the first phase, the IFRC REO played a strong part in providing remote support for the management of activities in Greece, until a Head of Operations was deployed in August 2016. Once fully established, the IFRC country office in Athens was able to take responsibility for managing and coordinating the operation, although the REO continued providing strategic input, technical support (e.g. organizing CTP training or supporting the drafting of the contingency plan), and due to the absence of a legal status, the REO continued to underpin basic support services for the operation from the IFRC REO, particularly for finance, logistics and human resources. For much of the operation, the division of roles and responsibilities between Budapest and Athens was confusing and could have been more clearly established, and information flows between Geneva, Budapest and Athens complicated coordination at times, especially in the first phases of the operation.

- There were comments that the **deployments of both FACT and Head of Emergency Operations**, and the recruitment of an Operations Manager, should have been done earlier. This would have better supported coordination in the early stages of the operation, as the IFRC country representative was fully engaged in representation and engagement with the HRC.
- A number of key informants commented on the capacity of the **IFRC technical coordinators and delegates**, stating that several did not have enough experience or technical knowledge. While this seemed to be less of a problem in the initial stages of the response, about which there were more positive comments about the experience and know-how of, for example, the logistics and cash teams, it became more of a problem as the operation was consolidated. The turnover of staff was extreme and contributed to this, but it was also a lack of knowledge of the Movement and how to work with a National Society. *“At the beginning the Greek staff would willingly do anything. When the international staff came they brought a different dynamic – they cut out space for their own organisation and wouldn’t help in a crisis,”* said one key informant.
- The IFRC recognized at a certain moment that the capacity-building efforts of the HRC would not lead to the desired result. Together with representatives of the PNS, a new plan was drafted for the last Revision of the Appeal **to make sure that at least some ‘building blocks’ would stay in place after the Federation left**, including DM, logistics and cash. In addition, the capacity-building efforts of the IFRC resulted in the training and upskilling of staff in the finance and logistics departments. For example, the IFRC support to the HRC under the Emergency Appeal will have left the HRC with increased experience and knowledge on cash programming (also tested in response to the wild fires), protection and the establishment of the MFC in Thessaloniki (with the British RC).
- The IFRC promoted **responsibility sharing with PNS**, and gradually PNS became more involved in decision-making reflecting the strong interest of some PNS in Greece. Some PNS clearly took responsibility in certain areas, such as the Spanish RC on information management and EHS, the Danish RC in supporting the MFC in Athens, and the British RC in supporting the MFC in Thessaloniki.
- **There were some interesting models for cross-learning and knowledge sharing in this operation**, over and above the learning captured around specific technical areas, such as PSS, CTP and CEA, through reports and meetings. One example of such learning was through the setting up of the “cash academy” in Thessaloniki by IFRC and supported by British RC. This enabled PNS to send 16 relatively new cash delegates to work in a supportive environment and gain experience in CTP. One of the first “pupils” has since come back and is supporting the programme. There has also been important learning to be had from the Spanish RC supported ACCREF programme, which is being replicated in other areas.

Partner National Societies (PNS)

For the Partner National Societies, the migration response in Greece was also a unique experience. By May 2016, there were 20 PNS present and active in this context, some operating under the Appeal as part of the surge deployment or providing financial support, and some operating bilaterally.

- **The media coverage and politicisation of the crisis across different EU countries resulted in a high-level of pressure on EUNSSs to respond quickly and to scale in Greece.** It was difficult for Movement partners to balance the pressure to scale-up and respond in a timely manner given the rapidly increasing needs, while also respecting the situation and capacities of the HRC in its own country. The proximity of Greece and the politics of the migration situation also led to high-level representatives of EUNSSs becoming heavily involved in operational issues. This increased the burden on the operational and technical teams of the IFRC and the HRC.
- It was also reported that responding in an EU-member state made some EUNS question the IFRC's role and seek to take a stronger leadership role in the response. This was especially the case around in the question of **who should take the lead in the ECHO-grant application process and project management.** Differences of opinion exist on this matter. Some PNS would have liked to see a Partner National Society taking the lead, convinced that their expertise and know-how should have been given priority and to ensure direct communication between the PNS and the donor around programme decisions and outcomes. Others preferred that the IFRC was in the lead, to guarantee centralized coordination and information sharing and to take on the reporting burden. After intense discussions, it was eventually decided that the IFRC take the lead for ECHO I and II. Some PNS still felt that this decision had limited their ability to explain programme priorities to the donor and had resulted in badly informed decisions, such as the late support for cultural mediators. However, IFRC informants disagreed and stated that information and suggestions from PNS were properly shared with ECHO, and information from ECHO was shared with PNS through regular meetings and emails, in a timely manner. Finally, the third ECHO-proposal was led by the Spanish RC.
- There were cases of unrequested assistance being provided by PNS, who deployed services without previously informing or coordinating with the HRC or the IFRC in-country, and this was not appreciated by either the HRC or the IFRC. Other key informants however, appreciated that **most RC assistance in this crisis was coordinated under the Appeal,** rather than on a bilateral basis. **The London Plan of Action,** resulting from the European Migration Conference of February 2016, stressed that: *"We, European National Societies, share responsibility for taking these actions forward. We are in this together,"*.
- Many of the PNS contributed with the deployment of ERUs, mainly working in health (including PSS) and WASH. While there was some contact between ERUs to compare experiences and approaches and some exchange visits, this was mainly due to individual initiatives, and there was feedback that more could have been done **to share lessons learned and approaches between the different teams on the islands, in the north and around Athens,** particularly around exiting the camps. PNS worked in a fairly independent manner inside the camps. One area where it was said that there was a need for more coordination, was around the complexities of the health referrals process, transportation and translation. HRC staff and volunteers had to adapt quickly to new systems and procedures introduced by each PNS and to cope with the different working cultures, as new people arrived.
- From a PNS perspective, however, some partners felt that they had to **keep a level of independence,** given the HRC's status, and they maintained separate offices and processes. Some PNS teams ended up working more separately from HRC staff and volunteers and created a sense of "them and us". Feedback from one PNS noted that they had not been able to take the time to

work out how best to engage with the HRC and plan activities accordingly. If they had, they would have done more to take the HRC with them and leave a durable capacity. This issue of not investing in HRC longer-term sustainability was also raised by other PNS, who felt that, although programmes had moved to national staff, relatively few HRC people had been involved in the IFRC/PNS programmes (e.g. around health or integration) and that this would limit future capacity and sustainability.

- **Due to the limited capacity of the HRC and the internal challenges of the operation, the ERUs and other IFRC surge personnel were deployed way beyond a normal deployment term.** While there are some divided views as to the suitability versus the lack of options around this situation, it was generally agreed that this led to the extended use of emergency response units (ERUs) their human resources, and their related skills, tools and approaches way beyond the immediate emergency response phase. This meant that the teams limited abilities to adapt their tools and approaches to longer-term needs and conditions and that the health units were set up to provide higher quality services than was needed for the numbers of beneficiaries and for the developing context. It also led to costly operations for PNS, in order to maintain multiple ERU rotations as the only way to maintain support, and to problems with the high-turnover of delegates, and limited briefing/handover and quality of delegates mentioned above.

International Committee of the Red Cross/Red Crescent (ICRC)

Coordination between the ICRC and the HRC on RFL dated from well before the crisis. This included the setup of an ICRC-Antenna in Athens in 2013-2014 to strengthen the position of and the services on RFL by the HRC. The Antenna closed, as planned, in June 2015, although the topic was still rather new for the HRC and the planned closure of the Antenna unfortunately coincided with the outbreak of the crisis and thus a difficult time for the HRC.

The ICRC opened its office in Athens in March 2016 upon request of the authorities to provide specific protection related support to the migrants and the Greek authorities. This allowed ICRC to re-establish close collaboration with the HRC in the sector of RFL in response to the increased needs, and therefore, the ICRC provided technical and financial support for the Tracing department of the HRC. Yet, the weak position and bureaucratic set up of RFL within the HRC, were said to impact the relation between the ICRC and HRC, and the overall work of HRC. Whereas RFL was mentioned in the Emergency Appeal, its budget was not part of the Appeal and was fully funded by the ICRC. This put RFL in an awkward position, where **the coordination of RFL within the overall emergency response was challenging at times and roles and responsibilities were not always clear.**

The overall ICRC operation was complementary to the one led by the IFRC. ICRC activities included visits to places of immigration detention, the provision of forensic support to identify deceased migrants and assist their families, and engagement in policy level dialogue with the authorities.

In late 2016, an IFRC protection delegate was seconded by the Danish RC to work with Movement partners on protection. A **joint Movement Working Group on Protection was set up in February 2017**, for the ICRC to provide a forum in which to exchange information on protection issues, coordinate joint responses to protection related needs and provide training to Movement partners. The initiative

was welcomed by several stakeholders as a way to improve Movement coordination around protection. The dialogue and collaboration at working level was excellent, however there were some concerns about the value of this Working Group at high level. The working group ran a number of trainings, but it was less successful in tackling protection related problems in the camps. It made specific efforts to improve the security situation of humanitarian workers and migrants in the Skaramagas camp, but its results were limited due to the reluctance of the authorities to engage, as well as inadequate staffing of the ICRC in the early phase of its operation.

Intermediate Finding on Challenges and Successes in Movement Coordination:

The particular circumstances in which the response to the migration crisis took place, in addition to the internal challenges, had a strong influence on the way the RC actors worked together. The HRC's internal crisis, limited capacities and experience affected Movement coordination, as the host national society could not take on a leading role nor support key functions. This led to the IFRC setting up parallel systems and processes and raised disagreements between IFRC and PNS. HRC underwent a clear learning process, but this mainly happened at the level of individual staff and volunteers and was not mirrored in institutional or management levels. While the high turnover of staff may not always be avoidable in a response that continued way beyond the expected timeframe for emergency response tools, it is important that international partners send delegates with the appropriate technical skills /expertise calibre and training in how the RCRC Movement functions.

4. CONCLUSIONS

This evaluation intended to assess the contribution that RC actions have made towards improving the situation of the migrants who arrived in Greece between 2015 and 2018. The evaluation process demonstrated that the response cannot be analysed in isolation, since the contextual and situational challenges were of consequential influence on the overall humanitarian response, including to the RC actions. Therefore, conclusions need to be made at two levels, first on the overall humanitarian community, and second on the RCRC Movement.

General conclusions on the humanitarian response to the population movement in Greece

The Greek humanitarian response holds important lessons for the entire humanitarian community. The emergency in Greece was an atypical operational context for international humanitarian actors and the target population unusually composed. The dynamics and speed of the emergency were remarkable, especially in the early phases of the crisis. The situation was also exceptional since it was a crisis within a crisis; the migration crisis came on top of a national crisis situation.

Response actors felt limited in their humanitarian space. Being confronted with a democratic government in place, they awaited clear guidance and the plans of the national authorities. However, Greece was in a serious social, economic and political national crisis itself. The priority of the authorities was therefore focused on how to address the internal crisis for the Greek population. This

became a huge problem in Phase 2, when political decisions at European level forced the Greek Government together with the humanitarian actors on the ground to find ways on how to assist stranded people. The lack of a comprehensive plan by the responsible ministries hindered the effective cooperation with the humanitarian community. A few strategic decisions were taken, which had a strong influence on how the response was organized, such as the instruction to distribute the migrant population over many smaller camps. Operative guidance was absent however, leaving humanitarian workers lacking clarity and having little room for initiative-taking and decision-making. While there was no operational vacuum in Greece, there were also no effective alternatives in place.

In the past twenty years, humanitarian workers have been developing tools and ways of working to increase the effectiveness of their response. These standards and mechanisms have become widely accepted and are fairly standardized across responses. International humanitarian actors came to Greece with this mentality and confidence, but found that not all tools and practices were suitable to the context; for example the standard UN humanitarian coordination mechanisms were not utilized. A proper assessment and analysis of the context was absent at the start of the operation and the need to adapt tools and mentalities to the situation was insufficiently considered. At the same time, the market and geographical location of Greece allowed humanitarian actors to maximize their response tools, leading to an over-delivery in certain sectors and locations in Phase 2, but failing to realise sustainability and potentially generating long-term negative impact.

The relation between humanitarian actors and political interests became obviously intertwined in Greece since the deficiency of a clear European solution was one of the main causes of the escalation of the crisis in Phase 2. In addition, the absence of an effective comprehensive national and European plan constrained the effectiveness and sustainability of humanitarian assistance. Unconditional cash-based assistance is a clear example of aid that was initially effective to meeting emergency needs but resulted in a disempowerment of people when used for too long without progress in other social services. Furthermore, the lack of an efficient integration process in Greece, nurtured rumours raising hopes to move into Northern Europe and the continuous weak capacity to take on responsibilities to care for migrants resulted in a fragile situation with potential risks for all involved.

Conclusions on the RC Actions in response to the population movement in Greece

A third crisis influenced the relevance and effectiveness of the RC Actions. On top of the migration crisis and the national crisis in Greece, the HRC was in the middle of an integrity crisis. The potential of the National Society was thus seriously limited, and its focus was not on the migration crisis. The migration crisis was actually an opportunity for change, with all the experienced humanitarian partners in the country, and could have served to demonstrate the relevance of the HRC to Greek society and international partners.

The IFRC, together with motivated HRC staff members, assumed a double role. The Country Office was attempting to build the capacities of the National Society, who was still officially in the lead, and at the same time covering up for the operational deficiencies of the HRC. This led to confusions at the time, including with the PNS. The division of responsibilities between the IFRC and PNS was furthermore influenced by the fact that the crisis happened on European territory, and the PNS felt more responsible in this part of the world. Lessons were learned over the three years, and by the end of the

crisis, clearer division of labour existed. Communication and exchange of experiences between the PNS could have been stronger.

Despite all hindrances, it is remarkable that the RC managed to deliver effective programs. International response tools were deployed in a timely manner and were very effective in delivering aid. In particular the health activities of the RC were much appreciated by beneficiaries, partners and authorities. However, the request of the authorities to set up parallel systems for the migrants resulted in a clear mismatch between international and local standards, and further strengthened unrealistic expectations of the migrants with regard to their future in Europe. As a matter of fact, the role of expectations and misinformation was enormous in this crisis and illustrates that the CEA approach applied was unfortunately not as effective as planned. There is an opportunity for the RC to use its capacities and points of contact to bring the Greek and migrant communities together and to have a better understanding of each other's situation and support levels.

The RC showed that it was capable of adapting itself to the changing phases and demonstrated an evolution of its programmes both in relation to changing needs and moving away from tried and tested approaches to attempting new ways to deliver assistance, from relief on the move, to new approaches to integration through the MFCs and the accompaniment programme. Also, cash-based assistance was included in the plans from the beginning but required time to be properly set up. Lessons were learned and Greece was used as an example for PNS and HRC staff on how to implement cash-based assistance.

RC staff and volunteers were the deciding factor for the RC to be effective. They went above and beyond to help the migrants. Passion and commitment of certain staff and volunteers were the drivers of the initial response. The RC practice to employ community volunteers was perceived positively, even when sustainability was missing. Whereas the inclusion of psychosocial support for volunteers and staff improved gradually, needs for duty of care and recognition of personal investments continue to exist until today.

There is also a clear message to the IFRC and the PNS around the calibre and training of their international staff: while the high turnover of staff may not always be avoidable in a response that continues way beyond the expected timeframe for emergency response tools, it is important that international partners send delegates with the appropriate technical skills/expertise and training in how the RC Movement operates, to be able to support the National Society appropriately.

The RC actions clearly improved the situation of the migrants, especially in the camps on the mainland. However, towards the end of 2018, the contribution of RC actions to improve the situation of the migrants became more limited, and few activities are ongoing. The programmes that have continued in this last phase of the Appeal, such as the multipurpose cash programme, the MFCs, the EHS, ACCREF or PSS on Lesbos under the Operational Plan 2018, are of particular relevance and effectiveness. These programmes have better sustainability measures in place for their results to continue even after the departure of the last international RC staff from the country.

Today, the situation in Greece remains problematic, despite all the inputs from the IFRC and the HRC. The funding has decreased, and many agencies have left or scaled down. It has been difficult to handover to the authorities and local agencies, who continue to have limited capacities and

interest. At the same time the number of migrants is rising again on the islands and the migrants remain stranded there. This crisis is not over yet...

5. LESSONS LEARNED AND RECOMMENDATIONS

Emergency Appeal PHASE 1 – Population on the move (Sept 2015 – March 2016)

LESSONS LEARNED

- ✓ **The importance of adapting assistance to a migratory population.** The assistance in Greece had to be quickly changed in Phase 1 to keep it light and useful. Kits were broken up and unnecessary items discarded or replaced with more flexible items, and useful items such as backpacks were added. This sort of practical adaptation is useful and can be further standardised in contingency planning and preparedness for population movement operations.
- ✓ **The importance of information as aid and of community engagement modalities.** Migrants arrived with little knowledge of where they were and of their options and rights. The role of CEA therefore became vital in this operation and to help inform migrants on their situation, options and rights. This work provides lessons on the need for early information and the value of mixed approaches to reach wide/complex groups, the range and depth of information needed. It would be useful to establish pre-tested approaches and packages for sharing information with newly arriving migrants, as a standard support modality.
- ✓ **Harnessing the passion and commitment of key staff and volunteers.** Delivery was not well resourced or organised at an institutional level in the initial stages of the response and depended a lot upon the good will of staff and volunteers. The importance of having dedicated staff and volunteers was realized and initiatives were taken to increase their knowledge and professionalism, including the provision of training (fast-track and on the job) and offers of psychological support. Even though these support mechanisms were not perfect, valuable efforts were made to improve them across the three years. The RC successfully managed to include communities in its activities, including through the recruitment of community volunteers, but further improvements in sustaining these practices would be important.

RECOMMENDATIONS

1. **Early risk assessment and mitigation (contingency planning)**- Ensure that risk assessment and mitigation exercises are carried out in the early stages of future population movement responses, to prepare for likely scenarios, and include planned actions and monitoring measures in the EPOA.
2. **Fully integrate targeted community engagement and accountability** - Ensure that CEA is prioritised as an integral part of response activities from the outset of a population movement operation and ensure all RC staff and volunteers are briefed on key CEA approaches and messages.
3. **Timely duty of care for volunteers and staff** - Put in place early support for volunteers and staff in frontline positions, including provision of training, support and PSS, and ensure such appropriate support is maintained throughout the response, including retention measures, recognition of their efforts and appropriate compensation.

LESSONS LEARNED

- ✓ **New and creative coordination approaches in response to operational challenges.** Under this Appeal, 7 PNS and the IFRC utilized a common data collection tool to allow for real-time monitoring with ODK being linked to the dashboard on top of other creative forms of concrete collaboration, such as the MFC and the cash academy.
- ✓ **Flexible logistics and procurement processes.** Initially, it was assumed that material and equipment could be purchased locally. Unfortunately, the implications of the national crisis were more substantial than anticipated. This led to a complex and slow logistics and procurement process. But the system adapted in 2016 and 2017 and creative solutions were found by staff. This flexibility made the delivery of assistance possible and increased its efficiency and effectiveness.
- ✓ **Cash as a useful tool, as long as it is time-bound and with a clear focus.** Cash was introduced to respond directly to beneficiary needs for greater flexibility and choice, when they became stranded in the camps. The RC was one of the key actors to scale up its cash response and worked towards a coordinated and realistic approach. However, there are interesting lessons to be learnt from the duration and scale-up of the cash programme and the subsequent move to the coordinated cash approach, and how to ensure it stays relevant and sustainable.
- ✓ **Early establishment of the Protection Working Group as an important milestone,** but its setup could have been done earlier, as a main activity of Movement coordination, and as part of the engagement with the ICRC. It is an important lesson for similar responses to ensure that protection awareness, training and support is provided early on in a standard and thorough manner.
- ✓ **The importance of strategic engagement.** There were challenges in terms of who was leading on some of the strategic thinking and planning, but good initiatives from different quarters and attempts existed to capture high-level analysis and to bring in strategic or HD advisers. The High-Level Mission showed that strategic thinking and engagement from various departments, partners or external stakeholders benefit the operation. There is learning for the IFRC and the PNS to look at a more coordinated and planned approach and for the IFRC REO to take a leadership role in this.

RECOMMENDATIONS

1. **Use IFRC-wide standard assessment and data collection and analysis tools** - Support the consistent use of standard needs assessment tools and approaches across IFRC operations, learning from the use of ODK in Greece, and supplement it with qualitative, narrative information.
2. **The wider IFRC must ensure the quality of its international delegates** - For major population movement operations of this nature, the IFRC and PNS should deploy experienced operational managers more rapidly and ensure that all delegates are fully trained, aware of the Movement's Principles and have the skills to work with and support National Society counterparts.
3. **Build on the community of volunteers for engagement** – It is important to learn from the experience of recruiting community volunteers from within the migrant community, to understand the positive and negative experiences in Greece, and to design a more thorough approach for their induction, training and integration/retention in the National Society.
4. **Support the early deployment of Movement protection experience and tools** - The Joint Protection Working Group was an important development and should be used as a model for early engagement in protection issues in similar population movement responses, to ensure the use of all Movement resources to prepare clear, joint protection plans, approaches and training, that can be used by all Movement partners.

LESSONS LEARNED

- ✓ **Noticing specific needs and vulnerabilities of young men.** There was a need to adapt the traditional focus on groups such as women and children and to tailor assistance to the needs of single, young men with vulnerabilities relating to violence, mental health and addiction. This was a difficult area for the RC to tackle and efforts are needed to learn from this experience. However, the RC did progress on this, and existing materials and activities should be captured for the future.
- ✓ **Working with challenging national partners requires a balancing act.** There are lessons to be learned from this operation regarding working with HRC in terms of balancing the need to work with and include a NS partner and build its capacities and the humanitarian imperative to respond to needs. In this situation the IFRC has managed this difficult job well and even with these constraints, the NS has grown in experience and specific staff members and sectors, such as Logistics, Cash and DM, have all made improvements and are able to respond more effectively.
- ✓ **The limited handover on the islands informed improvements in the handover of activities in camps on the mainland.** There was a clear improvement noted in the handover in the mainland camps in 2018 when compared with the handover on the islands. The 2018 activities, such as the Mobile Health Unit, MFC and ACCREF, are following a more gradual exit process, preparing the migrants on how to transfer from accessing emergency services to the domestic systems.
- ✓ **Importance to capture the more detailed, programme specific learning** for future reference and use. There have been a number of creative developments in programming during the Greece response. These include the details of the “relief on the move” approach, the CBA and the “Cash Academy”, the MFCs and their integration services, the response to mental health needs and finally the ACCREF programme.

RECOMMENDATIONS

1. **Improve the sophistication of vulnerability criteria** - Avoid making assumptions in targeting vulnerable groups and ensure that all vulnerable people are considered, including those who are assumed to be less at risk in classic vulnerability criteria.
2. **Consider ways to sustain community participation after the RC exits** - The RC should consider steps to embed community participation in camps and other communities, to sustain vital community engagement to ensure the benefits of such participation are not lost .
3. **Expand the use of CEA to counteract misinformation and rumour** - Strengthen the role of CEA to counteract misinformation, rumour and false expectations, in complex migration contexts. In Greece, this could include, looking for opportunities to bring the migrants and the host population together, to better understand each other’s reality and bridge the gaps.
4. **Ensure that there is an early and transparent phase out process** – It is vital to ensure that all phase down or exit planning is done early, is well planned with key partners and is well communicated to the vulnerable groups involved. While the RC was challenged by the lack of national capacity to which to handover, it could have started phasing down services earlier and communicated its exit more thoroughly to the camp population.
5. **Organize a lessons-learned event with key stakeholders of the emergency response of Greece** - Set up a post facto lessons learned meeting for Movement partners, to capture the challenges, opportunities and lessons for the next phase – this would contribute to future programming, to lessons for similar responses and would be an opportunity to bring a cross-section of volunteers, staff and partners together.

ANNEX II: Timeline of IFRC Emergency Appeal

		Date	Event
2015	Phase 1	23 May 2015	CHF 296.549 released from DREF to meet the needs of 10.000 migrants arriving in the islands
		26 August 2015	1st FACT team deployed
		2 September 2015	Emergency Appeal launched for CHF 3.03 million for 45,000 beneficiaries
		16 to 27 September 2015	Deployment of first batch of four ERUs
		20 September 2015	Elections in Greece
		21 October 2015.	Revised Emergency Appeal launched for CHF 12.67 million for 200,000 beneficiaries
		7 December 2015	Revised budget increase to CHF 13,17 million
2016		16 February 2016	London Plan of Action: European NS agree on a core portfolio of services: health, emergency relief aid, RFL and the provision of information
		7 March 2016	2nd FACT team deployed
		11 until 22 March 2016	2nd batch of ERUs deployed
		16 March 2016	EU Emergency Support Instrument launched for 3 years
		18 March 2016	EU-Turkey Agreement: Migrants and refugees stranded in Greece.
		March 2016	Dismantling of border camp at Idomeni. Opening of Kordelio Softex under RC coordination, and engagement in other camps on the mainland
		11 May 2016	Second Appeal revision for CHF 28.66 million to assist 304,000 people – previous caseload of migrants in transit and those stranded. Focus on adapting to changing needs.
2016	Phase 2	4 November 2016	Establishment Ministry of Migration Policy
		January 2017	Revised Appeal, budget increased to CHF 3.15 million
2017	Phase 3	22 March 2017	Third Appeal revision for CHF 50.550. Focus on integration in urban areas
		31 July 2017	Handover of RC activities in Kordelio Softex
		August 2017	Closure of Kordelio Softex
		Summer 2017	Closure of most RC activities on islands
2018		February 2018	Exit of RC activities in Nea Kavala camp
		March 2018	Exit of RC activities in Ritsona and Skaramagas camp
		December 2018	End of IFRC Emergency Appeal

ANNEX III: Overview of the activities and response locations per Phase of the Appeal

IFRC Emergency Appeal Greece: Population Movement (Rev.1 from 21 October 2015)		
	ACTIVITIES	PRIORITY AREAS
<p><u>Beneficiaries:</u> 200.000 <u>Budget:</u> CHF 12,670.715</p>	<ul style="list-style-type: none"> • Search and rescue • Provision of food, drinking water and non-food items (incl. winterization support) • First aid and emergency health • WASH • Psychosocial support (PSS) • Restoring family links (RFL) • Information hotline in various languages 	<ul style="list-style-type: none"> • Entry points: Islands of Lesbos, Chios, Samos, Kos and Leros • Transit points: Athens and ports in Attica and North • Exit point: border area with former Yugoslav Republic of Macedonia, incl. Idomeni
IFRC Emergency Appeal Greece: Population Movement (Rev.2 from 11 May 2016)		
	ACTIVITIES	PRIORITY AREAS
<p><u>Beneficiaries:</u> 304.000 <u>Budget:</u> CHF 28,667,500</p>	<ul style="list-style-type: none"> • Provision of food and non-food items • Transition to cash transfer programme (incl. for vulnerable Greek people) • Basic health care, first aid, health promotion and referrals to the Greek health system • Psycho-social support • WASH • Restoring family links (RFL) • Community Engagement and accountability with migrants, refugees and host communities • Support to the Multi-Functional Centre (MFC) in Athens • RFL and protection 	<ul style="list-style-type: none"> • Islands of Lesbos, Samos, Chios • Athens and Attica region (e.g. Piraeus, Skaramangas, Ritsona, Lavrio) • Northern Greece (e.g. Nea Kavala, Softex, Diavata)
IFRC Emergency Appeal Greece: Population Movement (Rev.3 from 22 March 2017)		
	MAIN ACTIVITIES	PRIORITY AREAS
<p><u>Beneficiaries:</u> 338.673 people (34,673 in this phase)</p> <p><u>Budget:</u> CHF 50,550, 460 (15,560,410 for this phase)</p>	<ul style="list-style-type: none"> • Cash programme for migrants and refugees (part of UNHCR blanket programme) • Scaling-up of MFC in Athens and set up of similar MFC in Thessaloniki, providing info, legal advice, language classes etc. • Provision of basic health-care in accomm./reception centres, through mobile outreach and through the MFC, and accompanied referral programme (ACCREF) • PSS in centres • Non-food items and assistance for newly arrived migrants and refugees (north and islands) • Community engagement and information through MFCs and other routes • Protection/RFL 	<p>Urban areas in:</p> <ul style="list-style-type: none"> • Athens and Attica region • Northern Greece • HRC and Danish RC on Lesbos

ANNEX IV: Contextual Analysis

As part of the evaluation, the team developed the following contextual analysis of the situation in which the Appeal took place to allow for a proper understanding of the decisions by the RC actors, and the overall results of the projects under the Appeal.

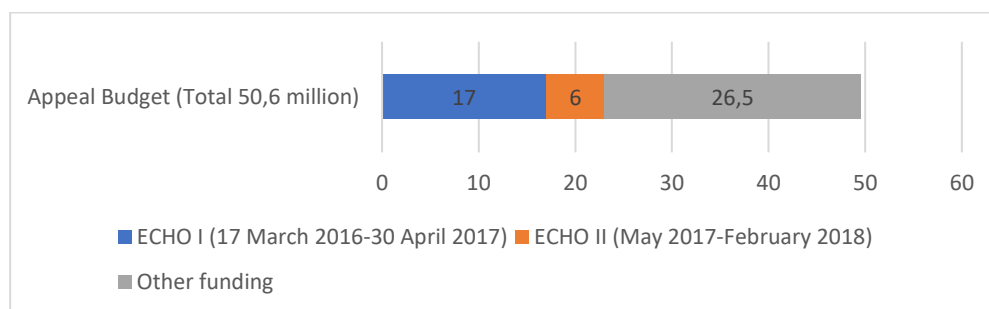
In order to determine relevance, the following international and national factors were identified which influenced the overall relevance of the humanitarian response (RC and non-RC actors):

International factors

- International humanitarian actors³¹ had **limited experience of dealing with crises such as this**. The dynamics and speed of the operation was striking and challenged organisations to work in different ways and to adapt more quickly to changing routes, needs and politics. In addition, the fact that the operation took place within an EU country, where structures, laws and regulations are in place, both created expectations and challenged humanitarian actors' standards and approaches. Ironically, the sector has been improving their response preparedness tools and instruments over the past years to be able to respond better in contexts where there is a vacuum of political systems. This mentality did not necessarily function in the Greek context.
- The relevance of internationally tested practices was also influenced by **highly-politicized and mediatised context**. Greece became a crisis of expectations across the board - of European citizens, international politicians and bodies, and of beneficiaries themselves. There was pressure put on humanitarian actors to perform. The response was also heavily influenced by political decisions at national, European and international levels, and the response had to adjust to deal with these changes over the three phases.
- The European Union became the **largest donor for the operation**. Picture 3 shows a sign that ECHO funds the activities of IOM and RC for the Safe Zone in Ritsona and the Figure shows the percentage of the Appeal funded by ECHO. While the IFRC Appeal was 50% funded by ECHO, some other organisations were fully financed by DG ECHO, which demonstrates the influence of this specific donor in this particular context. Before 2015, it was not foreseen that DG ECHO would finance humanitarian assistance within the EU. However, the huge needs of the population movement triggered the activation of the Emergency Support Instrument in March 2016, two days before the EU-Turkey Statement, *"to enable EU assistance in Member States heavily affected by the influx of refugees and migrants"*. The Instrument consisted of EUR750 million complementary assistance for Member States, of which EUR650 million was for Greece. This Instrument was set up as a bridging financial mechanism until 15th March 2019, whereupon all support will transfer to DG Home and be channelled through the Government and national actors, who will need to pick up on areas of assistance and services.

³¹ Main international humanitarian actors in Greece were UNHCR, RCRC Movement, IOM, Danish Refugee Council, MSF, Médecins du Monde, Caritas and International Rescue Committee.

Figure: ECHO Contributions to IFRC Emergency Appeal (in euro)



Source: Final Report to ECHO from April 2017 (2016/01006/FR/01/01) and February 2018 (2017/00655/FR/01/01).

- The focus of the EU funding Instrument was on **humanitarian assistance in Greece, rather than aid for Greece**. Other European funding mechanisms were in place to assist the country with its domestic issues in the context of the crisis. The main result of this was that ECHO, as the main donor, provided high-levels of funding for the number of people involved and influenced humanitarian decisions and activities, including those of the RC. For example, ECHO supported the development of a large, unified cash-based assistance programme, which was relevant for the context and needs of the migrants but was constrained in terms of its capacity for including some of the most vulnerable people and came with heavy machinery for implementation. It has significant political influence in the Greek context. There were clear instructions from ECHO not to support the domestic population with this fund, as would have normally been acceptable in other contexts, as, in theory, this group was being supported by other funds. This had programmatic and operational consequences for the IFRC and RC actors.

National factors

In addition to international factors, the relevance and appropriateness of the RC relevance was heavily influenced by national factors, which made the operation unique in many ways and posed recurrent difficulties for IFRC and HRC staff for keeping the response relevant over the three years:

- The sudden increase in migrants and refugees surprised Greek society and **local capacity was unprepared for the magnitude of this crisis**. While Greece had had some experience of arrivals in the preceding years, the number of migrants and refugees arriving on the islands over-ran local communities and overwhelmed the national system. There were insufficient basic services in place and there was no system or contingencies in place to mount a quick, comprehensive response. While local teams and volunteers made huge efforts to help the vulnerable new arrivals, the reactive nature of the operation in 2015 was a result of this uncoordinated response, both within Greece and from other actors across Europe.
- **The ongoing national crisis within Greece** hugely exacerbated the impact of the population movement crisis. Greece was asked to deal with this crisis during a tremendously difficult time of austerity, when its capacities to look after its own population were already stretched and its (financial) reserves to take on an additional burden were exhausted. At the time, Greece was also

under close supervision from its European credit providers, which increased political pressure on the country.

- While laws, regulations and structures were in place in Greece, this **did not mean that the structures were functioning optimally**. This was especially true for the national health system, which is seriously under-funded and, due to the crisis, is overstretched and understaffed, as stated in the interagency workshop report of October 2017 called 'Gap Analysis and Recommendations on health provision for migrants in Greece'. From the outset of the crisis, the health structure was deemed to be weak and unable to cover the additional needs of the migrants. This explains the interest of the authorities in developing a parallel health system for migrants and refugees, implemented by international humanitarian actors. The decision to provide such high-levels of health services in the camps can therefore be seen as justified in this context, given the needs of the migrants and the poor standards of local care.
- **Greek authorities questioned the tools and approaches of international actors**. The presence of clear national and EU structures, laws and regulations challenged the application of normal humanitarian standards, which were not always deemed appropriate for the context. In some cases, local authorities and communities found the humanitarian standards too low in comparison to their expectations under Greek traditions of hospitality, and this led to, for example, HRC staff and volunteers wanting to put higher or different standards in place. However, in other cases, national structures and laws limited possibilities for assistance, for example, around standards and procedures to connect sanitation infrastructure to the local sewage treatment facilities. Standards around the conditions and number of UAMs and the application of family reunification were also limited by European/national practices, rather than by humanitarian standards.

The different RC actors supported the domestic system by providing information to migrants on asylum process and other legal matters, and later, how to access the domestic health and education system. Providing information about how to get an AMKA-card and also other public services were key activities in the joint CEA strategy agreed in CEA Technical Working Group meetings.

In some cases, there were clashes between Greek standards and those from other European countries. For example, the push by PNS to provide extensive support for primary health care, contrasted with the Greek system where this 'first line of health care' (i.e. the central place of general practitioners/family doctors) was weak to absent. While an effective method of dealing with the health needs of migrants and refugees, this developed a parallel, basic health care system in the camps, that was not relevant to the structures and habits of Greek society, and which could not be taken over by local capacities at the end of the three years, even though the EHS organized a thorough and constructive handover, including by operating from the local hospital site.

The overall responsibilities for coordination remained with the authorities, but except for the clear guidance on opening many small camps far from urban centres, **direction from national authorities on how to manage the migration crisis was generally weak and often inconsistent**, and was reported to ECHO as a significant challenge: *"The absence of a clear master plan from the Greek authorities on how to address the reception and integration of migrants and asylum seekers has been a challenge in this second action, although not so acute as it was during our first action (March 2015 - May 2016)*

when most humanitarian organisations, including ourselves, were stressed trying to address the overwhelming humanitarian needs without strong direction from the authorities.” (Final report to ECHO on 31/05/2018 for agreement nr. ECHO/-EU/BUD/2016/01016).

The reasons for the weak coordinating role of the authorities in this crisis are multiple, and the topic of much discussion amongst humanitarian actors:

1. **The ongoing crisis in the country.** The government’s main concern is the Greek population, and thus migration is not necessarily at the forefront of Greek politics. The 50,000 migrants in the country constitute only 0,45% of the total Greek population. The responsibility of the HRC to assist the Greek population is however often forgotten by humanitarian actors working on migrants.
2. **The overall inexperience of the authorities in dealing with humanitarian emergencies, despite earlier mass migration flows.** Civil servants in Greece, and probably in other European countries, do not have much experience with incoming relief assistance or knowledge of international humanitarian standards and principles. When asking for assistance, the Greek State probably did not realize what was coming. Instead of being an instrument for the state, international humanitarian actors came with their traditional ways of working and their commitments in terms of independence.
3. **The political set-up within Greece.** The elections in September 2015 led to a new coalition in Athens with little experience in ruling. New structures and committees were established while the coalition parties had to build trust working together. Inter-ministerial coordination was said to be weak to non-existent, and it was not always clear who was the focal point within the government to deal with the migration crisis. Responsibilities were spread out over the Ministry of Interior, the still-to-be/newly established Ministry of Migration Policy, the Ministry of Health and the Ministry of Defence. Several key informants were of the opinion that young and ambitious people were in control, lacking the required expertise to manage such a complicated operation.
4. **The political European situation and the influence that EU political decisions had on the situation:** The Greek government was not the only one in the driving seat and had to accept decisions of other EU Member States influencing the situation. In this context, some informants were suspicious that there was a deliberate strategy behind the behaviour of the authorities in order to scare away new migrants by having the situation look worse.
5. There was an underlying **belief that this crisis was primarily caused by the EU.** When fences were built, and the EU-Turkey deal was signed, tens of thousands of refugees (who planned to go to northern Europe) stranded in Greece, and the actors in Greece were confronted with this situation.

As a result, stronger efforts had to be made by humanitarian actors to have a harmonized approach and avoid gaps and duplication. One Government official noted, *“NGOs would show up with plans approved by donors but not by the Government.”* UNHCR had established different coordination bodies to ensure inter-agency coordination, including informal info-sharing forums, technical working groups on key sectors, regional coordination forums, and additional ad-hoc meetings to address specific

urgent issues. But often, there was no governmental representation at the working groups (in the absence of a cluster system), which resulted in a lack of decision-making.

Due to this lack of leadership from the national authorities and the fact that ECHO was the main donor for all humanitarian agencies, DG ECHO ended up playing a directive role and influencing programming decisions on humanitarian actors (e.g. set-up and nationalisation of the cash programme). ECHO Partners Meeting became the main coordination forum in Greece by gathering the main donors, government representatives, and humanitarian actors. In 2016, these meetings were held on a weekly basis, in 2017 on a bi-weekly basis, and in 2018 on a monthly basis. ECHO played an important role in facilitating communication and dialogue between humanitarian actors and the government. Coordination seemed to work slightly better in the north of Greece and towards the end of the Appeal.

The RC participated in coordination bodies at national, regional and sector coordination platforms. For example, the Head of IFRC was also invited to participate in the Country Director's Forum, usually for NGOs only. The participation of the RC was much appreciated and said to give additional leverage to the forum.

The level of services in the second phase was driven by a pouring in of funds and assistance in March 2016 and the following elements contributed to that:

1. Funding levels were high, mainly from ECHO, which made it possible to implement a wide range of activities.
2. Media attention was high and played a role in pushing for increased support, due to the levels of visibility and pressure on actors on the ground to improve the conditions.
3. The Greek Government pushed humanitarian agencies to offer excessive services, particularly in health, so as not to burden the national system: *"The authorities are expecting basic health services to be provided in each camp on a continuous basis (preferably 24/7), regardless of population numbers. To maintain this requires huge amounts of resources...This was understandable for a population in transit with high daily turnover...but should be revisited."* (Revised EPoA May 2016) Some camps were quite isolated and there was no adequate transport to health services. Referral pathways knew weaknesses and there was a fear for outbreaks of diseases.
4. The crisis occurred in a developed EU country. The market offered everything that was needed or made it relatively easy to import. To have such good access to markets with short and inexpensive transportation routes allowed humanitarian workers to implement activities fully.
5. Standard international response tools, like ERUs, were designed to deal with larger numbers of people instead of camp populations of up to 4,000: *"It was a piece of cake to cover 1,200 people with all these services and medicines available."*
6. Although HRC volunteers and staff were not used to this scale of emergency, they wanted to respond to the needs and expectations of migrants as much as possible. This tied into the concept of Greek hospitality and a desire to respond beyond common humanitarian standards.
7. Parts of the migrant population came to Europe with high expectations and under the impression they would be able to pick up their lives quickly and to the same standard as before. They also had high expectations of the services they would be able to access, given the standards they had experienced and the resources they had had in the countries of origin.

ANNEX V: Terms of Reference of Final Evaluation

Summary

- a) **Purpose:** To evaluate the relevance and the effectiveness of the Red Cross actions implemented under the MDRGR001 Emergency Appeal for Greece.
- b) **Audience:** Red Cross and Red Crescent Movement, donors (including ECHO) and other stakeholders and partners involved in and contribution to the operation.
- c) **Commissioners:** This evaluation is being commissioned by IFRC Head of Country Office, Greece, in compliance with its Framework for Evaluations.
- d) **Reports to:** The consultant will report to the IFRC Program Coordinator in Greece.
- e) **Duration:** This consultancy will be for approximately 40 working days each (2-person team), including approximately 10 days in the field. The 40 days will include the preparation on the inception report, development of tools, desk review, fieldwork, report writing, validation workshop and finalization of report.
- f) **Estimated dates:** September – October 2018³²
- g) **Methodology summary:** The consultant is expected to develop the methodology, which should include: review and analysis of key documents, key informant interviews, and beneficiary interviews (including FGDs, and individual interviews).
- h) **Location:** The desk review, and the majority of stakeholder interviews can be done at a distance; the interviews with the NS and beneficiaries will be conducted in Athens, the camps in the vicinity. Based on the inception report, a visit to Northern Greece and islands will be considered.
- i) **Composition:** Independent evaluation with an external team leader, and second evaluator. At least 1 of the evaluators should have substantial experience of the RCRC Movement (PNS support to be considered). Please note: the IFRC will hire the team leader; as for the second evaluator, IFRC is also seeing if this could be provided by PNSs – if not, the second evaluator will also be hired. The proposal should therefore come with 2 options (namely for budget): a) with the team leader and second evaluator, b) with only the team leader.

Background

Greece has been a significant entry point for migrants entering Europe as well as a transit country for people to reach other destinations in western and northern Europe. The country witnessed a dramatic increase in numbers of arrivals beginning of 2015. In May 2015, the HRC received a Disaster Relief Emergency Fund (DREF) assistance to meet the immediate needs of 10,000 migrants. Due to the evolving needs, an emergency appeal was launched on September 2015 to assist 45,000 migrants. In October 2015, the Emergency Appeal was revised to assist 20,000 migrants in transit. In May 2016, with the border closure in March resulting in some 50,000 migrants stranded in Greece, the Emergency Appeal was revised for the second time and finally a third time in March 2017 to adapt the approach in continued response to the needs of the migrants. The table below illustrates the key sectors of the appeal that are envisioned to be evaluated. Other smaller areas of intervention are not mentioned here. There are also programmes that have been implemented bilaterally by PNSs, but mainly funded outside of the Emergency Appeal, and therefore not evaluated here.

Key sectors	Summary	Areas of operation
Phase 1: September 2015 - March 2016		
<p><i>Greece as transit country to reach other destinations in Western and Northern Europe has witnessed a dramatic increase in numbers since the beginning of 2015. During this phase, people were staying 1-2 days in Greece before continuing their journey along the Balkan route. In May 2015, a DREF allocation was launched to meet the immediate needs of 10,000 migrants arriving in the islands of Rhodos, Kos, Chios, Lesbos, Samos and Crete. An Emergency Appeal was launched in September 2015 to assist 45,000 people, with the focus on providing short-term emergency assistance. An IFRC Surge Capacity was deployed with FACT deployments for logistics, assessments, water and sanitation, relief and health, ERU services were provided by the Norwegian/French/Canadian, Spanish, Benelux, Luxembourg, British and Swiss Red Cross.</i></p>		

³² Change to the initial ToR: updated timeline

Relief (Food and non-food items)	Relief distribution including basic survival kits and shelter items (sleeping bags, mats and blankets), food packages (food-to-go), water bottles, clothing, other NFIs. This was supported by the Benelux RCs ERU.	Islands (Chios, Kos, Lesvos, Samos, Rhodos, Crete), Idomeni, Athens
First Aid, Search and Rescue	First aid provided by volunteers, Samaritans and nurses (HRC).	Islands (Chios, Samos, Kos and Lesvos) Idomeni
Basic health care	ERUs providing BHC services in close collaboration with HRC's nursing division, covering a big range of migrants' health needs (Spanish RC ERU was active in Samos and Chios, Norwegian/French/Canadian/Hungarian RC ERU in Idomeni).	Islands (Samos, Chios) Idomeni, and transit sites in Athens/Attica
WASH	Hygiene promotion activities took place to a minor extent in all locations with distribution of leaflets and hygiene kits and dissemination of health messages and demonstration activities. Activities were carried out by HRC, with some support of British RC and Danish RC (Lesvos).	All locations and transit sites in Athens/Attica
PSS	Provision of PSS with special focus on children. (Spanish RC ERU in Samos and Chios, Danish RC supporting HRC in Lesvos, Norwegian/French/Canadian RC ERU offering PFA and PSS in Idomeni)	Athens Islands (Chios, Samos, Lesvos) Idomeni, and transit sites in Athens/Attica
CEA	Beneficiary communication and engagement with migrants and host communities with focus on information provision was done by IFRC with support of DRC.	Lesvos
Phase 2: April 2016 - April 2017		
<i>Closure of borders and EU-Turkey agreement lead to a decrease in arrivals, with many people being stranded in Greece. Focus on meeting basic needs including shelter, food, NFIs, health care. ECHO funding was made available. Camp approach by the government, more sites being established/upgraded on the mainland, preference for placing small camps across country. RC started to operate in the camps.</i>		
Basic health care	BHC ERUs sent from PNS (Spanish/French ERU in Attika and Central Greece, Finnish/German RC ERU in Northern Greece) to support HRC in providing BH, and eventually handing over to HRC. Rescue team of HRC providing first aid support and rescue service, particularly active on islands and Lesvos	Islands (Samos, Chios) Northern Greece (Cherso, Diavata, Softex Kordelio, Nea Kavala) Athens and Attica region (Ritsona, Skaramagas, Lavrio Piraeus ³³)
WASH	Until March 2016, WASH was limited to distribution of hygiene items and hygiene promotion activities. With increasing accommodation sites following the closure of borders, FACT WASH teams conducted an assessment in March 2016, subsequently scaling up on WASH activities (with hardware component in Ritsona and Kordelio), with Spanish/French RC ERU supporting HRC in Attica camps since April, and British/Austrian RC ERU for MSM in Cherso and Nea Kavala since mid-March 2016, later in Kordelio/Softex (RC becoming coordinating agency	Attica Region (Ritsona, Skaramagas, Lavrio), Northern Greece (Nea kavala, Cherso, Diavata, Softex Kordelio)

³³ Only HRC

	for NGOs in the camp). Waste management team was established, increased vector control activities	
PSS	PSS services included PFA, meaningful activities, child friendly spaces, recreational activities (Spanish RC ERU together with HRC in Attica Camps, Norwegian/French/Canadian RC ERU in the North (Idomeni), Danish support for Lesvos – recreational centre for men as well as for PSS activities in the Multifunctional Centre in Athens, Finnish RC in Cherso, Nea Kavala, and Kordelio/Softex, HRC Diavata and on the islands.	Athens and the Attica region (Ritsona, Skaramagas, Lavrio) Northern Greece (Nea Kavala, Cherso, Diavata, Softex Kordelio) Islands (Samos, Kos, Lesvos, Chios)
Relief and Cash	Distributed items include water, food packages, hygiene items, shelter items, clothing, other; a relief assessment led to focus on communal kitchen strategy (but never materialized). Winterisation items (NFIs and emergency shelter winterization) distributed due to harsh winter conditions. Slowly moved from Relief to Cash; pilot started in November 2016 (unconditional cash for migrants with blanket approach) and expanded in scope from there. Commenced cash transfer programming in supporting host community in winter 2016/2017.	Relief: Athens and the Attica region (Victoria Square, Eliniko, Eleonas, Piraeus, Skaramagas, Ritsona, Lavrio), Islands (Rhodes, Crete, Samos, Kos, Lesvos, Chios) and northern Greece (Nea Kavala, Oreokastro, Cherso, Idomeni, Diavata, Softex Kordelio). Cash: Attica region (Ritsona), Softex, Katochori, Oreokastro, Frakaport, Karamanlis, Nea Kavala, Pieria, Alexandria, Diavata, Katerini, Veroia Cash for host population: Athens and Thessaloniki
CEA	Until March 2016, most CEA activities were conducted on Lesvos with a focus on information provision. After a multi-sectoral assessment in April 2016, the new approach of CEA focused on more two-way communication, feedback, and engagement. Launch of virtual volunteer and migrant information platform, as well as hotline for information provision. Starting to engage migrant volunteers.	Attica region (Skaramagas and Ritsona, Lavrio) Northern Greece (Nea Kavala, Cherso, Kordelio)
Shelter	Improved conditions in HRC-run centres in Lavrio and Volos. Lavrio refugee centre, HRC has been providing series such as catering, basic health services, counselling services, etc. A Luxembourg RC delegate and an IFRC shelter advisor were deployed for an assessment focusing on shelter and WASH needs, following this shelter improvements were undertaken in Lavrio. Under the EA, the unaccompanied minor center in Volos has also been funded from September 2016 – February 2017.	Lavrio, Volos
Phase 3: May 2017 - March 2018 (EA operation officially closed in May 2018)³⁴		
<i>With the urbanization of population, the operation transitioned into urban programming and social inclusion, moving from emergency relief to greater integration, through focused and long-term approach by building on HRC's existing capacities and programming and focusing on providing support to Greek authorities and HRC. Continuing to provide support in long-term sites (camps) run by the Greek government. Funding for islands</i>		

³⁴ *Change to the initial ToR:* The emergency appeal was extended until end of December 2018. Most activities have ended in February 2018, and the main focus of the evaluation will be until that period. However, it will be taken into consideration that some activities continue running under the Operational Plan throughout 2018.

<i>stopped with decision for government to start taking over health activities, leading to IFRC's exit from the islands in 2017 and from the camps in February 2018 (last ones).</i>		
Basic Health Care in accommodation centres	BHC in the islands ending in summer 2017, exit for all camp sites completed in January/February 2018. Based on a request from the Ministry of Health, HRC agreed to undertake the responsibility for running the BHC centres in the RICS in Lesbos, Chios, Samos, Kos and Leros for a transition period of 2 months. In camps on the mainland, services continue until January/February 2018, supported by the Spanish RC, including basic health care services with some specialized services in some locations, hygiene promotion and health education and regular vaccinations, student health examination, and medication provision and referrals to other medical actors. First aid training to migrants were also conducted.	Sites in Attica region (Skaramagas, Ritsona, Lavrio) Sites in northern Greece (Nea Kavala, Kordelio/Softex) Islands (Chios)
Psychosocial support in accommodation centres	PSS activities ended in Kordelio in July and in Lavrio in August 2017. On mainland, the services including case management, counselling and referrals, child friendly services, community and family support services continued with support of Spanish RC until end of December (Nea Kavala), end of January (Ritsona) and end of Skaramagas (February). PSS activities supported by Danish RC continue on Lesbos.	Sites in Attica region (Skaramagas, Ritsona, Lavrio) Sites in Northern Greece (Nea Kava, Kordelio) Islands (Lesvos)
Multifunctional Centres in urban areas	Holistic approach with provision of information, legal advice, language courses and, PSS. Supported by Danish Red Cross (Athens) and British Red Cross (Thessaloniki).	Urban areas: Athens and Thessaloniki
Basic Health Care in urban areas	Through the Educational Health Station (EHS), the Spanish RC with HRC is supporting basic health needs of urban population. The EHS is a recognised vaccination centre and provider of health education in schools. The accompanied referral programme aims to facilitate access and improve integration to Public Health System through accompanied referral series. Activity is supported by Spanish RC.	Athens and Attica region (Skaramagas, Ritsona)
Cash and relief	Relief assistance continued on sites where migrants were receiving only partial cash assistance (when not covered by minimum expenditure basket), including food items, household items, clothing, baby items, hygiene items, shelter items until July 2017 Cash transfers for vulnerable Greek households were implemented by HRC. For cash provision for migrant population, since May 2017, IFRC started partnership (Greece Cash Alliance) with UNHCR to provide multipurpose cash and expanded to 14 operational sites in northern Greece.	Relief distribution in sites in Northern Greece, urban area of Thessaloniki as well as Attica region (Skaramagas and Ritsona) Cash in sites of northern Greece and urban area of Thessaloniki
CEA	Since May 2017, facilitation of CEA is integrated across all activities and sectors to ensure people have access to information and that the voice of migrant and host communities is considered.	All locations, but focus on the camps
Protection	Increased focus on protection as a crosscutting activity. Specific protection activities included support for the unaccompanied minor centres. In	Athens and Kalavrita (UAMs)

	July 2017, the HRC started operating in two reception centres for unaccompanied migrant children in Athens and Kalavrita.	
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Detailed information on the operation activities and outcomes can be found in the [IFRC publication site](#). Latest operations update (number 7) is available [here](#).

Evaluation purpose & scope

a) Purpose

The purpose of this evaluation is to evaluate the 1) relevance and the 2) effectiveness of the Red Cross actions implemented under the MDRGR001 Emergency Appeal for Greece. Ideally, this should be done along the lines of the Table in the 'background' section, including the 3 phases mentioned. Additionally, the evaluation should analyse 3) Movement cooperation overall within the operation.

The evaluation should provide lessons learned and recommendations for future similar operations.

b) Scope

Timeframe: January 2015-March 2018.

Geography: Greece, all major operational points.

Programmes: by key sectors (see table above) that have been funded through the Emergency Appeal.

Evaluation criteria and key questions

This evaluation will focus on the following criteria:

Relevance of the operation and programmes in relation to the needs of the migrants in the context of Greece

Questions:

- Was the assistance provided relevant and sufficient in relation to the different types of needs of migrants (including ones based on gender, age and vulnerability)? Was it a relevant response to the situation?
- Did the response adapt to changes in need, capacities and context? (this can be linked to the phases, if pertinent)
- Were the different sectors of assistance (e.g. shelter, relief, health...) more relevant and more appropriate than others, comparing sectors within the same phase?
- How did the Red Cross interventions relate to national plans and policies on assistance to migrants.

Effectiveness of the intervention in meeting the needs of the target population.

Questions:

- Has there been any positive and negative changes from an intervention, directly or indirectly, intended or unintended?
- What evidence (both direct and indirect) is available that the interventions contributed to meeting the needs of the affected population? What was the impact for the people assisted?

Movement coordination³⁵

Questions:

- Throughout the operation, what were the key challenges and successes in Movement Cooperation (IFRC, HRC, PNS, ICRC)?
- To what extent the different capacities and resources of the Movement were mobilized adequately to address the needs?

³⁵ Not to be analysed according to the table like the other two criteria, but overall throughout the operation.

While the operation has focused largely on migrants, it has also assisted vulnerable Greeks. Where it is relevant, the same evaluation criteria apply.

Evaluation methodology & process

The evaluation team will be expected to develop a detailed methodology for this evaluation in the **inception report**, which needs to be approved by the Evaluation managers (the IFRC program coordinator for Greece, who will ensure coordination with: IFRC Planning, Monitoring, Evaluation and Reporting (PMER) Officer in Greece, IFRC Regional Office in Budapest (PMER, DM and Head of Migration), operational management as well as representatives from the implementing National Societies).

The methodology needs to include: review and analysis of key documents, key informant interviews, and beneficiary or volunteer interviews (including FGDs, and individual interviews). The evaluator can suggest other methodologies.

- **Desk review:** Conducting a desk review of documentation, including the Appeal, Plan of Action, proposals, operation updates, revisions, pledge-based reports, M&E data, RTE conducted in 2016, final reports to backdonors, and several reviews and lessons learned papers (see **annex** of key documents). The latter should be especially examined. Most of this work can be done from outside Greece.
- **Key informant interviews:** the evaluators need to interview a sufficient number of persons having been involved in the operation to have a solid overview of the different phases. This includes persons from IFRC, PNSs and HRC. Most of the involved persons have left the operation, however, Skype interviews can be arranged. The best long-term overview is with HRC staff and PNS at HQ level (mainly British, Danish and Spanish RC). A list of possible interviewees will be shared upon selection. All PNSs who had in-country presence (programme under its responsibility) should be interviewed. Most of this work can be done from outside Greece.
- **Analysis of quantitative data:** the data available and collected through ODK, available on the dashboards, should also be analysed where pertinent. Some of the data concerning the operation is not available via ODK.
- **Beneficiary or volunteer interviews:** the evaluators should interview a sufficient number of persons having been beneficiaries of the operation, in order to have a solid overview of the different phases. A good and representative sample size needs to be selected. This will be challenging, as many of the beneficiaries are no longer in Greece, or are in locations we are not operating anymore. However, camps, such as Skaramagas or Ritsona or Lavrio are possibilities. Additionally, the migrant volunteers can be contacted and might provide a good view of the operation. The evaluators should invest time in ensuring that a sufficient portion of the data analysed comes from beneficiaries, even if it does not cover all sectors. Selection of interviewees will be critical to ensure an unbiased view on the overall operation, taking into account time of arrival, place of stay, duration, and country of origin.

Evaluation deliverables & illustrative timeline

- a) **Inception report.** An inception report demonstrating a clear understanding of the ToR with a realistic plan of work for the evaluation is required. The inception report should include the proposed methodologies, a data collection and reporting plan with identified deliverables, draft data collection tools such as interview guides, and travel and logistical arrangements for the evaluation.
- b) **Debriefing:** Debriefing to the operation team to discuss the initial findings, conclusions and recommendations, before submission of the draft report.
- c) **Draft report.** The consultant will produce a draft report which will be reviewed by the IFRC Greece operations and the regional office. The consultant will be given the feedback after 10 working days to incorporate into the final report.
- d) **Final report.** A Final report will be submitted within 10 days of receiving the feedback from the draft report. Final evaluation report of no more than 50 pages (excluding executive summary and annexes) which highlights key findings, conclusions and recommendations.

Proposed Timeline³⁶

In the event of a delay in finalizing the recruitment, the same timeline would apply (same number of days), with a postponement in line with the delay.

Time Schedule	Activities	Deliverables
Week 1	Desk review (3 days) Initial briefings to inform development of inception report, and development of detailed inception report (2 days)	Inception report with detailed data collection/analysis plan and schedule, and draft methodology due 7 September Briefing meeting
Week 2	Comments by IFRC to the inception report Finalising inception report, Desk Review II and Key informant interviews (5 days)	Desk Review Finalized inception report
Week 3	Key informant interviews (5 days)	
Week 4	Field visits (5 days)	
Week 5	Field visits II and Debriefing of operations management in Greece on initial observation at the end of the field visits (5 days)	Debriefing presentation
Week 6	Data analysis and draft writing (5 days)	
Week 7	Draft writing and Comment by IFRC to draft report (4 days)	Draft report due to 31 October
Week 8	Final report writing (5 days)	Final report due to 30 November
Total working days (excluding days off)	40 days	

Evaluation quality & ethical Standards

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of the people and communities involved and to ensure that the evaluation is technically accurate and reliable, is conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation team should adhere to the evaluation standards and applicable practices outlined in the IFRC Framework for Evaluation and respect the [Red Cross Red Crescent 7 Fundamental Principles](#), and will be asked to sign the Red Cross code of conduct.

The IFRC Evaluation Standards are:

- 1.Utility:** Evaluations must be useful and used.
- 2.Feasibility:** Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.
- 3.Ethics & Legality:** Evaluations must be conducted in an ethical and legal manner, with regard for the welfare of those involved in and affected by the evaluation.
- 4.Impartiality & Independence:** Evaluations should be impartial, providing a comprehensive and unbiased assessment that considers the views of all stakeholders.
- 5.Transparency:** Evaluation activities should reflect an attitude of openness and transparency.
- 6.Accuracy:** Evaluations should be technically accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
- 7.Participation:** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.

³⁶ Change to the initial ToR: updated timeline

8.Collaboration: Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

It is also expected that the evaluation will respect the seven [Fundamental Principles of the Red Cross and Red Crescent](#): 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality.

Qualifications

The evaluation team will consist of 2 members: a team leader, and second evaluator. The team leader cannot have had a major role in the operation itself. The team leader will have to present the proposal taking into consideration that she/he will be supported by one or two second evaluators who have a substantial Red Cross experience and will be suggested and fully funded by Partner National Societies that had participated in the operation. The proposal should include the time-line, the Daily fee for the team leader. IFRC has standard operating procedures for Travel, Accommodation and Perdiem, which will be followed.

The evaluator (Team Leader) must have experience or significant knowledge of the humanitarian response mechanisms, specifically relief and recovery interventions, and have previous experience in conducting evaluations for medium-to-large scale programmes. The team leader will provide an independent, objective perspective as well as technical experience on evaluations.

The Team Leader will coordinate directly with the IFRC Europe Regional Office in Budapest and IFRC Greece Country Office. The evaluator (team leader) should meet the following **requirements**:

Required:

- Demonstrable experience in leading evaluations in humanitarian programmes responding to emergency and recovery programs
- Previous experience in coordination, design, implementation and monitoring and evaluation of humanitarian programmes
- Experience in the evaluation of both urban and camp programs and/or post disaster recovery programming and evaluation.
- Knowledge of activities generally conducted by humanitarian organizations in the sectors of relief, water and sanitation, health, and cash transfer system.
- Experience in participatory approaches to evaluations
- Excellent English writing and presentation skills in English, with relevant writing samples of similar evaluation reports.

Desirable:

- Very good understanding of the RC/RC Movement and types of humanitarian response
- Field experience in the evaluation of humanitarian or development programs with prior experience of evaluating Red Cross programmes.
- Academic background and/or work experience in public health; alternatively, similar experience in relief work.
- Greek, Arabic and/or Farsi are considered an asset.

The same apply for the second evaluator, though experience in leading evaluations is only desirable.

ANNEX VI: Results of the Online Survey for RC Staff Members

Cfr. Separate Document