

Emergency Appeal Final Report

Greece: Population movement

Emergency Appeal n° MDRGR001 Final Report	GLIDE n° OT-2015-000050-GRC
Date of issue: 4 April 2019	Date of disaster: slow onset
Operation start date: 22 May 2015	Operation end date: 31 December 2018
Host National Society: Hellenic Red Cross	IFRC Operating Budget: CHF 39,321,751
Number of people assisted: 923,087¹	
National Societies involved in the operation:	
Red Cross Red Crescent Movement partners actively involved in the operation: Austrian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Spanish Red Cross, Luxembourg Red Cross, International Committee of the Red Cross and Red Crescent (ICRC)	
Other Movement Contributors: American Red Cross, Belgian Red Cross, Canadian Red Cross, Croatian Red Cross, Cyprus Red Cross, Hungarian Red Cross, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross Society, the Netherlands Red Cross, Norwegian Red Cross, Red Cross of Monaco, Swedish Red Cross, and Swiss Red Cross.	
Other partner organizations involved in the operation: Governments of Iceland, Luxembourg and Netherlands, Norway, Switzerland and the UK. EU Humanitarian Aid (ECHO), United States Government Bureau of Population, Refugees and Migration, the Greek government's Ministry of Internal Affairs, Ministry of Migration Policy (MoMP), Ministry of Health (MoH), Ministry of Defence and other Greek authorities, the ICRC, IOM, UN High Commissioner for Refugees (UNHCR), UNICEF, WHO, Médecins Sans Frontières (MSF), Médecins du Monde (MDM), International Rescue Committee (IRC), Samaritans Purse (SP), Save the Children, International Medical Corps, Mercy Corps, NRC, DRC, Oxfam, Catholic Relief Services (CRS), ASB, WAHA, Praxis, IsraAid as well as local associations and groups of volunteers and several private and corporate donors.	

Appeal history:

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

¹ This is the cumulative number of people reached via Relief, until February 2018 and the cash programmes for the migrant and host populations until December 2018.

- **20 January 2017:** [Operations Update n° 5](#) was issued to extend the operational timeframe to December 2017 and increase the budget to CHF 31,531,458
- **22 March 2017:** [Emergency Appeal Revision n° 3](#) was issued with budget adjusted to CHF 50.6 million and operation timeframe extended to June 2018
- **14 July 2017:** [Operations Update n° 6](#) was issued to report on implementation progress
- **20 December 2017:** [Operations Update n° 7](#) was issued to report on implementation progress
- **January 2018:** [Operational plan](#) for Greece was issued, to support longer-term programmes
- **May 2018:** [Operational Update n 8](#) was issues to extend the appeal timeframe until the end of December 2018
- **September – October 2018:** A final evaluation was conducted to assess the relevance and effectiveness of all activities under this appeal. The [final report](#) was published in February 2019.
- **November 2018:** [Operational plan for 2019](#) was issued
- **December 2018:** Emergency Appeal is closed



From January 2015 until December 2018, 1,092,388² million have entered Greece by sea; being one of the major routes into Europe. Since the beginning, the Hellenic Red Cross, together with support of the IFRC and Partner National Societies and in collaboration with the Greek government and other humanitarian actors, has been responding to meeting the needs of migrants on the Greek islands and mainland, mainly in relief (including cash assistance), healthcare, psychosocial support, and water and sanitation and hygiene promotion (WASH). In keeping with the fundamental principles of Red Cross, community engagement featured as an integral factor in the design and delivery of Red Cross programmes where possible. Photo cred: IFRC, Spanish RC, Hellenic RC

The appeal was revised three times to adapt the operation to the changing nature of the context. The appeal was fully funded.

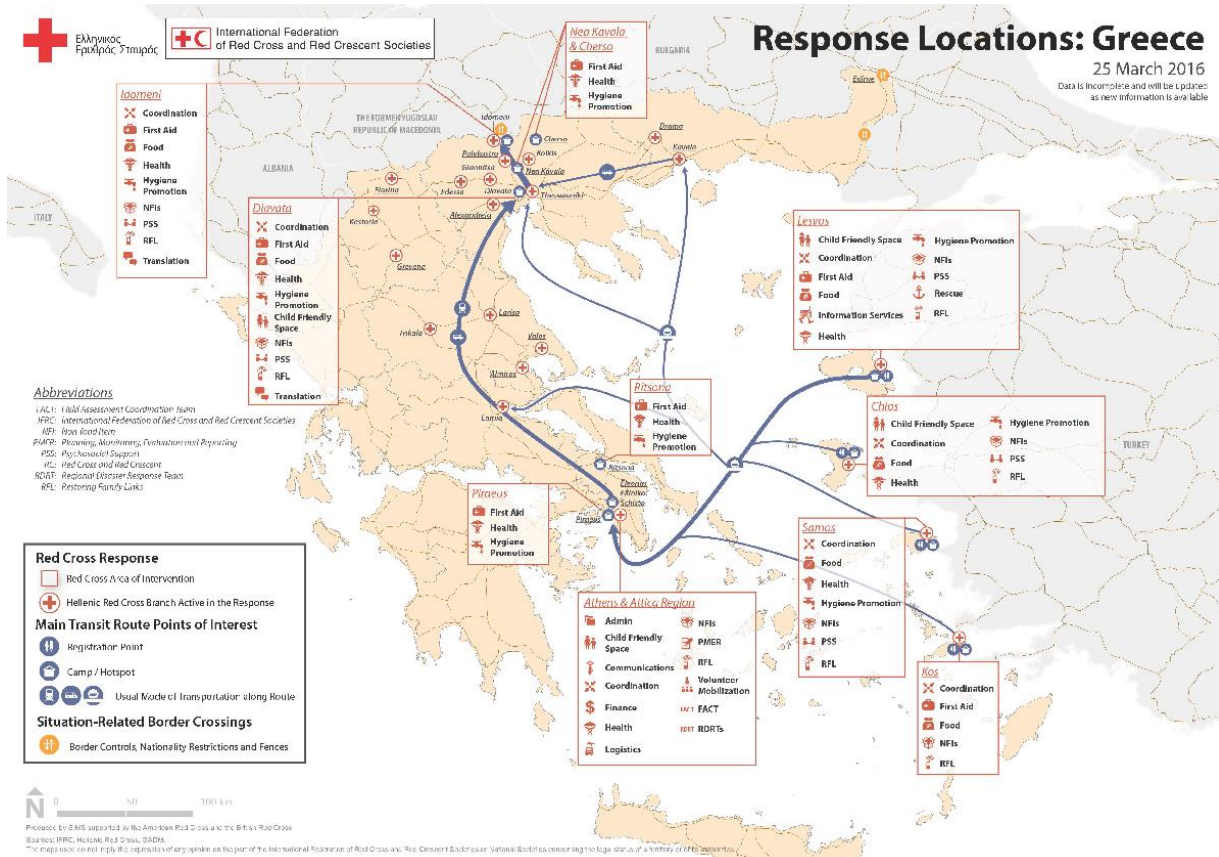
Partners or donors who have any questions in regard to this balance are kindly requested to contact **Louise Daintrey-Hall** at the **IFRC Regional Office for Europe** (phone: +36 1 888 4507; email: louise.daintrey@ifrc.org) within 30 days of publication of this final report

² UNHCR data: <https://data2.unhcr.org/en/situations/mediterranean/location/5179>

A. SITUATION ANALYSIS

Description of the disaster

Greece is one of the primary entry points for migrants entering Europe and is considered a transit country for those seeking other destinations in Northern Europe. The main route consists of the southern Islands - *mainly to Lesbos, Samos, Chios, Kos, Crete and Leros* - as first entry points from the Turkish coasts. Although arrivals by sea border had been increasing steadily following the construction of a fence in the Evros region between Turkey and Greece in 2012, the number of migrants arriving on Greek shores soared in 2015 - twenty times higher than in 2014 - triggering one of the largest humanitarian crises in terms of migration. The overwhelming influx of migrants have put immense pressure on the Greek government and caused serious challenges with capacity and shelter allocation at the Reception and Identification Centres (RIC) on the islands, at some point hosting more than 60 per cent over the reception capacity. Uncertainty and unpredictability – were two words to sum up the situation for all concerned at the time. The migrants, who were embarking on an uncertain and unsafe journey to reach the shores of Greece, where they were faced with unpredictable rules as they tried to transit to other countries. The Greek authorities, who were forced to react to unpredictable numbers of migrants arriving by sea from Turkey while also dealing with unexpected changes in neighbouring countries' border policies. And finally, the local communities, who were trying to assist the escalating situation as best they can despite their own economic uncertainties. The humanitarian community, which had to keep adapting to a rapidly changing situation and respond to the fluctuating numbers and needs. Overall, the situation was constantly fluid and continued to shift, often suddenly and unexpectedly – as it happened for example when the transit camp Idomeni was cleared by the authorities on in May 2016, and again in 2016 when the transit centre at the Tae Kwan Do Centre in Athens (Elliniko refugee camp) was closed a week later, with little notice. Such fast-paced changes made the working conditions for all actors involved very difficult to manoeuvre and respond in a timely manner to humanitarian needs.



Security management under this operation was a vital component, given the environment under which it was conducted. Protest demonstrations by various public, civil and student groups were reported as frequent and generally directed against the government. Instances of anti-migrant reactions by host community members around reception and accommodation sites were reported. In accommodation centres in Athens, tensions were high due to dissatisfaction of living conditions, food items and cash transfers. In the islands, triggers for tense relations included the continuing arrival of migrants into Chios, Lesbos and Samos, which were worsened by overcrowding and limited capacity in the reception centres in the islands. In addition, the constant changes in policies and procedures together with protracted asylum seeker processes only added to the tensions in the islands and on the mainland. Contending with the prevalence of crime and exploitation of vulnerable people together with the onset of the harsh weather conditions which were experienced, the bid to ensure proper survival and personal safety continued to stretch all parties in their various roles and only exacerbated existing conditions.

Nonetheless, sites where the Red Cross was active underwent security risk assessments (SRA), developed contingency and evacuation plans and implemented mitigation measures for context-specific security. Field teams received security training and were instructed on contingency plans and standard operating procedures (SOPs).

The IFRC security unit supported the IFRC Head of Country Office and the IFRC Operations Manager by monitoring the security situation and providing strategic security risk management advice. IFRC and various partners continuously monitored the security environment, shared information and responded to changes in the threat and risk situation, if any, by implementing adequate security risk reduction measures as needed.

The EU-Turkey statement from 18 March 2016 would later significantly decrease migration flows through the Eastern Mediterranean and the Western Balkan route, however by no means abating the challenges posed by the crisis. According to the agreement, new arrivals from 21 March 2016 onwards would be held in administrative detention centres pending outcome of their asylum applications and migrants entering Greece would be returned to Turkey if they do not apply for asylum within 48 hours of arrival or if their claims are rejected. However, fewer than 2,000 have been returned between March 2016 and November 2017, according to the European Commission.³ By January 2017, the United Nations High Commissioner for Refugees (UNHCR) reported more than 62,000 migrants were stranded in Greece, of which more than 10,000 were located on the Greek islands predominantly in reception and identification centres (RICs) and more than 47,000 on the mainland⁴.

The nature of the humanitarian operation therefore changed going from a situation in which people needed assistance aimed at aiding their transit through Greece, to one where they became static and camp-based for a yet undetermined time. To manage the situation, the Greek government opened new migrant sites (more than 40 in total) in North Greece and around Athens. However, further questions were raised at the time, such as the disputable conditions of the majority of the sites (e.g. site infrastructure, WASH issues, conditions of living for the migrant population), coupled with unclear plans and timing regarding the enhancement of those 40 sites; as well as the transition process of the migrant population. While the Greek government continuously dedicated its efforts in improving site conditions, the majority remained inadequate. The overcrowding and sub-standard conditions of the sites, lengthiness of the asylum registration and processing, inter-ethnic clashes, growing distrust of the migrant population towards humanitarian agencies, coordination challenges as well as the increasing lack of tolerance from the host communities contributed to escalating security incidents. Such issues significantly undermined the humanitarian operations in delivering much needed services on the ground, but more importantly, posed severe physical, emotional and mental health risks to the migrant population and vulnerable population.

It is important to note that these sites adopted an open system approach and therefore there was no proper monitoring and registration in the sites where migrants were free to enter and leave as they pleased. Therefore, numbers of the site populations varied daily making it very challenging to plan certain activities as well as establishing a systematic collection of beneficiary data. In terms of demographic data, Syrians, Afghans, and Iraqis consistently made up the majority of migrants entering Greece. While males made up for about 55 per cent of the arrivals in the beginning, females and children began to increase over time and estimated at 60 percent⁵.

The 'Financial Plan 2017' agreed between Greek and EU authorities in February 2017 established that, except for ECHO's funding for alternative accommodation spaces and cash transfer programmes, provision of services in the island's RICs was a responsibility of the Greek government with EU financial support directly funding national programmes. There was a gradual improvement in the camps in comparison to the previous year (2016), however, a substantial number of protection concerns, in particular those related the lack of security and registration in camps which were lacking immediate response and action by the Greek government. Populations in camps, particularly in the islands, continued to experience overcrowding and inadequate standards of accommodation, ranging from tents to caravans shared with strangers and without proper locks and security mechanisms. Lack of security in camps led to reports of violence in camp-based populations and at many sites entry and egress were not controlled. In addition, camp residents reported that people would come into the camp from the outside completely unimpeded, often for the purpose of drugs, crime, sex work, and other illegal activities. People within camps, particularly women and children, were very afraid to move around at night as they did not feel safe inside the camp. With a lack of registration activities from the MoMP, refugees continued to arrive in camps, resulting in large unregistered populations. After mounting pressures from the humanitarian community and with assistance from EU and UNHCR, the Greek government gradually focused on upgrading selected sites to serve as longer term accommodation solutions.

In September 2017, the government stated that 10 camps out of the 20 would be closed by the end of the year and that the government would be responsible for managing healthcare related services in the camps from January 2018, further decreasing the role of humanitarian organizations in this context. Additionally, the aim was to move all migrants into rental accommodation schemes (by the end of 2018) instead of retaining the 'camp-based accommodation' strategy. Therefore, in July 2017, the UNHCR and its partners presented the newly launched Emergency Support to Integration &

³ <https://euobserver.com/migration/140944>

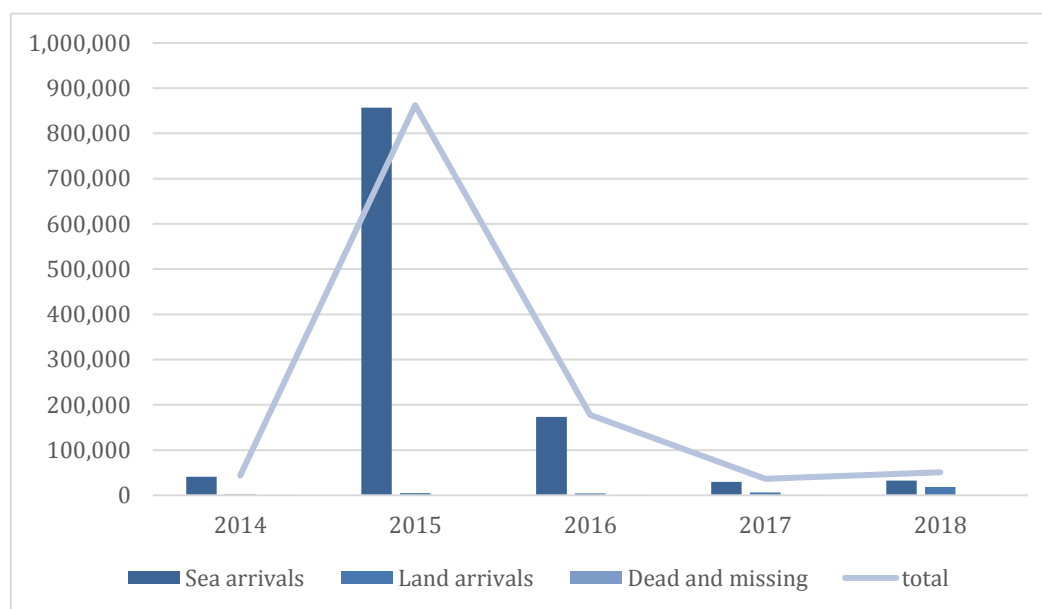
⁴ UNHCR. This a government figure and includes migrants on official and informal sites, other state-run facilities, self-settled or by NGOs on islands and the mainland. However, it is recognised among humanitarian agencies that the number of migrants stranded in Greece is much lower.

⁵ <http://data2.unhcr.org/en/situations/mediterranean/location/5179> (based on data from January 2018)

Accommodation programme (ESTIA) of DG ECHO, which aimed to assist refugees and their families to rent urban accommodation and provide them with cash assistance. Urban accommodation helps restore a sense of normalcy and provides better access to services, including education and health. This included small temporary apartments that are managed by UNHCR's partners; and hotel rooms at special rates. Mostly funded by the EU, the programme also hosts asylum seekers in rented buildings. Recipients of this programme are also provided with psychosocial, legal and interpretation services. By the end of 2017, the majority of the migrants and refugees were increasingly living in urban areas; camp populations were decreasing, while new arrivals continued to arrive to the islands into congested conditions. The fact that **many people were soon to be accommodated in urban areas or already living in urban areas** and the fact that the EU Relocation⁶ programme ended in September 2017, left most people in Greece bound to live in the country, thus **the need of integration services throughout the country became of paramount importance**. Facilitation of migrants and refugees to access public hospitals or public services to receive health insurance and tax numbers, language courses and access to the local job market were only some of the most important integration actions that needed to be further explored and acted on.

By the end of December 2018, UNHCR had created 27,088 places in the accommodation scheme as part of the ESTIA programme. 55,755 people benefited from UNHCR's accommodation in Greece since November 2015. People were additionally supported by social workers and interpreters who help them access medical services, employment, language courses and recreational activities⁷.

Therefore, while the urgency of meeting the basic needs for the new asylum seekers and migrants continued, the more substantial question was and still is to ensure that both basic needs of recognized refugees, as well as their inclusion and integration can be met by the services provided by, or through, the Greek government in the long run. This need is most pronounced in urban areas. While the strategy has been to focus especially on integration and social cohesion, the increase in new arrivals in 2018 continued to overwhelm the reception system again and increase the need of relief assistance to migrants.



2018 also saw an increase through the land borders, making up 50 per cent of all arrivals in 2018 via land borders. As of January 2019, more than 73,000 refugees and migrants are on the islands and mainland. In 2018, 50,511 people entered Greece of which 32,497 from the islands and 18,014 through the land borders, mostly through Evros, resulting in an increase in island arrivals by 9 per cent and in land arrivals by 173 per cent in comparison to 2017. 6,558 have been returned to other countries, of which 322 have been returned to Turkey based on the joint statement, 1,004 returned voluntarily to their countries of origin and 5,232 through family reunions. Asylum procedures at second instance have been sped up, from 124 days to 64 days. In 2018, the Ministry of Migration transferred 29,090 people from the islands to the mainland. At the end of 2018 there were 14,615 people on the islands, although the goal of the MoMP was to reduce population at island RICs to under 11,000 in January 2019. The situation in Samos continues to remain dire, where the reception centre hosts six times its capacity. Over 2,500 people continue to stay in tents and makeshift shelter in Moria, Lesbos.

⁶Devised in two stages in response to the influx of migrants in Europe in 2015, the program provided a framework for the European Union to apply its solidarity principle to the challenges of the refugee crisis. The relocation quotas set out in the two Council Decisions on relocation in September 2015 were aimed at relocating 160,000 refugees from Italy and Greece to other states by September 2017. As of January 2018, 21,726 asylum seekers, amongst them 6,982 men, 4,925 women and 9,819 minors, who had suffered persecution in their countries of origin and lived in insecurity, have been relocated as of today, in an organized and safe way, from Greece to other EU Member States, leaving behind years of war and suffering. (source: <https://greece.iom.int/en/news/successful-conclusion-eu-relocation-scheme>)

⁷<http://estia.unhcr.gr/en/home/>

Today, the humanitarian situation in Greece remains precarious. The funding has decreased, and many agencies have left or scaled down their operations in Greece. It has been difficult to handover to the authorities and local agencies. At the same time the number of arrivals is rising again moderately on the islands while the migrants remain stranded. The crisis is not over yet, and notably in urban areas, concerns related to integration and social cohesion continue. For example, from January 2017 to December 2018, there was a 14.2% increase in asylum applications, with a monthly average of 5,581 people per month applying for asylum⁸. The Red Cross continues to support integration efforts for example through the Multifunctional centres in Athens and Thessaloniki.

Apart from the migration situation, the economic situation in Greece exacerbated existing vulnerabilities among the Greek population, which in some cases were also compounded by natural disasters. For example, floods that hit low-income areas depleted household assets, and wildfires that led to loss of lives and livelihoods. Thus, this emergency appeal addressed, the preparedness of the National Society to respond.

Summary of response

Overview of Host National Society

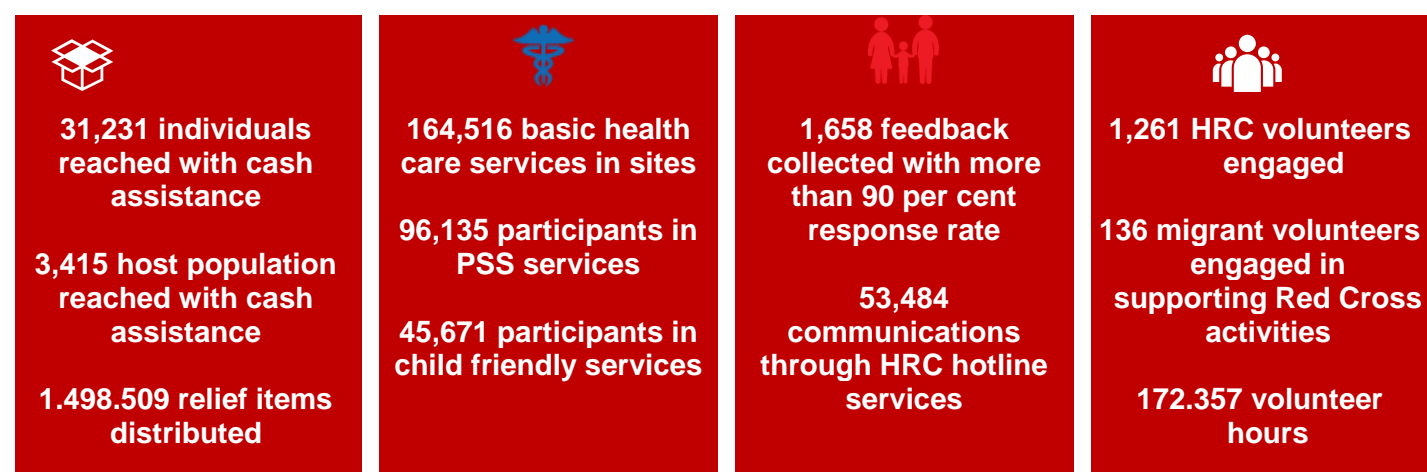
The Hellenic Red Cross (HRC) was established on 10 June 1877. It is the biggest humanitarian organization in Greece and according to its legal status, the HRC is a non-profit organization officially recognised by the Hellenic Republic, as a voluntary aid society, auxiliary to the public authorities in the humanitarian field. The HRC has some 470 staff and over 10,000 volunteers with 86 branches throughout Greece. The National Society did not have a department specifically dedicated to migration and assistance to the migrating and host populations was provided by the different divisions of the HRC, including nursing (health and care); the Samaritans (search, rescue and first aid, relief); social welfare (PSS, social welfare, shelter and relief distributions); and tracing services (Restoring Family Links).

The National Society faces a deep organizational and financial crisis which was formalized by the submission of the integrity case from the Governing Board to the Compliance and Mediation Committee (CMC) in September 2013. The HRC recovery process was in the hands of the Greek legal system from 2013 till June 2018, date of the election of the current Central Administrative Board (CAB). Members and former members of the HRC have endeavoured to block any changes in the National Society by bringing court cases so the National Society is prevented from making any steps forward by court procedures and deliberations.

Over the past five years, the IFRC has worked with the leadership of the Hellenic RC and the different parties in the litigations to find a solution trying to support the HRC to solve the issue of integrity affecting the NS over many years. A new CAB was elected in June 2018 and a plan of action was agreed with the CMC to reform the statutes, expand the social base of HRC and hold new elections. Due to insufficient progress, the Governing Board of the International Federation of Red Cross (IFRC) decided to suspend the membership of the Hellenic Red Cross as of 1 January 2019.

Despite its internal crisis, the different departments of the Hellenic RC (Nursing, Social Welfare, International Relations, RFL), supported by IFRC, the ICRC and Partner National Societies (PNSs), were at the frontline in responding to meeting migrants' needs through provision of health care, psychosocial support, adequate hygiene and sanitation services as well as basic necessities of migrants and asylum seekers arriving in Greece, ensuring support to the branches and volunteers on the islands in delivering those services.

The table below summarises HRC's response during the timeframe of the Emergency Appeal, October 2015 to December 2018:



⁸ http://asylo.gov.gr/en/wp-content/uploads/2019/03/Greek_Asylum_Service_Statistical_Data_EN.pdf

Despite the internal crisis of the Hellenic RC, and the difficulties to develop and support a solid organisational development process, IFRC and partner NS made efforts during the last 3 years NS to strengthen the capacity of the Hellenic RC in some areas. Significant results were achieved in the following areas:

- Disaster Management (Contingency plans, operating procedures, emergency response units in health and PSS)
- Logistics (Warehousing and procurement)
- Cash based interventions (Winter cash program for Greeks)
- Protection (mostly Child protection)
- CEA
- Migration (Multifunctional Centres, ACCREF, etc.)

Overview of Red Cross Red Crescent Movement in country

For this emergency response, the International Federation of the Red Cross Red Crescent Movement (IFRC) provided an overall country-wide operating framework which was steered by a Head of Operations and surge deployments during the emergency phase, and later transited into a longer term framework, opening an IFRC country office in January 2016, with international technical staff in place for programme management; relief; health; psychosocial support (PSS); water, sanitation and hygiene promotion (WASH); protection; logistics and procurement; communications; administration and finance; cash transfer programming (CTP); community engagement and accountability (CEA); human resources; planning, monitoring, evaluation and reporting (PMER); and field coordination. As the operation evolved over time, the country office reduced international support and increased its recruitment of national staff specializing in programmatic areas, field coordination and support services.

The IFRC Regional Office for Europe provided support throughout in advocacy, technical and surge support to the Greece operations team when necessary, in particular assisting with donor relations and coordinating with Partner National Societies.

Throughout the operation timeframe, the emergency response was supported by various PNSs who contributed, resources and staff in supporting this Emergency Appeal as well as bilaterally with the HRC, notably:

- **Austrian, British, Finnish and German Red Cross** were working in northern Greece in the provision of BHC, PSS and WASH and discontinued their activities in August 2017
- **French Red Cross** was working jointly with Spanish Red Cross in providing WASH services in Ritsona, ceasing support in December 2016
- **British Red Cross** were engaged in northern Greece supporting the MFC in Thessaloniki
- **Luxembourg Red Cross** was providing support to HRC in the management of the Lavrio accommodation facility until August 2017
- **Danish Red Cross** provided support in PSS programming and branch development in Lesvos as well as the MFC in Athens until December 2018
- **Spanish Red Cross** was a key actor in BHC partnering with HRC for BHC, PSS, accompaniment and mobile health programme, in addition to supporting in the area of Information Management until December 2018

The **International Committee of the Red Cross (ICRC)** has been active in Greece several times in the past century, whenever humanitarian support was needed. In the context of the recent migration flows, the ICRC stepped up its activities in September 2015 and opened a mission in Athens in March 2016. (Since then, it continues to work in its areas of expertise, notably in the sector of immigration detention, RFL, missing, forensic (management of human remains), as well as the protection of civilian population. ICRC visits places of immigration detention throughout the country, either pre-removal centres or police stations. During these visits, some targeted assistance was delivered, including clothes, hygiene items, phone cards and recreational items. The ICRC, through roundtable discussions and regular meetings, works in collaboration with the Greek authorities with the aim to discuss ICRC findings and identify ways to mitigate the humanitarian impact of immigration detention, as well as to promote alternatives to detention.

The Movement internal coordination evolved over time but generally operated at four levels:

- technical coordination groups involving all Red Cross actors implementing activities in the specific technical fields led by the HRC/IFRC technical coordinators;
- operational coordination involving HRC/IFRC technical coordinators and the ICRC, initially called "Task Force" and later "Coordination Management Group");
- strategic coordination through regular dialogues among HRC, IFRC and ICRC at senior management level;
- Red Cross partnership meetings. This in-country set-up was reinforced with several Red Cross partnership meetings held in Athens when a wider participation was required.

Overview of non-RCRC actors in country

The broader response to the migrant situation in Greece is led by the Government of Greece, which includes a diverse range of services including reception, registration, accommodation, asylum and basic relief services, health care, education, protection. ECHO was the main donor for all humanitarian agencies, playing a directive role and influencing programming decisions on humanitarian actors (e.g. set-up and nationalisation of the cash programme). The 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. These services are coordinated among various governmental bodies and ministries. Continuous engagement and coordination also took place with other humanitarian agencies involved in different service provision.

The coordination of the response is the primary responsibility of the Ministry of Migration Policy. A significant number of working groups (WGs) were active in Greece to ensure sufficient coordination, by operating at both the national and at the field level. At the national level, UNHCR coordinated and supported the sectoral WGs and sub-WGs with national and international NGOs, other UN Agencies and governmental institutions. UNHCR, in partnership with the government and other national and international NGOs, has been the supporting coordination of the refugee response and developing strategies to improve delivery of assistance and technical guidance through the Inter Sector WG. Several line ministries also participate or chair the sectoral WGs.

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

- Regular bilateral contacts with the MoMP, MoH, other Greek authorities at site, and at local and national level.
- Participation at the national level in technical working groups such as the ones created for Health, Cash assistance, Relief, etc.
- Participation at the ECHO partners' meetings which in 2016 and 2017 were the main strategic coordination forum
- Participation in a variety of ad hoc coordination meetings such as the Country Directors meetings, Advocacy WG, etc held in Athens.
- Participation at the site and regional level in site coordination meetings, regional WG, etc.

While the process gradually improved, the coordination has been challenging due to the simultaneous involvement of many agencies but also from the government side, because no single actor has had overall control of all management decisions in all areas of the operation including camp sites.

Needs analysis and scenario planning

The first version of the Emergency Appeal was based on the assessments of two Regional Disaster Response Team (RDRT) members deployed in June – August 2015. The assessment, however, was limited due to lack of time and the quickly changing needs on the ground; the operation was characterised by its reactive nature during this phase.

In August 2015, a first Field Assessment and Coordination Team (FACT) mission was deployed in August 2015, followed by a more in-depth needs assessment. The FACT findings 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 transit areas (e.g. Athens), there was a greater need for information, protection, RFL, medical assistance, as well as for food/water, clothes and hygiene.
- In exit points (e.g. Idomeni) the needs were more for information, food, basic health care and hygiene, but also for warm clothing, rain gear and support in form of information provision for their onward journey.

The results of the FACT assessment informed the first revision of the Appeal (October 2015) and covered the move from static to mobile assistance, activities for relief (food and NFI), health and RFL. A cash transfer pilot project was instigated to support vulnerable groups with specific needs, while WASH became sector in its own and a cash transfer pilot project was instigated.

The changing situation with the border closure in February – March 2016 forced the RC to adapt its response and carry out a renewed needs assessment by a FACT team in March 2016, which was the basis for the second revision of the Appeal. 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. 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 third phase, between March 2017 and December 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 PNSs, 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 assessment (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 (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.

Risk analysis

Risk analysis and scenario planning was continuous over the entire operation. The evolution of the situation, the changing needs, the scrutiny over the operation and its impact on EU politics, the internal challenges in the Hellenic Red Cross, the competition among humanitarian actors, the lack of a master plan from the Greek authorities are just some of the factors that made risk analysis and scenario planning a continuous process for more than two years (late 2015 to late 2017).

B. OPERATIONAL STRATEGY

Implemented strategy

This Emergency Appeal history changed to adapt to **three phases** of the operation. During the **first phase** from 2015 into early 2016 the migrants were transient, remaining over a limited time in Greece before continuing their journey along Balkans route. During that time the operation was focusing on providing short term emergency assistance to high number of migrants on their route to other European countries, such as relief distributions and first aid.

The situation changed significantly in March 2016 with closure of the borders and EU-Turkey agreement coming to an effect leading to the **second phase** of the operation. The average number of daily arrivals decreased significantly but migrants in Greece found themselves stranded, most involuntarily, with urgent assistance to meet their basic needs to be met which included shelter, food, basic items for daily living, health care. During this time, the Government of Greece quickly set up sites to host the stranded migrants and with the support of different organizations, including HRC, IFRC and partner national societies started providing services in these sites. The services were not anymore short term in nature but there was a need to providing services and assistance to people who were stranded in Greece for an undefined period of time leading to protracted humanitarian action.

The latest **revised Emergency Appeal** thereafter moved into a **third phase (under the six integrated building blocks)**⁹ which was characterized by providing support to Greek authorities and HRC to respond to the protracted migration situation in a more sustainable manner. In addition of continuing providing support to migrants in the sites that the Greek government has planned as long-term sites, the operation also saw the gradual transitioning into urban programming and social inclusion through building on HRC existing capacities and programming, also keeping in mind the Greek population amidst the consequences of the economic crisis, and recurring disasters. The root causes of all of these remain unresolved and while the needs are specific for different populations, such as Greeks and migrants the overall perspective for the Red Cross should be addressing vulnerabilities.

Alongside the Emergency Appeal, an [Operational plan 2018](#) was developed. The urban programs responding to the migration situation in a more sustainable manner (such as the Multipurpose Cash Program, MFCs, Health Accompaniment Program) have been transferred to the Operational plan that includes as well different programs to develop the capacities of the HRC (mainly DM, Logistics, Organizational Development, Public Health). However, due to the increase in new migrant arrivals especially in the north, and the need for the IFRC to continue both its coordination mandate and to monitor the situation, the Emergency Appeal was extended until the end of 2018, running in parallel with Operational Plan for Greece 2018. This provided preparedness in the event of further influx of arrivals.

In line with the operational strategy to review and increase the quality of our programmes, the IFRC was the Movement focal point (excluding ICRC) for CEA and protection. The aim of the last year of the appeal was to review different programmes on CEA and protection, and train staff in the programmes. Lastly, a key part of the strategy was to also maintain the operational capacity of the Country office to be able to conduct assessments, facilitate coordination and do resource mobilisation as a contingency for deterioration of the migration situation in Greece during the past months.

Taking into consideration the launch of the second emergency appeal for Greece in July 2018 for the wildfire operation, this resulted in several programmes being included in multiple plans and funded through different channels. Reporting-wise, this led to several overlapping components, indicated more in detail across the specific sections of this document.

⁹ From May 2017, interventions were conducted through six building blocks: Accommodation/Reception Centres; Urban Approach; Building Bridges (not implemented due to lack of funding); Cash Transfer Programming; National Society Development; and other HRC programme areas - Disaster Management and Restoring Family Links. Each of these building blocks brought together different aspects addressing the needs of migrant and host communities in Greece.

C. DETAILED OPERATIONAL PLAN



1. Accommodation and Reception Centres

People reached: 38,150¹⁰

Male: n/a

Female: n/a

During the response of this operation, the majority of migrants and refugees in Greece have been located in over 40 accommodation centres in northern Greece and central parts of the mainland. Originally set up in March 2016 to address the immediate needs of migrants stranded due to the closure of the western Balkans route, some of these sites were housing migrants in substandard living conditions. Although development of the sites to accommodate migrants longer term was slow for various reasons, continuous structural improvements and upgrades did take place in many of the sites by the Greek government and different humanitarian agencies, including Red Cross, in order to improve the living conditions of the migrants. In addition to the infrastructural and WASH upgrades which were tended to, population in camps, particularly in the islands were gradually given access to security mechanisms, such as proper locks, as well as upgrades to the living conditions of upgrading from tents to caravans. During the migration crisis



Skaramagas camp. Photo Cred: Spanish RC

Red Cross was mainly present in the accommodation sites and informal settlements (locations marked with asterisks) presented in **Table 1** below, **providing relief, basic health care, psychosocial support, WASH services as well as improved shelter conditions (e.g. for Lavrio, and unaccompanied minor shelters)**. Note that the timeline outlined in this table only provides a general RC's presence in the respective sites; the respective sectors had its own specific timing and were not always operating simultaneously (For cash intervention, please refer to Basic Assistance section).

Table 1: Overview of sites and respective current or past Red Cross activities between 2015-2018

Region	Site	Approx. capacity ¹¹	Timeline	Activities Implemented	Red Cross partners supporting the HRC
Central Greece, Thessaly	Ritsona	1,000	RC exited by March 2018	Health, PSS, Relief (including cash), RFL, WASH, Hygiene promotion	Spanish RC French RC
Attica	Skaramagas	3,200	RC exited by March 2018	Health, PSS, Relief, Hygiene promotion, RFL	Spanish RC
	Lavrio	300	RC exited by 1 August 2017	PSS, Relief, Shelter, WASH	Luxembourg RC
	Piraeus*	2,000*	Site was evacuated in July 2016	Health, PSS, Relief, Hygiene Promotion	IFRC
Central Macedonia	Oreokastro	1,500	Site closed in February 2017	Relief and RFL	IFRC
	Nea Kavala	4,200	RC exited by January 2018	Relief and Health, Hygiene promotion, PSS	IFRC, Health ERUs: Austrian-British RC (WASH ERU) Finnish-German RC (Health ERU)
	Cherso	4,000	Site closed in December 2016	Relief, Health, WASH, PSS	Austrian-British RC (WASH ERU), Finnish-German RC (Health ERU)
	Diavata	2,500	RC exited by April 2017	Relief, Health, PSS	IFRC
	Softex, Kordelio	1,900	Site closed in August 2017	Relief (including cash), Health, PSS, WASH	Austrian-British RC (WASH), Finnish-German RC (health)
	Idomeni*	10,000*	Site evacuated in May 2016	Relief, health, PSS	Norwegian, French, Canadian RC

¹⁰ Catchment population

¹¹ UNHCR

					(health ERU) Hungarian RC Benelux RC (relief ERU)
Islands	Samos	850 (Vathy RIC)	RC exited by May 2017	Health, PSS	Relief, Spanish RC (ERU health)
	Kos	1,000 (Pyli RIC)	RC exited by May 2017	Relief	Benelux RC (relief)
	Lesvos	3,500 (Moria RIC)	DRC (bilateral) handed over to ICRC December 2018	Relief, PSS	Benelux (relief ERU) Danish RC
	Chios	2,200 (combined Vial and Souda RICS)	RC exited by 31 August 2017	Health	Spanish RC (Health ERU) Benelux RC (Relief ERU) IFRC

In March 2018, RC exited from the last camps where it had permanent programmatic presence (Nea Kavala, Ritsona and Skaramagas). This required extensive discussions with the Ministry of Health (MoH), who took over activities related to primary healthcare, while other activities were either stopped or handed over to other NGOs. Following the handover of health services provision to the Greek Ministry of Health, the Red Cross (RC) ended the provision of basic health care and health promotion activities in the camps on February 28, 2018. The decision for the Red Cross to exit from the camps where it has been providing integrated health services (PHC, PSS, HP/HE) has been criticized questioning whether the Ministry of Health will provide sufficient care for the population. While the decision was also related to other conditions, such as funding, RC felt that this was the right decision. The authorities should have been in a position to take over the provision of primary health care, and NGOs should have facilitated this, via gap filling measures (such as trained translators for referrals, training MoH, facilitating mass vaccinations). However, key concerns remained: the lack of possibilities for the PHILOS programme to purchase medicine, the decision by MoH not to provide medication to persons with chronic illnesses, the lack of transport from distant camps to accessible public healthcare facilities, the lack of support staff and budget for the clinics (wear-and-tear, cleaning, administration). The key issue was to have staff in place, but the benefits and working conditions for staff were not appealing. Following the handover to the MoH, there was adjustment on the availability of a doctor in camps (for example 2-3 days a week for relatively small populations). RC continued to monitor the situation of health provision in the camps throughout 2018.

However, the RC exit from Nea Kavala, Ritsona and Skaramagas, and handover to MoH, be considered an overall success. Doctors were recruited by the PHILOS programme, or by an NGO, and they have been given an initial stock of medicine, ensuring continuity of services in the short term. After February 2018, the only effective camp presence the IFRC/HRC had in camps was through the UNHCR -led cash programme.

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



Health

People reached: 31,850¹²

Male: 51 per cent¹³

Female: 49 per cent

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

Indicators:	Target	Actual
# of basic health care consultations	n/a	164,516
# of vaccinations	n/a	13,540
# of migrants trained by RC in first aid	n/a	537
# participants in health education/hygiene promotion sessions ¹⁴	n/a	11,132

Narrative description of achievements

¹² Catchment population based on the estimated capacity of each site where health programmes were implemented. The number of people reached is actually much higher due to the fact that there was high rotation of residents in most accommodation centres.

¹³ Based on ODK data; for all health consultations.

¹⁴ This number includes both the HP/HE activities under WASH (previously) as well as under health (at the later stages of the appeal)

Throughout the timeframe of the Emergency Appeal, Red Cross was consistently providing *basic health care services* to the migrant population in reception centres, informal settlements and accommodation sites according to the needs. The delivery of these key services can be defined under the **three phases of the operation** as mentioned. The provision of health services in accommodation sites ceased in 1 March 2018.

Emergency Health Services to high influx of transient migrants

In the **first phase**, provision of emergency assistance, particularly **health care / medical first aid, first aid and search and rescue** were crucial deliverables to the high number of transient migrants at the entry points, i.e. islands (especially Lesbos and Kos) en route to other European countries. More specifically, this included screening for non-communicable diseases and vaccination; antenatal care and nutritional status checks for pregnant women and children under five years old; first aid services and primary health care, as well as provision of first aid kits and medical supplies. In Lesbos, where the need was particularly high, the Rescue Team of the HRC (as part of the Samaritans, Rescuers and Lifeguards Sector of the HRC) was one of the few humanitarian organizations providing front line service (in cooperation with the Frontex Services. HRC Samaritans Volunteers had permanent presence on site, taking rotational on seven-day shifts with services available 24 hours.



HRC search and rescue activities. Photo cred: HRC

In response to the health needs, HRC with the support of IFRC and PNSs set up **emergency response units (ERU)** through which basic health care services were provided to migrants in **Samos, Chios and Idomeni**. In Samos and Chios, the ERUs were deployed by the Spanish Red Cross and in Idomeni (in rotations) by the Norwegian, French, Canadian Red Cross and later also supported by the Hungarian, and Austrian Red Cross. The presence of Basic Health Care (BHC) ERU ensured health service coverage of a big range of migrants' health problems, resulting in fewer referrals to the local health services and hospitals. The ERUs worked in close collaboration with the staff from the HRC's Nursing Division to ensure continuity of health services after the deployment of the global response tools. The HRC also offered BHC services in various transit and reception centres in Athens, often at short notice and responding to last minute requests, due to the constantly shifting scenario following developments in Idomeni, and the opening and closing of various facilities in Athens. In February 2016, HRC began to provide BHC services in Diavata in northern Greece, having the support of Italian Red Cross for a period of time, while referrals and first aid were provided by a HRC nurse at the informal site of Piraeus.

Health services to migrants stranded in accommodation sites

Following the initiation of the **closure of borders in February 2016 (phase 2)** and subsequent complete closure in March, the government opened new camps in various parts of the mainland to accommodate the migrants stranded in the country. The IFRC FACT health (together with WASH) teams were invited to assess the changing situation, which resulted in scaling up of health services in existing and new camps. In mid-March 2016 two additional ERU teams arrived in the country to support the HRC in Cherso and Nea Kavala camps in northern Greece (Finnish-German RC for Health and Austrian-British RC for WASH), and further, Skaramagas and Ritsona camps (Spanish RC/French RC) in Attika and Central Greece in April.

With migrants staying longer in Greece, the BHC team began to offer a wider list of services based on needs: including reproductive health services and screening the nutritional status of children under five years old. In June 2016, the RC began participating in vaccination campaigns in cooperation with the Ministry of Health and other stakeholders. By **July 2016**, with the evacuation of Idomeni and Piraeus in and June 2016 respectively, BHC services were available in eight major sites (Chios, Samos, Diavata, Nea Kavala, Ritsona, Cherso, Skaramagas, Kordelio). RC would later hand over health activities to another health actor in Samos; Cherso was later closed in December 2016.

Protracted situation

During the **third phase** of the operation, RC continued to **respond to the protracted migration situation, however gradually shifting its focus to sustainability of service provision via support to Greek authorities for eventual handover. By May 2017**, in light of evolving needs, RC was only providing BHC services in **Skaramagas, Ritsona, Nea Kavala, Lavrio, Kordelio and Chios**.

The RC also began expanding its services, offering mobile health services and psychiatric services while taking over **mother and baby activities** from Save the Children in Skaramagas. Over 5,557 **counselling sessions** were offered to mothers with the aim of promoting and supporting optimal feeding practices for children under two years old. Educational sessions were also provided related to postnatal, antenatal, child bearing, childbirth preparation, and women's health. An accompanied referral services was established by the Spanish RC after findings from a household survey reported that a large number of migrants with referrals do not make it to their referred appointments due to various reasons, but mainly lack of knowledge of the local language and the host environment. The service covered **interpretation needs in various languages**, as a response to the lack of interpreters in hospitals and social welfare structures. This critical service helped facilitate migrants' access to health services outside the camps.

The main reasons for visiting the clinics were reported general health checks, medicine prescriptions, upper respiratory tract infections, headache/migraine and the common cold. The most reported common chronic diseases were follow-up visits concerning diabetes, hypertension, mental health and cardiac diseases. A total of 73.8 per cent of the above mentioned total consultations did not need further referrals; about 2 per cent needed referral to other NGOs; 7 per cent needed referrals to hospitals by appointment (secondary healthcare) while 0.3 per cent were emergency referrals to the hospital, the rest was referred to an RC doctor. The most common categories of medicines administered were anti-inflammatory/analgetic, antibiotic, gastroprotective, respiratory and diabetic.

Based on the general analysis of the data collected in camps (Skaramagas, Ritsona, Nea Kavala, Lavrio, Kordelio, Chios) from May 2017 to February 2018, it was concluded that 49 per cent of patients were female, while 27 per cent were below 18 years of age.

Based on the overall results of the satisfaction surveys that were conducted monthly in each camp, 83 per cent of the 1,273 interviewees (48 per cent Arabic, 20 per cent Kurmanji and 5 per cent Farsi origin) expressed satisfaction regarding RC BHC services and 88 per cent stated that the visits solved the reason of seeking care. 93 per cent were satisfied with the interpretation service, reasons for not being satisfied includes the attitude of the interpreter (69 per cent) as well as the difficulty to understand the language or terms used (31 per cent). 93 per cent report that staff at the registration desk treated them in a respectful and professional way. The general level of satisfaction regarding the BHCU is 83 per cent. Feedback was sought on service, staff behaviour, confidence to express the problem, examination, time spent in the consultation, explanation of the health problem and explanation of the treatment. There was no major field of dissatisfaction with certain people expressing a need for more time in the consultation.

The **vaccination of migrant children** was coordinated by the department of public health of the MoH together with relevant stakeholders, with vaccine provision by the MoH. The RC teams were requested to conduct the vaccination campaign in sites where RC was active as well as in other sites¹⁵ where vaccination was not covered by other organizations. Vaccinations were preceded with sensitization campaigns to ensure proper understanding and response to the campaigns. Influenza vaccination campaign was also conducted in all sites. The target groups were the elderly, pregnant females, children and patients with chronic diseases. Eventually the BHC clinics were authorized for routine vaccination from February 2017 onwards.

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

Gender	<1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 65 years	>65 years	Total ¹⁶
Female	192	1482	998	581	253	9	3563
Male	205	1533	1170	651	315	10	3911
TOTAL	397	3015	2168	1232	568	19	7474

The BHC team also provided children aged 6-15 years old with **individual student health cards**, a prerequisite for school enrolments.

Health education and hygiene promotion also were increasingly provided to the migrants at the camps. Sessions were based on the needs of migrants on each site, which included antenatal and childbirth preparation, women's health, food handling, hand washing, diabetes, lice and scabies, female hygiene, and breastfeeding and nutrition. Refer to WASH section for closely linked activities.

¹⁵ Oinofita and Lavrio

¹⁶ Age and gender breakdown is available starting from November 2016, until end of February 2018.

First aid training was also provided to 381 migrants in Skaramagas, Ritsona, Kordelio, Nea Kavala and Lavrio. The training sessions were conducted in various languages (Arabic, Farsi, English, French and Kurmanji) and first aid kits and manuals (available in five languages) were delivered to all participants. To encourage female participation, female HRC trainers were engaged in the program and sessions were rescheduled for the women, which successfully improved their attendance.

Following the Greek Government's decision for government services taking over health activities both on the mainland and islands, funding for the NGOs initially providing health services on the islands was not extended, thus creating significant gaps for healthcare. The MoH requested the support of HRC on the islands and with the support of IFRC started conducting medical and vulnerability screening of new arrivals on the islands of Chios, Kos, Leros, and Lesvos as well as in North Greece, specifically in the Fylakio RIC in Alexandroupoli. A total of 3,383 people was screened by HRC.

By the end of **July-August 2017**, Red Cross would cease operations on some sites – Chios, Kordelio, and Lavrio.

Handover of health services to other actors and Government of Greece

By **November and December 2017**, Red Cross began planning and negotiating with the MoH and humanitarian actors for RC's handover of activities and exit in camps (Skaramagas, Ritsona and Nea Kavala) to take place during the first quarter of 2018. Red Cross also gradually scaled down services in all three camps, to match what was anticipated to be the level of services to be provided by MoH after the exit of RC from the camps.

In **Nea Kavala**, BHC services were handed over to Kitrinos by the end of January 2018 at the request of Ministry of Health. In **Skaramagas** and **Ritsona**, KEELPNO¹⁷ signed the hand over agreement at the end of February and took over the responsibilities for health services through its PHILOS program starting 1 March. Containers, medicine stocks, equipment and other materials that were part of the health facilities were donated in all the camps during the handover.

As part of the handover process, RC team provided training and capacity building to government staff, including training on protocols, referral pathways, follow-up for chronic patients, pharmacy management and medication distribution. In addition, staff from both Skaramagas and Ritsona received a one-hour training session on the Accompanied Referral program of the Red Cross. In March 2018, PHILOS started providing services in Ritsona with one registry nurse, one midwife, one psychologist and one sociologist five times per week (existing staff) and one paediatrician and one nurse three times per week (new staff). Regarding Skaramagas, PHILOS is expected to provide services with one paediatrician, one midwife, two nurses (one of them registry nurse), one Arabic and two Farsi (twice per week) interpreters, one social worker, two psychologist, one sociologist (old staff) as well as one GP and one nurse (new staff).

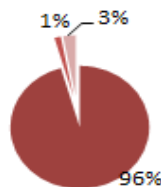
Challenges

- Recruitment of local staff was initially challenging due to the difficulties to identify professionals available in the country and the fact that IFRC had no legal status in the country to hire national staff. Eventually, the situation improved through the engagement of the human resource and payroll agency, although it increased the recruitment expenses. A group of HRC staff were also promoted to fill some of the positions required.
- It was very challenging for migrants to obtain the social security number called AMKA, which would allow them to access the same medical services as the host population. The Red Cross advocated for a change towards the government, while also directly supporting the migrants in the process to obtain the social security number.
- Arrangement of appointments and transportation of non-urgent cases of patients who still required higher level of medical support to and from the medical facilities had been an on-going challenge. The issue was discussed several times at the health coordination meetings as well as at site management and EKEPY (National Health Operations Centre) levels.
- Handover: From early February 2017, staff from KEELPNO started working in various sites together with Red Cross teams, as part of the state's preparation to take over the provision of health services in the sites. However, this important initiative from the MoH faced many challenges in terms of initial lack of coordination and clarity of roles. The issue was discussed with the National Health Operations Centre (EKEPY) on several occasions and successfully addressed.

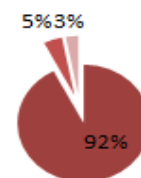


302 out of 381 participants took part in the evaluation after the first aid training sessions. Response to some of the questions in the evaluation are depicted below.

Was the training a generally positive experience to you?



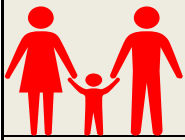
Was the practice of each technique enough to learn it and to feel confident to do it?



¹⁷ Hellenic Center for Disease Control and Prevention

Lessons Learned

- A review was carried out by the Finnish RC on the Finnish and German RC basic healthcare services with recommendations and lessons learned. While the findings can be summarized as indicating a successful and relevant operation with positive impact, one of the suggestions was to look into the operability of the ERU in protracted situations. The model was designed for fast short-term deployment, but not for longer term work in protracted situations. In cases where this is likely, other operational mechanisms might be better placed.
- Although improved over time, coordination mechanisms (i.e. regular technical meetings) within the Movement should have been more regular from the start of the operation for a more effective implementation.
- The importance of CEA activities during the exit phase can be seen as a significant lesson learned. The provision of accurate and sufficient information to the communities and other actors and authorities has been key to avoid conflicts and rumours that cause distress and misunderstandings among the target population (see below more on CEA)
- According to the final evaluation, 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, and for many beneficiaries, RC was a synonym for health care. However, the handover of the services to local capacities, including the Ministry of Health or the HRC, proved to be challenging. This was also attributed to the high standards of health services (both in quantity and quality) provided by RC that were not aligned with national standards, and therefore could not be maintained once handed over, further increasing the dissatisfaction of people living in the sites.



Psychosocial support

People reached: 33,450

Male: 55 per cent

Female: 45 per cent ¹⁸

Output 1.2 Migrant population provided with PSS services.

Output 1.3 moved to SFI 1 – Strengthen National Societies

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

Indicators:

	Target	Actual
# PSS services (case management, counselling and referrals; community and family support services)	n/a	96,135
# of child friendly services	n/a	45,159
# of national staff and volunteers who attend PSS sessions to support their own well-being and apply self-care strategies	n/a	887
# of national staff and volunteers who attend PSS sessions to support their own well-being and apply self-care strategies	n/a	2,091

Narrative description of achievements

Migrant population provided with PSS services

During the onset of the crisis (Phase 1), PSS interventions, particularly psychological first aid services were very much needed as migrants reaching the islands were in extreme distress not only due to what they have experienced in the past but mainly in the current situation, which required constant adaptation to new environments. Lack of information, uncertainties about the future, and changing policies added to their distress. Therefore, in the initial stage the RC focused on providing relevant and updated information, mainly achieved through proper information dissemination (leaflets, pamphlets, face to face discussions), while also paying special attention to female vulnerabilities in order to alleviate stress and anxiety. With the support of key Partner National Societies PSS was provided in Athens and on the islands of Chios, Samos, Lesbos as well as in the mainland in Idomeni in the form of information provision and creation of child friendly spaces with recreational activities on site. The child friendly services facilitated activities such as singing and dancing, volleyball games etc.

¹⁸ Based on ODK data, for all PSS activities

As it became evident that migrants had to stay in Greece for a prolonged period, RC focused its PSS services on facilitating increased resilience within individuals, families and communities through a number of different recreational, cultural and skill building activities; and therefore, allowing the PSS programme to provide migrants with **social support networks and activities, positively contributing to their overall well-being**. PSS activities also aimed to mobilize the beneficiaries, increase their socialization and offer various ways through which they could express themselves, increase their motivation and de-stress from their current situation. PSS activities contributed as a preventive measure to counter manifestations of more serious mental health issues.



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

Child friendly services were available in most of the sites where the RC operated, including creation of child friendly spaces, a space for toddlers run by the female population from the migrant community with RC support, and other activities for children of all ages. The **child friendly service, generally targeted to a population below 18 years of age** aimed to promote healthy behaviour, self-expression, mental health and emotional growth. For this purpose, non-formal educational activities (English, German, Greek language classes, etc.), recreational and occupational activities were developed. All activities were also complemented with psychosocial discussions that favour stress and emotional management, in addition to working on self-esteem and emotional intelligence.

Also, while special attention was given to children, it became increasingly clear that there were also highly vulnerable adult groups which needed PSS interventions. Activities were therefore designed to match the needs of migrants in each site which included the **creation of female, male and adolescent groups**. Within these groups, recreational activities were organised depending on common preference and/or interests, such as a variety of games, sports, art and other means of self-expression. These activities also served as entry points for the migrants openly discuss topics and challenges, they faced.

Door to door assessments were periodically conducted to obtain feedback and ideas on interest and needs of the beneficiaries and ensure participation. During this period, beneficiaries living in the camps of **Ritsona** and **Nea Kavala** received training and were engaged as collaborators in facilitating the implementation of PSS activities. Their assistance proved to be very important as they were able to communicate with beneficiaries in their own language. The impact of RC PSS services was assessed through satisfaction surveys in all the camps with over 90 per cent satisfaction levels reported by the beneficiaries. Collaborations with other RC and NGO services within the camp were also essential in designing the programmes, to induce gap filling measure. As per need, referrals were made to specialized services. The Finnish-German RC supported PSS interventions in camps in northern Greece while the Spanish RC supported PSS interventions in the Attica region. The Danish Red Cross operated PSS activities in Lesvos under the appeal through a bilateral agreement with the HRC. A recreational centre for men as means of forging resilience was established in Lesvos (outside Moria). Additionally, DRC also supported PSS activities in the existing Multifunctional Centre of the Hellenic Red Cross in Attica, providing case management and counselling for urban migrants (refer to the section on MFC in the Urban section).

Handover of PSS activities

At **Nea Kavala** camp, the first announcement of the exit of RC and the potential handover to the other actors was announced a month and a half before the exit took place in December 2017. A number of PSS activities were taken up by different NGOs, as well as KEELPNO (psychological support and case management). The Ministry of Education set up a kindergarten in the former child friendly space. The handover strategy was designed jointly with the other Protection and PSS actors and it was ensured that all implementing staff was aware on the referral pathways for child protection, SGBV cases, general case management (including emergency referral after hours), providing necessary information, tools, and gap filing measures. In **Ritsona** camp all PSS activities ceased at the end of December 2017, with KEELPNO (Philos) continuing with some of the activities. At the time, child friendly services under the Ministry of Education were in the pipeline pending commencement. As of 1 March 2018, Cross Cultural Solutions took over music activities as well as sewing and beauty activities with Diotima.



Gardening Activities in the Greenhouse in Skaramagas.

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

Capacity building of HRC Staff and volunteers

All PSS officers and volunteers received PSS and protection trainings to empower the team with knowledge and skills so that they could adapt to the work environment, to build cultural awareness, in order to provide quality services to the beneficiaries. Training included topics on SGBV SOPs/Referral Pathways, Safety Training, Protection issues (eg Movement's protection definition and approach, protection principles, responding to protection risks and incidents, etc) Cross Cultural seminar, Seminar on issues related to disability and chronic diseases, and Drug Issues and PFA (Psychological First Aid).

Furthermore, the Red Cross provided staff care to the PSS teams through a collaboration with stress counsellors (external psychologists). The PSS staff had the opportunity to conduct individual and group sessions, in order for staff and volunteers to express any stress and concerns which they may have experienced on the field while also receiving the support they needed after working in challenging conditions.

Challenges

- There were certain challenges faced in implementing the PSS programme throughout the operation at various stages, one being the complex nature of having to coordinate with many multiple external partners offering the same services (in addition to internal coordination) as well as the site authorities and government. High competition with other PSS actors and obtaining approval from site management was also challenging in some sites (e.g. Samos island). Other challenges included security risks and lack of availability of volunteers.
- The lack of HRC volunteers (in number and qualifications) to support the activities was a challenge, as not all had the right profile for PSS. Similarly, the importance of properly investing in improving the **volunteer management** system, selection mechanisms and volunteer policy was highlighted for future operations.

Lessons Learned

- High engagement and participation of migrants in the design of PSS activities** based on their needs created high level of ownership and interest amongst the recipients of this service
- The need for higher level of mental health interventions had been significant in the beginning, however providing therapy in the camps was seen as a risk when population was often relocated with less than one day notice.
- The staff and volunteers highly valued having **access to stress counsellors**; most of the staff reported that it was a great support and their well-being improved as a result. The final evaluation furthermore emphasized the timely duty of care for volunteers and staff, and the need to 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.
- Outreach activities and integrated psycho-education** were fundamental to reach all who needed support and increased the community's awareness on what PSS is and how the team could support them.
- Language classes, skill building activities and off-site excursions** (to educate the migrant community on how the public transport works, how to read maps and access different services) was extremely practical to migrants, contributing to their integration.
- Offering **gender specific** activities worked well as migrants reported feeling more comfortable participating.



Water, sanitation and hygiene promotion

People reached: 842,673¹⁹

Male: n/a

Female: n/a

Output 1.5 The risk of sanitation-related diseases has been reduced through the provision of WASH services at the arrival spots (Phase 1)

Output 1.6 Immediate reduction in risk of waterborne and water related diseases in targeted camps and improvement of the hygiene situation of the population

Output 1.7 Migrant population in Softex Kordelio and Nea Kavala has access to emergency water and sanitation until permanent infrastructures are in place (Phase 2)

Indicators:	Target	Actual
Improve sanitation conditions on at least two islands	2	4
Nea Kavala and Softex Kordelio accommodation/reception centres communities have access to at least 50 litres of water per person per day.	50 litres	50 litres

Narrative description of achievements

¹⁹ This number refers to the number of people reached between the period of October 2015-March 2017 via all types of WASH activities including hygiene promotion activities, countrywide.

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 information dissemination activities with the support of the British and Danish RC in the mainland and in the islands. Hygiene kits were distributed to facilities in Athens and in the islands of Samos, Kos, Chios, Lesbos and Idomeni. In addition, through donation from British Red Cross, 15 chemical toilets were in use in the island of Kos. Between the period of November 2015 and January 2016, 23, 331 hygiene promotions were conducted by the RC cumulatively in the islands and on the mainland. In addition, Hellenic RC distributed a total of 200,000 hygiene kits (adults and infant), along with razors for the male population and sanitary pads for the female population. Hygiene Promotion activities were introduced, giving emphasis to the importance of staying healthy, e.g. on hand washing, food safety and the importance of staying hydrated as well as solid waste management and environmental sanitation.



Hygiene Promotion Activities in Nea Kavala.

Between January 2016– June 2016 the Spanish-French Red Cross health emergency response unit (ERU) was mobilized in supporting the HRC in providing basic health care and WASH (with focus on hygiene promotion) services in Ritsona and Skaramagas in Attica.

In **Phase 2**, with increasing camp accommodation and as part of the FACT assessment, WASH was seen as 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, including later in Kordelio/Softex. The MSM (Mass Sanitation 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. In October 2016, a Luxembourg Red Cross (LRC) delegate and an IFRC shelter advisor were deployed to Lavrio (Attica based) to fine-tune an initial assessment of the site which was conducted in August 2016, not only limited to WASH and shelter needs.

The Austrian Red Cross (AutRC) was supporting HRC in **Softex Kordelio** as the main WASH actor on site until 31 July 2017 when it was eventually closed.

In **Nea Kavala**, HRC continued providing support for hygiene promotion activities until December 2017.

In **Phase 3**, WASH became less relevant, and the RC pulled out of most WASH activities in the camps in Northern Greece in May 2017, with the ERUs leaving and handing over their activities to other actors taking on active roles, including some activities to HRC: related infrastructure was handed back to UNHCR; hygiene promotion was handed over to the HRC; and specialised equipment for camp management was passed on to local organisations. The distribution of hygiene items was gradually reduced, initially providing only those items not calculated in for cash distributions, including baby and hygiene items, up until July 2017.

Challenges

- One of the major challenges were the rapid and exceeding operational needs, coupled with overcrowding and arising health needs. The dire conditions in the accommodation/reception centres called for continuous attention for health and WASH needs to be addressed. The local health system was overwhelmed and not able to meet with the increasing demand of health services and despite of the various WASH actors always present on the ground, the needs exceeded the limitations of the accommodation/reception centres. This led to a rapid need of proper information dissemination about vaccination, infant and young children feeding needs, giving extensive attention to “special needs” (eg, persons with disabilities), as well as SGBV issues.
- The diversity of the camp populations was another challenge, dealing with 25 different nationalities and eleven different languages made the creation of informative material (eg. posters, leaflets) very complicated. It was also hard to find volunteers to cover at least most of the languages and the communication within the team was complicated due to a lack of a common language.
- The lack of reliable information and clear planning and decision-making activities made coordination activities difficult for camp coordinators and actors present on the ground. An example of this is the **Softex Kordelio camp site deemed extremely unsuitable and dangerous. RC provided health services** and took on camp management responsibilities, despite strong advocacy from the humanitarian community the site remained operational.
- It is important to mention that RC did not have full control of WASH hardware in most camps and could not address issues relating to septic tanks, solid waste and waste disposal, thus making the work needed to bring all camps to Sphere standards very difficult to achieve. Quality improvement depended on negotiation with camp coordinators and authorities, whose decisions influenced the effectiveness of the activities – both positively and negatively. In Ritsona for example, the lack of communication caused extreme delay on the water supply in containers in Ritsona. On the other hand, in North Greece, cooperation with authorities was said to be good, and therefore, the MoH and the MoMP regularly visited the camps to verify if local and Sphere standards were respected.

Lessons Learned

- No clear definition of roles between the various acting WASH actors led to confusion and need for gap filling measures. It is of great importance to maintain proper Inter-Agency communication in order to avoid gaps and maintain a unified effort between all actors involved and the beneficiaries.
- WASH activities need to be given more flexibility especially in unpredictable environments such as the Greece operation.



Community engagement and accountability

People reached: n/a
Male: n/a
Female: n/a

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

Indicators:	Target	Actual
# of beneficiary satisfaction surveys and focus group discussions conducted related to programmes provided by the Red Cross	n/a	71 satisfaction surveys ²⁰
per cent of sites where the Red Cross is active has at least one CEA channel	n/a	71 per cent ²¹
# and type of feedback received through various Red Cross CEA channels	n/a	772
# of migrants engaged as facilitators and volunteers in implementing Red Cross services	n/a	136

Narrative description of achievements

Phase: 1: During the **first phase of the migration crisis**, it was important that new arrivals were provided with clear information to minimise misunderstandings, chaos and the likelihoods of incidents such as separation of minors. From the beginning of the operation to March 2016, most of the community engagement and accountability (CEA) activities were targeted on Lesbos island in the form of **one-way information provision** to the migrants.

Where to go upon arrival to the island hotspots or upon arrival to the mainland, where to sleep, where to find food, water, blankets and how to find First Aid and medical care as well as how to find a way to the next border were all questions people were asking from the minute they arrived. A survey conducted by the Communication with Communities (CWC) working group in Lesbos found that people upon arrival people mainly wanted to know how to leave the island. In addition, they then wanted to know what services and provisions were available in each site. Although the RC could not promote the movement of refugees - *ensuring that they had all of the information they needed to make informed choices was essential.*

In addition to visual informative posters, one of the CEA channels produced during that time were the audio recorded programs and messages ("**The Red Cross Walkie-Talkie information service²²**") which were played on mobile loudspeakers in Lesbos informing migrants on administrative procedures to facilitate their registration and their access to basic services at transit and reception sites. This information was complemented with the production of other more in-depth thematic programs aimed to provide practical advice regarding migrants' wellbeing and safety concerns. These community driven stories were supported by the communities themselves giving advice and tips to refugees who were yet to start their journey to Greece. In that respect, a program in Arabic and Farsi aimed to provide psychosocial support in coping with the stressful conditions faced during the migrants' journey. Some of these programmes were also be uploaded to the new Walkie Talkie [Youtube](#) page (also embedded in the [Refugeeinfo.org](#) web portal.) Additionally, the CEA team connected the migrants with the HRC's existing national hotline number (operated from the HRC MFC and available multiple languages) that was equipped with significant informative resources and support for refugee.



Image from Moria Registration Site, in Lesbos island.
Photo cred: IFRC

²⁰ Between May 2017 – February 2018 only. This includes satisfaction surveys for PSS, Health Education and Hygiene Promotion, Health, and the CEA household surveys.

²¹ In 2017, 5 out of 7 sites had formally established CEA channels by the CEA delegate.

²² The Walkie Talkie Information Service is a 20-minute recorded audio program delivering vital life saving and life enhancing information to refugees in Greece. Professionally produced programs are made in collaboration with a local radio station in Lesbos.

The RC volunteers wearing the emblems are naturally seen as safe, reliable trusted sources of much needed information. However, this information was challenged with poor briefings and constant changes of agencies and services provided. Volunteers could not point to basics such as identifying where clinics or water taps were located or identify what time doctors or blankets were distributed. The language gap between volunteers and migrants was a significant challenge as well leading to heightened tension between volunteers and migrants. To mitigate this, a CEA volunteer toolkit was created (in collaboration with other agencies), consisting of simple maps, 'dos and don'ts when engaging migrants, and 'language boards' with pictures to help the communication process.

Phase 2: Since the closing of the “Balkan route” in March 2016 the **new context required a change in the CEA operational strategy to focus more on strengthening two-way communication, collecting and responding to migrant feedback and facilitating an increased community engagement** in the provision of RC services and in the improvement of the living conditions in the camps. A multi-sectoral assessment, taking into account a CEA perspective, was conducted during March-April 2016, identifying huge gaps in available information flow to the migrants as well as their own voices being heard. Therefore, one of the main recommendations from the assessment was the need to incorporate CEA as a transversal approach within the different technical sectors of the Migrant Population Response Program. As a way forward, a **CEA focal person from the HRC was identified in May 2016** to be integrated in the program operational structure and CEA focal points (including translators and mediators) at site level were increased. What followed was an increased facilitation of **community feedback through various channels, household surveys, focus group discussions and recruitment and training of community collaborators, establishing effective information points and notice boards on the camps**. The MFC-run hotline and the IFRC virtual platform were also part of the community engagement efforts in ensuring beneficiaries had access to vital information needed.



Volunteers wearing the language boards. Photo cred: IFRC

Phase 3: Feedback collection

A Feedback and Response Mechanism was set up in the main camps where RC was working through four main channels: suggestion boxes, face-to-face interaction, group meetings and beneficiary satisfaction surveys (BSSs). In total, 1,658 communications were received (mainly through the preferred face-to-face channel, followed by suggestion boxes). The objective of the feedback mechanism was to collect and analyse community opinion regarding services provided by the Red Cross, understand community perception and provide response to the feedback received. CEA teams worked with the community in all the camps through **community meetings and focus group discussions**. Through these meetings, the CEA team could collect and answer feedback, build links and gain the trust of the community. CEA work also included advocacy work, through sharing the summaries of the community meetings with the focal point, the site officer, and other actors. In Ritsona and Skaramagas, the community meetings were also used to identify community representatives who took on the roles of liaisons, serving as a connection between the community and RC. Towards the end of 2017, the feedback system was further developed to also include a tracking and case management system and included rumours and misinformation as important types of feedback.

Community volunteers

In Nea Kavala the volunteers were managed by a Volunteer Coordinator, but in Ritsona and Skaramagas, it became the responsibility of the CEA team to support the Hellenic Red Cross, in managing the community volunteers who would speak all the different languages in the camp

To create the team of volunteers, members from the community, from all ages and genders, were invited to a meeting, where the CEA team presented the history, principles and values of the Red Cross Movement and the importance of voluntary services,

Exit Phase

Community engagement and accountability (CEA) was a highly important activity in the sites during the last months of RC presence, focusing mainly on providing information about the hand over to the next actors, and encouraging the community to use the public services outside of the camp. Information was vital to address the insecurities of people in view of the ongoing handover and the unstable situation; and therefore the period saw an increased number of community meetings, door to door visits, creation of information material (including mapping and info material on services on site and in urban areas), effective information dissemination and sharing leaflets with community about other services like health and social services in urban areas, and a link to a web guide for refugee relation information in Greece. The CEA team met with sector representatives of the camp, such as, the hygiene promotion community volunteers and communicated the importance of setting an example for health promotion in the site for the rest of the community. Additionally, the CEA team stressed the importance of continuing the same interest and commitment with the organization taking over the HP activities in the site. Another best practice was holding community meetings to present the new actors to the community, to assure them the continuity of the activities.

CEA in Urban Areas

Initial CEA activities were mainly being implemented on the islands and in the camps. In 2018, increased efforts were put to mainstream CEA into activities implemented in urban areas. These efforts were implemented and reported as part of the Greece Operational Plan 2018.

Challenges

- Despite dissemination of CEA concepts, there was still a challenge in the understanding of CEA among RC staff which also affected the roles and expectations within teams.
- Many migrants do not feel they are a community, making it difficult to engage them or to get involved.
- Advocacy is a component of CEA, but it had not always been very clear on how RC wanted to work on this at camp level as well as at national level.

Lessons Learned

- Translators are a critical part of the response that many agencies (including the RC) did not budget for or take into consideration in the beginning of the operation. The high demand for people with an unusual combination of Arabic, English, Greek and Farsi - as an initial request to aid engagement with the arrivals was not well catered.
- Eventual need for integration of CEA into programmes, and not as a separate sector. This was largely achieved in 2017.
- It has been observed that a substantial proportion of the population in the camps are fully or partially illiterate and based on that the face to face approach has been the most successful. Face to face communication also ensures that access to information and participation is available to all and will not be filtered through self-proclaimed leaders of a group or a household.
- Information management for CEA was raised at several points of the operation. ODK, the data collection tool, had its limitations, for instance regarding qualitative data. Eventually, the feedback mechanism using ODK in combination with an Excel document for case management was a successful combination in the camps since it provided clarity and helped reduce mistakes and gaps.
- Towards the end of 2017 the systems were in place for collecting feedback and rumours and most staff and volunteers were trained on the key CEA approaches and messages to mainstream CEA into their sectors, but the final evaluation emphasized the need to strengthen the role of CEA from the outset of a population movement operation.
- A major task of CEA across the camps, was mediation in many conflicted situations in the Red Cross facilities, and in the camp in general. CEA always had the support of the focal points in these mediations. In many cases, the staff was not trained on managing conflicts, on mediation, which was a big gap that CEA had to fill. One recommendation is to include a professional and specific training on managing conflicts, and aggressive situations to all staff.
- CEA teams held weekly meetings with the volunteers to organize and evaluate the work, and conduct different team building activities to strengthen the links, and encourage networking among volunteers from different nationalities, genders, and cultures.



Reception centres managed by Hellenic RC

People reached: 571²³

Male: 50%²⁴

Female: 50%²⁵

Output 1.7 Residents of the Lavrio Reception centre are provided with safe and healthy living conditions

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

Output 1.9 10 residents formerly staying at the Lavrio Reception Centre, have resettled and are integrated into Greek society (Lavrio)

Output 1.10 Residents in Lavrio Reception Centre are provided with food

Indicators:	Target	Actual
# of buildings refurbished (3)	3	2
# of people with safe access to electricity (300)	300	340
# of people living in structurally safe buildings (300)	300	0
# of unaccompanied minors are provided with basic needs	n/a	110 ²⁶

²³ This number refers to the peak number of residents at Lavrio Reception Centre reached in July 2015. Before the closure of the centre in July 2017 the resident number had stabilized at 370. The number does not include UAM Centres.

²⁴ This number is an estimation.

²⁵ This number is an estimation.

²⁶ Only counted for 2017 during the period that the shelters were funded through IFRC; in 2018, only minor costs (building improvements, protection trainings) were covered.

# and type of cross-cultural activities and community dialogues in which migrant and host community members participate	n/a	0
# of migrant and host community members participating in cross-cultural activities and community dialogues	n/a	0
Participant response regarding cross-cultural activities and community dialogues	n/a	0
At least 10 individuals live autonomously by the end of the implementation period.	10	0
# of migrants with access to food in Lavrio	n/a	340

Narrative description of achievements

Lavrio

The Lavrio Reception Centre comprised three buildings with a capacity of 300 residents was built 70 years ago to accommodate refugees from Eastern Europe and has long been managed by the HRC. The buildings were very old and had inadequate health and safety standards. Since November 2016 emergency improvements in Red Cross's Reception Centre in Lavrio were conducted, which included repairing the central heating and repair and installation of professional kitchens, including, upgrading the fire safety as well as procuring non-food-items such as beds, mattresses, bed linen kits, pillows and metallic lockers. In addition, three assessments were conducted on-site from August through December 2016 to identify the needs of residents, determine the rehabilitation measures to be taken, and estimate the related costs, time and resources needed with the support of Luxembourg RC, (LRC) living conditions in Lavrio was improved.

However, when Lavrio was no longer considered a long-term site by the government, funding to support this centre was stopped, and the rehabilitation plans had to be cancelled. In view of this, the RC began to strongly advocate for the relocation of residents in Lavrio, but finally RC organized the removal of the propping at the end of July as foreseen and planned its exit As RC was exiting the Lavrio Reception Center on 31 July 2017, none of the residents had been offered a safe alternative housing solution.

Unaccompanied Minors (UAMs) Shelters

During the last 20 years HRC has been providing assistance in the form of reception, temporary accommodation and social integration to refugees, asylum seekers and unaccompanied migrant children. In July 2017, the HRC started operating in two **reception centres for unaccompanied migrant children in Athens and Kalavrita** (in southern Greece), in providing them shelter, as well as assisting them in their integration through the provision of specific services and activities (psychosocial support, counselling on legal issues, health care, educational and recreational activities).



UAM Shelter in Kalavrita

In September 2017 the Hellenic Red Cross found itself in financial difficulties to continue operating these centres were funded (until 31/7/2017) by DG ECHO. A proposal for funding was submitted to the Ministry of Economy and Development for the period 1/8/17 to 31/12/2017 but funding by national resources was not approved as they were assessed as brand new centres and the call for proposals concerned pre-existing shelters for minors. In the meanwhile, though and in cooperation with MoMP and EKKA, minors had already been placed in both Centres.

Following a formal request for funding made by the Hellenic Red Cross, the IFRC accepted to provide financial support to HRC to continue operating these centres because migrant minors in Greece – especially unaccompanied minors – experience significant protection risks and challenges and the country had at that time (and still suffers today) an extreme shortage of appropriate shelters for unaccompanied minors. During the time that IFRC funded the shelters (August – November 2017), 110 unaccompanied migrant children in the HRC shelters had their basic needs met. The facilities were renovated so they are physically safe and provide basic accommodation. Key activities that have been funded fall under three main categories: psychosocial support, health services and basic needs. Catering of regular meals was provided, as was clothing, footwear and bed linen. Personal hygiene and self-care products were made available. Social workers in these centres worked in close collaboration with the asylum service and also the minors' guardians from Metadrasí (NGO) regarding their welfare and legal status. Collaboration with other actors was also maintained to ensure the ongoing provision of services, particularly health and vaccinations to the unaccompanied minors.

During September 2016 and February 2017, Emergency Appeal funds were also utilized to support the provision of food to residents in Volos, a HRC-run centre since 2008 which hosted an average of 48 unaccompanied minors. The program was initially funded by the European Refugee Fund and then in 2015 passed on to the Ministry of Labour, Social Security and Social Solidarity with financial support of the International Organization for Migration (IOM) in Greece.

In addition to providing funding for staff and other running costs for the shelters, IFRC Also dedicated its Protection Office almost entirely to support the shelters with technical and practical support. The IFRC Protection Officer conducted child

protection trainings for all staff of the three shelters; supported the coordinators in identifying actions that would improve the well-being of the children (e.g. recreational activities, education schedules); and provided day-to-day support. In 2018, a Child Protection Delegate from British Red Cross, came in to support the Operation, mainly focused on the UAM shelters of HRC. The main goals were to assist the Social Welfare Division in prioritizing the urgent needs and support the creation of a strategic plan for the long term running of the shelters. In February 2018, an external consultant specialised in running UAM shelters in Greece was hired by IFRC to conduct an evaluation. The evaluation concluded that the shelters meet the basic needs of the UAC residents, however, clothing and hygiene materials can be improved. In addition, in order to sustain this type of programming, and diversify funds by including institutional donors, structural changes across the different departments in HRC were needed. Finally, a participatory accountability mechanism should be established in order to involve the resident children in the process.

Challenges

- **Lavrio:** Unfortunately, the numerous advocacy interventions of HRC, IFRC and LRC and various attempts to get in touch, coordinate and organize the move out of the residents with the relevant authorities did not deliver the desired results. The coordination and information sharing between LRC and MoMp was non-reciprocal throughout the implementation period: although LRC was attending coordination meetings every fortnight and shared information by email, the MoMp showed no will to engage in planning the Lavrio exit together with LRC. As of July 2017, the ECHO funding ended, and the RC exited the Lavrio Reception Center on 31 July 2017. Unfortunately, none of the residents had been offered a safe alternative housing solution as Lavrio permanently closed.
- **UAMs:** Two main challenges have confronted HRC while running the centres: funding and staffing. As the inclusion of the Kalavrita and Alkiviadou centres in the national funding programme was delayed, the funding was piecemeal. This made it more difficult for HRC to build a sustainable and holistic programme to meet the needs of the young migrants. Naturally, this has also influenced staffing.

Lessons Learned

Shelters for Unaccompanied Minors:

- A strategic approach for shelters would have been required. Experience showed that when initially these projects were not considered as part of the strategy of the HRC, but as collateral activities, many problems were surfacing in funding flow, decision making, staff integration in the Movement's values. Prioritising the fundraising process is critical for their wellbeing and provides a significant sense of security to the staff, which then translates to a smoother operation of the program. Furthermore, it is now clear that developing the appropriate policies and organisational procedures is a key part of designing a program. Child Protection SOPs, Child Safeguarding policy, safe recruitment guidelines took a long time to come in place, and when they did, made an important positive impact on the operation of the shelters and their internal structure.
- Trained staff which are also adequately supervised has been a key issue since the beginning of the programs; having the right person in the right position changed the dynamics in the shelters in a very positive way
- Lastly, an initial risk assessment would have been illuminating for the HRC and IFRC. Not having systematically considered this, resulted in problems such as safety concerns for the location of some of the shelters as well as limited access to asylum service and secondary medical assistance.



2. Urban Approach

People reached: 110, 039²⁷

Male: n/a

Female: n/a

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

In the later part of 2017, Red Cross teams on the ground reported that the number of people in the sites has gone down significantly. Poor living conditions on sites as well as long waiting periods for asylum interviews contributed to this drop in numbers. Many have also moved to apartments under the UNHCR relocation programme or relocated to alternative accommodation spaces they have found. Athens changed from a city of transition to a city of destination, due to the closing of the Balkan route and the EU Turkey Statement. At the beginning of 2018, there were more migrants in urban areas than in camps. This, and the consequent shift from authorities' and NGOs' approaches of short-term assistance in transit to long-term responsibilities challenged state and city officials to provide broader based support and accommodation. Still, the needs of urban Athens based refugee and migrant population remained great and the gaps in essential services provision – even greater.

²⁷ This is the total number of people reached in the urban areas via the MFC in Athens & Thessaloniki, as well as EHS and Mobile Units.

The withdrawal of humanitarian actors and urbanization of the migrant population led to a growing number of migrants who are "on their own" in the urban context. Migrants and refugees living in urban areas needed access to basic services including food, shelter, healthcare, psychological support and legal assistance. To an even higher degree than those living in the camps, there was a need for guidance and support to find the services in the urban areas, as migrants there consistently have fractured and incomplete information regarding the support that is available to them and their rights. Many asylum seekers as well as those recently recognized as refugees faced numerous hurdles in accessing documentation that allows them to seek employment opportunities or care in public hospitals. As such, there was an urgent need to help asylum seekers and refugees access documentation that facilitates their social inclusion in the society. For primary healthcare, lack of resources and funding at (public) municipal clinics make those services difficult to access for migrants. They are also lacking interpretation services. Access to the secondary and tertiary level of healthcare is equally challenging, due to the lack of interpretation and a complex and unreliable appointment system. There are also long delays in getting an available appointment (not a migration-specific challenge).



MFC in Athens, information provision session

To address these needs, in 2017 the RC increased its presence in urban areas, through a focus on urban health (Educational Health Station EHS, Health Mobile Units and Accompanied Referrals) as well as information provision (Multifunctional centres MFCs), providing migrants in urban areas with access to information, improving access to services also through interpretation, and linking them to relevant institutions.

Clarification on funding: from February 2018 onwards, most of the costs of urban programs (EHS, ACCREF, MFCs) became part of the 2018 Operational Plan for Greece (MAAGR001).



Multifunctional centre:

People reached: 103,520²⁸

Male: 69%²⁹

Female: 31%³⁰

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

Output 2.3: Psychological support services are provided

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

Output 2.5: Moved to SFI 1, Strengthen National Societies.

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

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

Indicators:	Target	Actual
MFC Athens		
# of visits to the MFC since May 2017	n/a	81,688
# of calls to the MFC hotline since September 2015	n/a	53,484
# of casework interventions	n/a	2,814
MFC Thessaloniki		
# of visits to the MFC since November 2017	n/a	21,832
# of casework interventions since November 2017	n/a	995

Narrative description of achievements

The two Multifunctional Centres (MFCs) responded to the needs of migrants and refugees in urban settings in supporting the access to up-to-date and accurate information and advice and facilitating social inclusion and integration. The workload increased during the later stages of the appeal, mostly due to the closure or reduction in other services.

²⁸ This is the cumulative number of visits for Athens MFC (as of May 2017) and Thessaloniki MFC (as of November 2017)

²⁹ This is the cumulative average number of visits for Athens MFC (as of May 2017) and Thessaloniki MFC (as of November 2017)

³⁰ This is the cumulative average number of visits for Athens MFC (as of May 2017) and Thessaloniki MFC (as of November 2017)

MFC Athens

The MFC in Athens has been a part of HRC Social Welfare Department since 1997. Implementation of services in the MFC was led by the Hellenic Red Cross (HRC) and supported by the Danish Red Cross (DRC). The aim of the centre was to provide a holistic approach of assistance to refugees residing in an urban setting of Athens, in provision of information, legal advice, language courses, as well as primary health care services in collaboration with the Spanish Red Cross (refer to the 'Educational Health Station and Mobile Unit' section) and multi-layered psychosocial support interventions. In April 2017, the centre moved to bigger premises in central Athens which allowed the MFC team to better adapt its activities to meet the needs of the increased number of refugees living in Athens. As the centre and its services are becoming more known, visits to the MFC have increased significantly, with a total of 81,688 visits between May 2017 and December 2018, increasing from a monthly average of 1,929 visits in 2017³¹ to 6,240 monthly in 2018³².



MFC in Athens, information provision.

The MFC hosted the **HRC hotline service**, a telephone information and support line for refugees and migrants that has been operating since 1999, managed by the Social Welfare Division of HRC and co-funded by the European Refugee Fund and Ministry of Labour Social Welfare and Solidarity. Since the beginning of the emergency appeal, the hotline has also received funding through the appeal. The Hotline aims to supply a prompt response to migrant claims and provide accurate and up-to-date information in the caller's native language, with a total of 11 languages and dialects (Arabic, Farsi, Pastu, Dari, Russian, French, English, Greek, Swahili, Kinyarwanda, Kirundi). MFC information line team received 53,484 calls between 2015 and 2018. The great majority of information provision was related to food and non-food items, followed by medical queries, as well as information regarding medical care, interpretation/translation services, social support in the form of paralegal consultations and access to education and social security as well as language classes.

The **Social Service and the Migrant Asylum Bureau Services (MABS)** provided necessary guidance for people to seek information regarding procedures, opportunities and crucial knowledge on the Greek society; including 2,814 casework services provided as well as 410 individuals supported through the MABS. The MFC also offered psychological support to accompany people through difficult times and situations. Through assessments carried out by other actors, the need of learning languages was highlighted to enhance integration and resilience within the refugee community. The MFC team started providing language courses in Greek and English in January 2017, which turned out to be one of the most popular activities at MFC with a high rate of satisfaction. As more people are granted asylum in Greece, there is an increase in requests for language learning. The positive results from evaluation tests from Greek and English Language Classes that carried out in various formats and their positive results boosted both the participants' and the team's self-esteem and confidence.

MFC's **social space** provides a free space for people to meet up with peers and to carry out a variety of activities. There is access to internet, computers, printer and practical help in order to help refugees and migrants prepare for required meetings, consultations, interviews, applications as per their needs. Furthermore, books and games are available and recreational activities such as music and craft activities are held several times a week. Following up on the IFRC **CEA review**, the MFC reshaped its reception area with a focus on improving access of beneficiaries to vital information, as well as to providing feedback. A culture of trust has been built with the population of concern, further allowing for regular Focus Group Discussions that inform their decisions. The MFC in Athens has established regular meetings with the community volunteers in order to obtain and understand the front line.

MFC Thessaloniki

Opened at the end of 2017, this year the MFC is widely known among other actors in the urban areas of Thessaloniki. Since then, the MFC received a total of approximately 21,832 visits from asylum seekers, refugees, and migrants with and without documentation, from over 30 nationalities (Syria, Iraq, Iran, Turkey and Pakistan). The set-up of the MFC allows a holistic approach to address a variety of needs.

Casework service supported 995 people throughout the year. The gender balance represents more men (74 per cent) compared to women (26 per cent) who access these services, half of them between 18 – 30 years. Two major themes are housing and health, other frequently consulted topics are language classes, Education, and access to legal documents. Syrian and Iraqi origin remain the most common with people from Turkey, and Iran



MFC Thessaloniki, reception/help desk area.

³¹ Under ECHO II (April 2017 – February 2018)

³² Under ECHO III (March – December 2018)

increasingly approaching the MFC. The main languages are Arabic, Farsi, Turkish, Urdu and Kurmanji. Majority are asylum seekers, but the number of undocumented migrants remains high (25per cent). The large number of newly arrived refugees to Greece, result in increased homelessness, and the needs of these vulnerable families are very hard to cover as MFC since there are few actors to refer to and since they are often not eligible for the CTP cash grant.

Orientation sessions started in February 2018, with the aim of facilitating the integration of new arriving migrants, introducing them to the city and the relevant institutions and services. Orientation service includes group information sessions on national health system, legal services, on natural hazards as well as info sessions on accessing maps through new technologies. In the second half of the year, orientation activities were reduced as more resources were given to language lessons and educational activities. English and Greek language classes continued for both beginners and intermediate students. In addition, there was a computer skills class equipping asylum seekers, migrants and refugees with the basic computers' skills needed to increase their employability opportunities. Volunteers play a significant role in supporting the achievements of the MFC especially community volunteers speaking the languages of the migrants. Increased efforts were undertaken to have clear goals, roles and responsibilities for volunteers.

Several events throughout the year aimed at **fostering integration and social cohesion**, e.g. the refugee day in June, guest speakers from university and from municipality story-telling for groups of vulnerable Greek children and refugee children visits to the museum on ancient Greece. The MFC participated in intercultural events organized by the municipality, as well as in the events of HRC for the RC day.

Feedback received indicates that the services are appreciated and according to the needs. Out of the feedback received through the suggestion boxes, 42 per cent were positive feedback that included comments of appreciation of the services, staff/volunteers and the RC as a whole. The remainder of the feedback indicated that activities such as the orientation services could be developed and improved based on consultation and feedback.

Within the MFC, the following services and activities are also integrated:

- Through **Cash Transfer Programme (CTP)** operating on the ground floor to support people on a daily basis with information how to access cash support and serves as a card distribution and certification point. Since the beginning, 9,218 HHs were certified at the MFC; and 2,637 people received a new card.
- **Accompanied Referrals programme (ACCREF)**: offers interpretation and guidance services to migrants accessing Greek public bodies, which since July expanded to Thessaloniki and has since then provided a total of 621 referral services (see below).
- **Restoring Family Links (RFL)** was present twice a week to support people to communicate and reconnect with their families; 524 services were provided

Challenges

- Seeking sustainable sources of funding has been and still is a challenge as no national calls for proposals have been issued for Greek organisations to apply to regarding other services for asylum seekers and refugees
- MFC Athens: the provision of PSS services in urban environments was more difficult than in sites, as working with a transient population often pre-occupied dealing with their basic needs (compared to a static population in a camp context) made it difficult to have consistency in programme attendance and therefore limited the impact of PSS services. Especially the Mental Health provision proved to be challenging.
- MFC Thessaloniki: In the beginning, there were no volunteers and due to the lack of interpretation, it was more difficult to attend people with not so common languages. After more and more community volunteers were recruited, the service provision became easier, and more effective and efficient. Similar, as only one staff was dedicated to case management, it was challenging to address all the needs. With increased involvement of volunteers, much needed support could be provided.
- MFC Thessaloniki: The collaboration with in-house services was not always easy due to different work modalities and cultures of work. Even though ToRs were established initially, having things on paper was not enough. Furthermore, RFL was not able to provide services for several RFL months due to a funding gap. To facilitate coordination, monthly team meetings has been established with RFL, ACCREF and CTP.

Lessons Learned

- The community volunteers in the MFCs in Athens and Thessaloniki felt a strong sense of involvement and were proud that they were able to help other migrants. The community volunteers support to cover the many gaps that are created by the fact that the MFC team is limited in number while the needs of the population are many and allow a better communication with participants. The engagement of community volunteers is a good practice for future operations.
- The collaboration with partner national societies and IFRC was fruitful for exchanging ideas and knowledge and sharing experiences. Following a joint MFC workshop in September 2018, a variety of steps were identified to increase the collaboration and harmonisation between the two MFCs, as well as to share the experience and tools developed for/from the MFCs further across HRC.
- The MFC is an excellent concept for multifunctional activities such as information provision, help with coping mechanisms and resilience, while also taking into consideration that language learning opens doors for employability support and integration.



Educational health station & mobile health unit³³

People reached: 6,519³⁴

Male: 3,705

Female: 2,814

Output 2.7 Healthcare services to meet the needs of vulnerable migrants are provided by the Red Cross

Indicators:	Target	Actual
# of consultations registered at the EHS and Mobile Unit.	n/a	24,130 ³⁵
# of vaccinations.	n/a	9,223 ³⁶
# of accompanied referrals.	n/a	12,856 ³⁷
# of participants in health promotion and hygiene promotion sessions.	n/a	5,803 ³⁸

Narrative description of achievements

Starting January 2017, the number of refugees in the camps diminished drastically with the population exiting Greece or relocating to urban areas. This urban population of refugees and migrants were further overwhelming an already dysfunctional and underfunded national health system of a country in economic crisis since 2008. Refugees were faced with difficulties in accessing public services due to lack of interpreters, cultural mediators, and complex bureaucratic processes.

Educational Health Station

HRC has in the area of Ambelokipi an Education Health Station (EHS) providing services as a ministry-recognised vaccination centre and a provider of health education in schools since many years before the refugee crisis, however, during the past years, supported by SpRC it has adapted its operation to the increased presence of refugees by offering the services during more hours and the provision of interpreters. To successfully adapt to the change in context and the patient demographics, the team mechanisms needed to be adapted in order to be more efficient and effective. This process was initiated by a change in management structures and by formulating clear definition of roles and job descriptions.



EHU Training Session

During the time of the appeal, EHS further established its role as the paediatric health services provider, covering the existing gap for the specific medical care for children in the urban area. The services of the EHS cater to mostly refugee beneficiaries live in the urban area of Athens in shelters or apartments provided by UNHCR. Consultations were conducted in Arabic, Farsi, Dari, Greek, English, Sorani, French, Urdu, Kurmanji and Turkish. Beneficiaries repeatedly gave excellent feedback on the evaluation of the EHS services. The following services were provided: Paediatric consultation (Primary Health Care), vaccination, student check, medicines supply, referral to other resources, health promotion activities. Since beginning of the programme, 18,441 consultations were received, 46per cent of them female and 54per cent male. A total of 7,471 vaccination doses was provided to children, about half of the administered doses were given to children under 5 years old, 48per cent among them female and 52per cent male. 585 health education sessions were provided to 3,031 participants, with an average knowledge increase of 64.51per cent in topics such as child birth and postnatal care, feeding and nutrition, health services information, healthy living habits, and sexual health. A newly created mother–baby area on the EHS premises, offering mothers a safe place where they can participate in the specifically targeted Help Education and Promotion (HEP activities) (e.g. infant care, sexual and reproductive care, etc.). As a result, a rise in the percentage of women participating in HEP activities has been observed was a vertical increase of 374,2%.

Mobile Units

From July 2017, the Red Cross Mobile Health Unit provided basic health care services, vaccinations, hygiene and health promotion education to migrants in the urban area of Attika and worked to facilitate access and improve integration to Public Health System through accompanied referral services to public health services. This was done through collaboration with the unaccompanied children shelters and community centres around Athens offering HEP activities and vaccination support to the population without AMKA.

³³ The Educational Health Station and the Mobile Units were not funded through this appeal but bilaterally supported by the Spanish Red Cross. The Accompaniment Referral programme however received funding through this appeal between April 2017 – February 2018.

³⁴ EHS (3,732 individuals) and Mobile Units (2,787), excluding ACCREF due to the difficulties in counting services based on individuals.

³⁵ This number is the total of EHS, MU1, and MU2.

³⁶ This number is the total of EHS, MU1 and, MU2.

³⁷ Of this number 620 were in Thessaloniki.

³⁸ This number is the total of EHS, MU1 and MU2.

Links have been successfully built with organisations and shelters across Athens and collaborated with 22 actors (Public Authorities and NGOs) and in the provision of health and educational services through the mobile unit team set up. In March 2018, a second Mobile Unit started operating, mainly focusing on paediatric care. Since beginning of the programme, a total of 24,130 medical consultations have been conducted, and 1,752 vaccination doses have been provided. 319 health education sessions to a total of 2,772 participants on topics including healthy living habits, sexual health and women health. For girls ages 8 to 17 informative sessions on menstrual cycle, self-care, sexually transmittable diseases, the female reproductive system and anatomy were delivered, while for girls ages 14 to 18 topics on contraception were addressed. Important achievements to highlight are the degree of satisfaction of the beneficiaries with the services received, as well as the good relationship of trust that all the NGOs demonstrated to RC. The increase in the request of RC health promotion activities based on the usefulness of the topics taught during the sessions was also considered as a success.

ACCREF

The accompanied referrals (ACCREF) project was initially set up with the aim of improving access of migrants and refugees to health services in the urban area of Athens and Chalkida. RC conducted an assessment, where it was found that 80 per cent of patients referred to secondary health systems did not meet their appointments mainly due to language and cultural barriers (from both sides) and lack of understanding about their rights and procedures from the local community. Therefore, the ACCREF offers interpreters and cultural mediators - with good knowledge on the local culture and language - to accompany migrants and refugees to their appointments in the Greek public services and also during health emergencies. To achieve a proper accompaniment, the ACCREF team have been initially trained on cultural mediation and interpretation skills, the Greek public health system, health terminology, and information management. Later on, a protection component was added, as many health appointments were related to protection issues, as well as a component on infectious disasters, as this was faced during accompaniments. Languages available for this service are: Farsi, Arabic, Sorani, Kurmanji, Turkish, English, Greek, Pashtu, Urdu and French. Since beginning of the ACCREF project, more than 12,856 accompanied referrals made in person and through calls. The major requests were related to health, followed by health emergency and social welfare, some requests are also related to protection which may on occasion involve cases related to RFL or services related to delicate and sensitive cases regarding UAM cases. As the service is being provided to more agencies (NGOs) and public services, the demand for other languages has increased. While Arabic and Farsi are still the most requested languages, the service is increasing the numbers in covering Sorani, Turkish, Urdu and Pashtu.



ACCREF Offices in MFC Thessaloniki.

Actors such as private, non-governmental and public services can access to the accompanied referrals through an online inter-agency referral. ACCREF also offered capacity building to the actors with similar activity. The same training package was offered to their interpreters to improve their skills and help with professionalism the beneficiaries and public servants.

To improve the inter-agency collaboration in translation services at public services, RC staff working with the ACCREF project were co-chairing the meetings in health at Municipal level in Athens. At national level, ACCREF was recognized as programme model by UNHCR for all the actors interested in implementing an accompanied referrals programme (Mentioned in CWC manual of UNHCR). The programme has increased month after month the number of requests from different actors. Since July 2018, ACCREF has started in Thessaloniki. For more updates, refer to Operational Plan 2018 – Final Report.

Challenges

- For the Educational Health Station, trying to fit a previously existing health station to the demands of an emergency program proved challenging.
- For the Mobile Unit, it was challenging to work with different actors, as the unit needed to adapt the services to their needs and way of working. At the same time, this allowed to demonstrate the high responsiveness, versatility and flexibility of the Mobile Units.
- The low percentage of vaccination coverage of the minors encountered in shelters was a significant concern, as 50per cent were without any vaccination record or medical reports. It has been mentioned to the staff that this may have been due to difficulty to make appointments for primary or follow up vaccination.
- For ACCREF, the interpreters covered accompaniments at Hospitals, Pedy clinics and municipal clinics, but not every hospital and every section are following the same systems and rules. Also, hospital staff was not always fully aware of the rights of refugees and asylum seekers. Sometimes, a diagnosis is done in one hospital

Lessons Learned

- It is of great importance that the migrant community learns to navigate the social services system in Greece, beginning with obtaining an AMKA social number. In addition, accompaniment is needed in terms of cultural mediation to explain the weaknesses and strengths of the Greek National Health System to the migrant population as there are many gaps within the system itself. Finally, interpretation and cultural mediation is of utmost importance for internal system navigation.
- Women were hard to reach as young mothers were only visiting the EHS when attending the appointments scheduled for their babies. On the other hand, older children were mainly accompanied by their fathers. As a reaction to this pattern a mother-baby area was created in the EHS, offering young mothers, of an average age of

30 years of age, a safe place where they were able to share their thoughts and learn on subjects they would - otherwise - not wish to engage in.

- There was a fear that the mobile health units might increase dependency of migrants on RC medical services, instead of encouraging them to transit to the Greek public services. This risk of the mobile health unit becoming a parallel system had been considered, therefore it was clearly explained to the beneficiaries that the mobile health units are an entry point to other social services within the system.
- As the needs in interpretation and translation services were huge, the ACCREF roving team worked in harmony with other organizations providing placed interpreters at the hospitals. This collaboration helped to cover, as much as possible, needs at public services. The placed staff supports internal needs of the hospital for admitted beneficiaries, the roving team provided support to the daily income of patients at the hospital.

4. Basic assistance



People reached: 923,087³⁹

Male: n/a

Female: n/a

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

Relief

People reached: 888,441 people⁴⁰

Male: n/a

Female: n/a

Indicators:	Target	Actual
# of items donated / distributed (cumulative).	n/a	1,568,820

Narrative description of achievements

Throughout the timeframe of the appeal, the HRC has been at the forefront of the operation delivering relief assistance to the migrants arriving on the islands and at the RICs and sites where migrants were accommodated. Relief items have primarily been sourced from local markets and other EU countries. All kits with relief items are tailor-made for the Greece Emergency Appeal operation, for individuals, and have been revised to ensure that they are light-weight and easily portable. The overall consistency in terms of quality has been ensured by centralizing procurement, and in-kind donations were discouraged

Relief assessment on May 2016

It is important to mention that during May 2016, a country-wide relief and security assessment was conducted to reassess the needs of migrants who were no longer in transit and likely to be in Greece for an undetermined amount of time. As per the results of the feedback, IFRC and HRC collaborated with an interagency strategy promoted by the Greek Forum for Migrants which aimed at installing communal kitchens in the camps to permit cooking without risk of fires. The communal kitchens were aimed at replacing the catering services provided by the governmental authorities while also ensuring that the migrant community has the option to cook for themselves. However, due to various restraints such as long approval processes from the site management and lack of clarity about potential closure of sites, the communal kitchen strategy did not materialize.

Contribution to winterisation efforts

In October 2016, as preparation for the winter season, a one-off joint agency winter distribution exercise was conducted in seven sites: Skaramagas, Ritsona, Oreokastro, Diavata, Cherso, Nea Kavala and Kordelio. With some items contributed by UNHCR (leggings and ponchos), HRC jointly with IFRC distributed over 47,000 winter items comprising of socks, blankets, sleeping bags, and winter sets (gloves, beanies and scarves), reaching approximately 2,400 households (9,000 individuals).

Emergency shelter winterization

In response to the winter season, the IFRC, in coordination with the Luxembourg Red Cross and Hellenic Red Cross supported the winterization of shelters in Cherso and Kordelio sites. Based on the winterized package assembled by the UNHCR shelter working group, the IFRC assembled similar packages for each family on those sites. In collaboration with UNHCR who provided tents and winter kits, the IFRC winterized a total of 454 shelters, with a total of the following items distributed: winter kits for tent (222); pallets for flooring (1,660); insulation for the flooring; tarps 5 pc/pack (561); and heaters (86+ additional pieces as per needs including continuous supply of kerosene). Winterization activities in Cherso were finalized on 2 November 2016 and in Kordelio on 21 of November 2016. Due to the extreme winter conditions in early January 2017, the IFRC has also increased winter distributions in sites in northern Greece as well as in the islands including providing additional fuel heaters as needed.

³⁹ This number refers to the entire population reached via relief and the cash programmes for the migrant and host population.

⁴⁰ This number is until February 2018. After this date the main relief activities were done through donations and not direct distributions.

Summary of distributions and donations 2015-2018

For the implementation of the Emergency Appeal, a total of 1,568,820 relief items for a cost that exceeded 4,6 million Euros.

Items	Value EUR	Quantity
Clothing	91,290	52,941
Food & water	1,917,669	570,977
Health	213,421	2,916
Shelter items	1,666,662	287,450
WatSan and hygiene	764,926	654,536
Grand total	4,653,967	1,568,820

These items were distributed by the Hellenic Red Cross, supported by IFRC and partner NS, during the different phases of the operation in the following areas, Attica region (Victoria Square, Elliniko, Eleonas, Piraeus, Skaramagas, Ritsona), islands (Rhodes, Crete⁴¹, Samos, Kos, Lesbos, Chios) and Central Macedonia (Northern Greece- Nea Kavala, Cherso, Idomeni, Diavata, Oreokastro, Kordelio). **Between the start of the operation in 2015 until February 2018, a total of 1,316,148 relief items were distributed or donated to cover the basic needs of asylum seekers and migrants.**



HRC distribution of relief items.

In March 2018, the remaining balance of 253,372 relief items, for a total estimated value of 771,460 Euros, was donated by IFRC to the Hellenic Red Cross. The agreement signed between IFRC and Hellenic RC established that the donated items would be kept as contingency stock until the end of 2018 and be used to cover the needs of migrant and refugee population in Greece. The agreement added that, at the end of 2018, the potential remaining items could be used by the Hellenic Red Cross for any humanitarian purpose.

As agreed, the 253,372 relief items donated were used by the Hellenic Red Cross between March and December 2018 to cover numerous demands from Reception and Identifications Centres (RICs) managed by the authorities and from other accommodation centres. In total, 185,007 relief items (mostly hygiene and shelter items) were donated with the following breakdown:

Areas	Total Items in No.
RIC Lesbos	88,746
RIC Samos	24,530
RIC Chios	30,600
Accommodation Centre in Diavata	33,102
Other accommodation centres (Ritsona, DRC)	842
Hellenic Red Cross centres (Multifunctional centres and Shelter for un-accompanied minors)	7,187
TOTAL Distributions/Donations March-December 2018	185,007

Since the beginning of the operation until February 2018, a total of **888,441** beneficiaries were reached with the distributed items. After this date, the main relief activities were conducted via donations and not direct distributions. It should also be mentioned that activities decreased significantly from August 2016 onwards due to the fact that full cash assistance was implemented in almost all locations in Greece.

Challenges

- Especially in the first phase, the level and type of items did not always correspond to the number of people or the specific needs (sometimes too many items, sometimes too few). This was due to the fact that many organisations were handing out kits, food was also distributed by several organizations, and there were many spontaneous private donations, leading to an overload of certain/unwanted items. A decrease in the speed in which people moved allowed better targeting in the later stages of the appeal.
- The constant and rapid evolution of the situation produced significant changes (for instance from the transit population in phase one to the stranded population in phase two) in the relief needs that IFRC and HRC was not able to handle. The lengthy procurement processes further complicated this, resulting in large stocks of items which were no longer needed.

⁴¹ Rhodes and Crete were part of the DREF operation

- The lack of a master plan from the Greek authorities further complicated the relief work as it was not always clear the division of labour among the different humanitarian partners and what would be the needs to be covered in 3 or 6 months.

Lessons Learned

Findings from the final evaluation

- Relief assistance 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 adaption is useful and can be further standardised in contingency planning and preparedness for population movement operations.
- IFRC logistics procedures are not necessarily well adapted to the quick decisions that need to be taken to adapt to an operation that suffers a dramatic swift (transit to stranded populations). In some cases, procurement takes 2-3 months, and by the time the items get to the warehouse, the needs have changed dramatically.
- The use of ODK by all implementing actors (IFRC, HRC and PNS) across all programs represented a huge challenge as not all the actors, and not all staff, were keen on using this tool. It was finally achieved, but with significant delays and strong pressure from IFRC management and Spanish RC technical support. IFRC should reflect seriously on the need to have a common monitoring tool (for IFRC, FACT, ERUs, PNS) at least for the most common RC activities such as health and relief.

Cash Programme:

People reached: 34,646⁴²

Male: n/a

Female: n/a

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

Indicators:	Target	Actual
Migrant population		
# of people reached	n/a	31,231
Host population		
# of households received cash assistance	2,000	1,398
# of people reached with cash assistance	n/a	3,415
per cent of households with who used money for heating	n/a	81 per cent ⁴³

Narrative description of achievements

Cash programme for Migrant Population

The proposed approach was the cash transfer program which would allow the migrant population to meet their basic needs through freedom of choice, dignity and safety while also avoiding negative coping mechanisms in their daily lives. This approach was a blanket distribution of unconditional cash grants to all refugees/migrants registered in the selected camps to meet their specific basic needs for six months. The calculated monthly cash grant value is 250 Euros for a family (e.g. multiple dependants) or 90 euros for an individual (eg. No dependants, single unit). Though calculated to cover procurement of fresh food products, clothing items, non-prescriptive medicines, communications and transportation costs, the cash grant will be unconditional for each individual to determine how best to spend the grant. This cash grant value is also comparable and in line with what the Greek government provides as part of their social programmes to not create feelings of inequality with the local population.



Cash Programme for Migrant Population: Help Desk.

Simultaneously, IFRC/HRC began participating in the Athens' cash working group and ECHO partners meetings in coming up with a harmonised and coordinated approach to implement CTP in Greece. As other agencies began their own cash programmes and to distribute cash, it was important to make sure that organizations could move forward unanimously and not duplicate efforts as well as consider gap filling measures for potentially long-term support as a way forward.

In October 2016, upon approval by the Ministry of Migration and Policy and agreement with the Cash Working Group, the IFRC scaled up its operations (by increasing the coverage of sites).

⁴² Migrant and host population.

⁴³ 76% in Winter 16/17; 86% in Winter 17/18

In May 2017, the IFRC entered into a partnership agreement with UNHCR for the provision of cash assistance to migrants, and further expanded its geographical scope to 14 operational sites in Northern Greece, with an initial caseload of 3,700 beneficiaries. This partnership was the newly established Greece Cash Alliance (GCA), comprising of the IFRC and HRC, Samaritan's Purse, Mercy Corps, Catholic Relief Services, and International Rescue Committee for the entire country. Refugees entering Greece as of 1 January 2017 and holding government issued documents became eligible to receive cash assistance to meet their basic needs. The amount of cash assistance provided is based on the family size and whether or not the site of residency provided food support (catered vs non-catered temporary accommodation facilities).

No. of people per household	Catered	Non-Catered
1 person	90 EUR	150 EUR
2 persons	140 EUR	280 EUR
3 persons	190 EUR	340 EUR
4 persons	240 EUR	400 EUR
5 persons	310 EUR	450 EUR
6 persons	330 EUR	550 EUR

The assistance offered was based on the Cash Alliance expenditure basket analysis of April 2017 that had been conducted when each organization had their own cash programme. The initial handover required a switch to the UNHCR database in the second quarter of 2017 and substantial efforts in re-enrolling of PoCs were made, while also replacing the previous single IFRC cards with the new harmonized GCA cards. In this regard RC had to closely collaborate with UNHCR staff on the field, the latter entering data and issuing the cards while IFRC staff focused on crowd control and community engagement. The collaboration with other NGOs including stakeholders on the sites, has been gradually streamlined, with the efforts and procedures harmonised at the Cash Working Group in Thessaloniki and nationally at the GCA Technical Working Group as well as sub-working Groups; namely Monitoring and Evaluation, Communication with Communities, and Anti-Fraud and Risk Management. **97 per cent of respondents reported that they have received the necessary information related to the delivery of the cash assistance.**

A common GCA PDM questionnaire was devised to be used by all agencies delivering cash-based assistance which would result in more extensive findings representative of the GCA initiative.

During 2017 the RC team was working towards a more sustainable implementation model based on a reduced frequency of field visits and a single point solution of delivery, such as the MFC in Thessaloniki in delivering cash to the urban settled beneficiaries (**refer to the MFC section for further information about specific MFC activities**).

In November/December 2017, IFRC also participated in an ongoing study by the Cash Learning Partnership (CaLP) on the current operational mode employed by the Greece Cash Alliance in delivering the multipurpose cash grant in Greece. This study is part of the CaLP-led learning agenda on operational models for Cash Transfer Programmes. The results of the case study were made public in 2018.⁴⁴

In 2018, the IFRC took on a larger role, becoming the cash provider for all of North Greece. During the reporting period, Sites/Camp activities continued to be implemented through Stakeholder meetings, CEA, Enrolment/Certification, Card Distribution, Card loading, and Help Desk activities. The caseload and geographical areas have increased, with a total number of beneficiaries reaching 31,231 by December 2018 in all sites and urban locations. The implementation of activities is being delivered in 16 sites including Nea Kavala, Alexandreia, Veria, Kato Milia, Diavata, Lagadikia, Serres, Drama, Kavala, Koutsochero, Volos, Konitsa, Doliana, Filipiada, Katsikas, Agia Eleni; as well as the urban locations in Thessaloniki, Epirus, and Thessaly. The programme is implementing a 'remote' or Desk certification procedure meaning that beneficiaries are physically verified by the CTP team quarterly, and for the remaining months of the year, verification that they are still present at the site, relies on the agency responsible for each site.

Monitoring, Impact and Accountability: In terms of accountability, results from FGDs (Focus Group Discussions) and surveys show that 96 per cent of the respondents are satisfied with the interaction with IFRC staff, and about 67 per cent are satisfied with the validation process. People expressed that cash increases their sense of dignity and independence as they can buy what they need urgently including food, phone credit or simply having cash on hand when needed. On the other hand, major concerns from the migrants include the lack of information regarding the duration of the programme and that the allocated amount is not sufficient, particularly for families, as expenses related to children are more expensive than adult-related expenses. The beneficiaries are often faced with the difficult choice of spending their money on food or on medical expenses, and find it difficult to cover transportation and winter items, especially for families with new-born babies or family members with special needs and chronic health problems. The RC continues to implement the cash programme under UNHCR funding in 2019 and a handover process to Greek authorities have started.

The RC continues to implement the cash programme under UNHCR funding in 2019 and a handover process to Greek authorities have started.

⁴⁴ <http://www.cashlearning.org/downloads/resources/casestudies/calp-greece-case-study-web.pdf>

Cash programme for host population

Due to the economic recession, high unemployment rate, decline of household income levels and increased poverty in Greece, electricity became an increasing burden on household expenditure. HRC, funded through this appeal, has implemented a cash transfer programme to assist Greek vulnerable families to cope with the winter. It is an unconditional and unrestricted cash programme using debit cards. The Winter Cash Transfer Programme assists these vulnerable households by supplementing to their heating and electricity bills and by providing some additional cash assistance to enable them to have a number of personal items to keep warm at nights, such as electric blankets, warm quilts or warm clothes depending on the outstanding needs of each household.



HRC card distribution, Athens, December 2016

The selection of beneficiaries was made based on economic and social criteria which was set by the HRC Social Welfare Division:

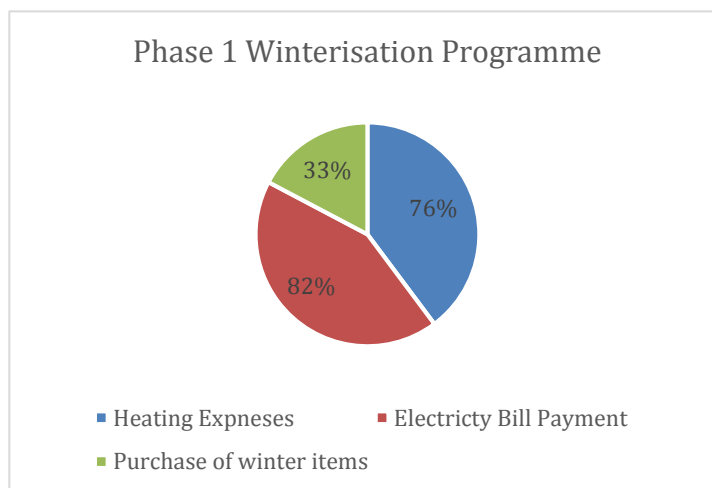
- Elderly (couple) with annual income below EUR 6,500.
- Families with two children or more (with disability or chronic disease of the parent or the child) with annual income EUR 13,800 and/or one parent families with at least 1 dependent child (with disability or chronic disease of the parent or the child) with annual income EUR 8,000
- Priority has been given to beneficiaries who pay rent or pay a main residence bank loan.

The HRC beneficiaries were requested to show that they did not receive the Social Solidarity Income, which is the national safety-net programme, as requested by the Ministry of Labour to avoid duplications. The amount of money is built according to the family size ranging from EUR 120 – 330 per month for three months (October, November and December). The criteria and amount applied for Phase 1 of the programme (December 2016, January – February 2017) and Phase 2 of the programme (October – December 2017).

In Phase 1, HRC provided debit cards to **877 households** (2,153 individuals) in Athens and Thessaloniki through regular programmes under the Social Welfare and Nursing divisions. The amounts were transferred to the cards on a monthly basis for a period of three months.

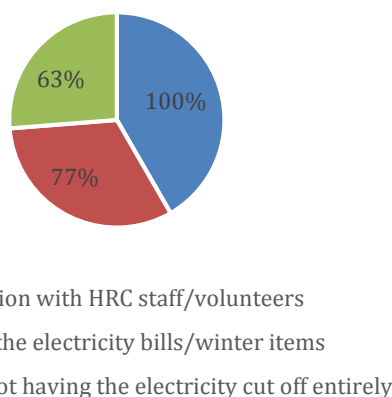
For Phase 2, the cash programme was expanded beyond HQ to four branches where the local communities were hosting refugees and migrants, also with the additional objective of building the capacity at the selected branches on the modality and procedures of this programme. Cash cards were distributed to 284 vulnerable households (667 beneficiaries) to cover needs related to the heavy winter in Kilkis, Ioannina, Chalkida, Piraeus. In addition to supporting the Greek society suffering from economic hardship, these locations were also selected in order to reduce the tension between the host and migrant communities

Post distribution monitoring results for the Phase 1 of the winterisation programme revealed the following expenditure patterns, *taking into consideration the population sample of 89 households (10 per cent of the total population)*:



Post distribution monitoring results for the Phase 2 of the winterisation programme revealed the following expenditure patterns and satisfaction of the entire programme, *taking into account the population sample of 66 households (20 per cent of the total population)*:

Phase 2 Winterisation Programme



The low-income area of Mandra was hit by a flash flood at the end of November 2017. The flood affected almost the entire town, resulting in deaths, and the houses and assets within the houses were completely destroyed. After an assessment to determine who were the most affected and vulnerable, the cash support programme was set up. According to a PDM (Post Distribution Monitoring), many of the items purchased by these beneficiaries related to being able to return to the damaged houses during the winter months, such as blankets, mattresses, clothes and heating. This experience also allowed the HRC to see how to use the acquired cash tools in response to a disaster. This capacity was furthermore increased in the recent wildfires in Attica region, where a cash programme was launched to restore lives after the damaging impact of the fires (this was done outside of the scope of this appeal). Draft SOPs for CTP in emergencies were developed beginning of May, with a list of the different considerations for the different phases (assessment, funding, finance management, beneficiary selection, distribution, helpdesk and hotline, post-distribution monitoring, reporting). As part of the actions in the Attica Fires Emergency Appeal the Hellenic Red Cross implemented a Cash-based intervention to support the early recovery initiatives of more than 600 households affected by the fires. The implementation of this new CTP initiative will allow the HRC to further enhance their SOPs and Guidelines for domestic CTP implementation.

Capacity building

Under this Emergency Appeal, the aim was to further strengthen the capacity of the HRC to implement cash programming with the objective to be able to better respond to a new influx of refugees or to any other humanitarian needs in Greece. These capacity building activities included training of staff and volunteers, sensitization of HRC branches and volunteers and the development of procedures to use cash programming to assist in emergencies (as part of the DM development). The programme had the objective of building capacity at the selected Branches, and to assist the HRC staff and volunteers to get familiar with the modality, the selection process, the distribution set up, the verification process and the post distribution monitoring process. Additionally, the HRC CTP team design the training material and practical exercise for a number of CTP orientation workshops for HRC staff and volunteers aiming at increasing CTP capacity at both HQs and Branch level.

The HRC CTP team organized a CTP Level II training May 2018 with participants from HRC, IFRC and technical staff from ministries. As a way to increase the HRC role in the CTP for migrants, HRC staff have been rotating the position of the HRC CTP rotating officer.

Orientation sessions started to be given by the IFRC CTP team to HRC volunteers in Thessaloniki Branch and in Larissa Branch. Ioannina and Arta Branches followed as well. Information was provided on security issues, culture, CTP programme for refugees, eligibility criteria, etc. so that volunteers could be engaged in the implementation of the CTP activities under UNHCR inside the camps or in urban areas.

Challenges

Migrant Population:

- A general discord within the Cash Working Group (CWG) existed over the purposes of the calculated amounts and their purpose, however, it was eventually agreed that 50per cent would be for protection and 100per cent for basic needs. A winterisation top-up was not approved by the government of Greece in order to avoid political discontent and favouritism towards the migrant population over the host population.
- The constantly changing operational context for IFRC/HRC in Greece and limited government support for using cash as a response modality had an affected on the speed of the scale-up. The high turnover of short-term CTP delegates supporting the set-up also at times affected the speed by which the IFRC/HRC were able to scale up.
- The lack of assigned focal points for each camp by the government coordination efforts by IFRC with the military, police and government actors in each camp led to tensions in camps between the new arrivals and the population already living in an accommodation facility, making crowd control, IFRC security but also beneficiary security difficult to control.

- It would have been beneficial to have more frequent training in order to instil more confidence in the staff but also efficiency in the work. However, time constraints and the pace of the intervention contributed to this form of operational structure.
- The economic situation in Greece limits the prospects of the refugee population in finding alternative sources of income and restrictions on conditional cash assistance i.e. Cash for Work, also limits the additional options agencies can provide to refugees.

Host Population:

- The HRC team was under-resourced and faced an extremely tight timeline (less than two weeks) to implement the programme in the winter 2016/2017.
- Elderly recipients who were not familiar with the use of the debit card had their cards confiscated by the automated teller machines (ATMs). It was difficult to provide accompaniments for the elderly every month due to the lack of available staff.

Lessons Learned

Migrant Population:

- A market assessment should have been conducted to be used as an advocacy point relating to amounts agreed. This step was skipped in order to meet the rapid needs of the programme and the migrant population.
- Scale and caseload should not be the only indicator for success of the CBA.
- The IFRC to invest meaningfully in database management solutions and promoting electronic solutions to future humanitarian crisis. The Cash in Emergencies (CiE) toolkit has to be updated with modified tools resulting from the learning coming from the operation and promoted at all levels to ensure their use.

Host Population:

- For the winterization programme, it was the first time that PFS cards were used, but a different card or different provider could have been chosen from a local bank. When cards were withheld by an ATM, it caused delays in card replacement as PFS was based in the UK. For emergencies, it is more beneficial to use bank transfers rather than bank cards due to immediate needs.
- HRC pushed for branches to be involved, which led to people feeling more directly involved and more familiar with the banking services.
- The selection criteria should follow social welfare, in line with Ministry of Labour and allocated measurements of poverty lines, taking into consideration both social and economic criteria.
- Dedicated finance staff to support the CTP team so that reconciliation of the payments and preparation of all necessary financial documents take place in a timely manner.
- HRC volunteers were critical to the success of the programme and the proper resourcing of IFRC/HRC staff and volunteers-built confidence in the NGOs responsible for the site management that the cash-based assistance would not led to risk to their staff and operation. In addition, strong messaging campaigns as an early step led to the distribution process being smoother and more manageable.
- A harmonized and unified cash programme (such as the GCA) avoided gaps in service provision, rather than having multiple agencies run parallel cash programmes.
- It hasn't been a common practice to organise groups to ask for feedback. More FGDs should have been incorporated into the existing PDM process and allow general feedback on the programme to take place.
- Consider holding a PECT training in Greece before the ending of the programme and possibly combining with a lesson learnt workshop that would expose the participants to the practical aspects of the programme design and implementation.
- 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, self-resilience and integration.

Protection, Gender and Inclusion



People reached: 923,087⁴⁵

Male: n/a

Female: n/a

Narrative description of achievements

The conditions and risks of exposure in which migrants and refugees experience in this crisis were a concern throughout the operation, ranging from unsafe environments, resorting to negative coping mechanisms due to unmet basic needs, to being vulnerable to smuggling and trafficking. In response to this growing concern, in 2017 IFRC recruited a protection delegate in place, who was focused on establishing the terms and operations of the Movement joint protection working group, the first time the Red Cross Movement has trialled formal collaboration between all component parts on protection issues.

⁴⁵ PGI is a mainstreaming and cross cutting issue which has reached the entire population of concern throughout this Appeal. PGI awareness and consultations continue.

A **joint Movement Working Group on Protection** was set up in February 2017, led 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 IFRC protection delegate actively worked to enhance the capacity of HRC, PNS and IFRC staff to recognise protection issues, to respond safely and ethically, to procure assistance and remedies for affected people, to mainstream protection where possible into existing programming, and to inform advocacy with duty bearers in cases of breach. Trainings focused on HRC, PNS and IFRC staff likely to have close contact with people at risk of protection issues, with particular focus on the health accompaniment interpreters, CEA, PSS, Health and MFCs. These staff generated protection data for analysis and use, and with support from the protection delegate, responded to protection risks and incidents where possible. Some of the protection risks identified were as follows:

- child protection, including gaps within HRC programming and external risks (including risks for children of physical and sexual violence, exploitation, trafficking, and exposure to physical hazards in sites);
- sexual and gender-based violence risks escalated within families as a result of the stressful situations which persons of concern were facing on a daily basis, as well as dealing with issues of overcrowding and difficult living conditions. These risks and incidents exacerbated within sites as a result of poor physical infrastructure (lack of locks, lighting etc.), as well as a lack of security presence within the sites;
- denial of access to essential services, often as a result of government failure to register people for assistance; (also documented in relation to the availability and competence of interpreters).

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

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

Throughout the operation numerous gender-based violence incidents were reported especially in camp sites, where RC teams followed the existing referral pathways of the camp and subsequently reported such issues to the relevant actors in charge. Unfortunately, many women face domestic violence but do not report (due to fear of their abusers, cultural constraints, fear of rejection from family or community). For example, in Skaramagas, some cases have been identified but they did not give their consent to continue with appropriate procedures. Therefore, they were supported with PSS and counselling.



Skaramangas, December 2017

Throughout the operation, PSS activities continued in all the sites through group work, case management and individual counselling as well as community-based activities/recreational activities and child friendly services. In open sites, the main issues reported by the migrants were protection-safety issues, dissatisfaction with living conditions, depression, self-harm, substance abuse and unwanted pregnancies. The aim of PSS was to ensure that the migrants know their rights and have access to the appropriate information and services; empower and strengthen migrants' self-confidence and to support them in overcoming the difficulties they face.

The Red Cross aims to collaborate with all protection and PSS actors and to strengthen the family and community support on site in order to ensure basic MHPSS support (2nd level) following the IASC guidelines. In April 2018, SOPs and a Child Safeguarding policy was developed. The follow-up workshops and field visits of the British RC Child Protection (CP) Advisor and the IFRC PGI Officer, identified challenges in the implementation, discuss ways forward and organise the next steps, towards an organised protection mainstreaming process in HRC. Thorough work was done with the HRC shelters for UAMs and recommendations on the way forward were presented to HRC Board and Social Welfare (SW) Division in order to raise awareness and promote some decision making for the shelters.

There has been very good progress so far with the two HRC Protection Focal points, and the PGI awareness of the staff and volunteers has been steadily increasing. Appropriate referral pathways and the availability of Protection, Gender and Inclusion (PGI) officer for consultation have ensured that the protection cases identified through the programmes were safely managed and referred to specialised support.

Challenges

- One of the major challenges was communication between the various actors which were active in the response. From the onset of the operation it was not made clear which actors were responsible for which areas and therefore causing delay and resistance in the inception of protection activities as they were not made clear in the onset of the operation. Additional challenges exacerbated due to multiple languages and cultures intersecting, together with lack of cultural mediation/interpretation services.
- Referral pathways were not clear from the onset of the response, causing delays in immediate response and follow up. In addition, due to the fast pace of the operation and the ever-changing operational needs, referral pathways were regularly changing since many actors were de-escalating their services in Greece, mainly due to funding concerns.
- In terms of capacity building, even though there was very good progress with the two HRC Protection Focal points, and the PGI awareness of the staff and volunteers has been steadily increasing. However, due to the HRC suspension, this development was interrupted, and PGI mainstreaming was significantly slowed down within HRC.

Lessons Learned

- **The final evaluation identified that the establishment of the Protection Working Group was 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 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.

5. Strengthen National Society

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

Volunteer Management

Output 5.1 Relevant recruitment and training delivered to volunteers.

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

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

Logistics

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

Output 5.5 Existing capacity of HRC logistics department is assessed.

Output 5.6 Warehouse inventory system is improved through LoGic training

Admin and IT

Output 5.7 HR, admin and finance systems developed and upgraded

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

Output 5.9 Improved internet connectivity and security

Output 5.10 Equipment purchased and utilized

Staff and volunteers' capacity building (coming from outcomes 1, 2):

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

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

Indicators: Volunteers Management	Target	Actual
# new Greek volunteers recruited (October 2015 – February 2018)	n/a	468
# migrant volunteers recruited	n/a	136
# of volunteer and staff coordination meetings (May 2017 - February 2018)	12	14
# of volunteer training delivered to migrant volunteers (May 2017 - February 2018)	8	9
# of volunteer training delivered to Greek volunteers (May 2017 - February 2018)	8	9
# of HRC volunteer hours	n/a	172,357
# of volunteer recognition events (May 2017 - February 2018)	4	3

# of volunteer visibility material procured (jackets, vests, polo shirts, hats)	200	200
# of volunteer training materials produced and disseminated	300	300
Centralised database established	1	0 (the online database was not approved)
Volunteer Management policy	1	1 (not formally approved by HRC Board)
Indicators: Logistics	Target	Actual
# Assessment report produced on existing capacity of HRC Logistics Department	1	1
# Relevant training provided to HRC HQ Logs staff on operation and logs emergency response	2	1 (due to shortage of funding only 1 training was completed).
Warehouse inventory system is improved through LogiC training	1	1
Indicators: Admin and finance	Target	Actual
# systems upgraded (completed during previous reporting period)	n/a	1
# HRC staff trained	n/a	53
# equipment purchased (completed during the previous reporting period)	n/a	1

Narrative description of achievements

Volunteers:

HRC volunteers have been integral to the response of the operation. Prior to this operation, the HRC has followed the approach of long-term trainings specialised on the needs of each division (Nursing Division, Social Welfare division, and Samaritans, Rescuers & Lifeguards Division). Based on the needs of the migration crisis, a new volunteer management system was been set up within the migration operation, which promoted common volunteering practices and standards. This was a major achievement however it was not formalized beyond the migration programmes. Within this scope, the Fast Track Training model was introduced in the beginning of the operation and formed the basis of training the volunteers. Subsequently, the HRC has created a targeted volunteer pool which consisted of HRC Volunteers from all the HRC Divisions and new volunteers who have been trained through Fast Track Training, in order to meet the needs of the Emergency Appeal Operation.



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

This training course was structured in five sessions of four hours each (20 hours in total). The topics covered in the training were as follows: Red Cross Red Crescent Movement – Basic Principles, Hellenic Red Cross, Health promotion, First Aid, Teamwork, Code of Ethics, Refugee, asylum-seeker and migrant's reality and status, Operational update, Psychosocial support (PFA-PSS), Safe distribution guidelines, Communication with the beneficiaries/media and other NGOs, Reporting, evaluation and follow up, Restoring Family Links, Cash Transfer Programme (CTP).

In all field locations, a core of very dedicated volunteers and staff has been operating, which has been expanded through both fast-track and area-specific training such as Health, Relief, ODK, PSS, CEA, CTP, RFL, Logs & Comms.

From **October 2015 until February 2018**, a **total of 1,865 HRC volunteers were engaged**, offering more than 172,357 hours of voluntary work. From this total number, **1,261 were existing volunteers from all the HRC Divisions (Nursing, Samaritans/Rescue and Social Welfare)** and **604 (468 Greeks + 136 migrants) new Red Cross volunteers**, who obtained the Fast Track Training and specialized to support the different operational sectors. A demographic of the volunteers could be seen below:

AGE RANGE	MALE	FEMALE
18-30	8,10%	18,30%
31-55	6,00%	34,40%
56 PLUS	1,90%	31,3%

The Volunteer Management Team (VMT) cooperated with all the Operation Sectors and HRC Divisions/Branches in ensuring adequate recruitment and training of volunteers as needed. The goal of the VMT has been to promote a common volunteering approach for the operational needs of the migration operation and adjust it accordingly with the

needs of the programmes. Within this scope, the VMT at the HRC headquarters supported the programmes across all the operational sites throughout the country, providing training and technical advice on Voluntary Policy issues. Staff at HQ and in the field, more accustomed to dealing with traditional social welfare and health-related matters, have taken on new responsibilities in relief coordination, logistics, RFL, and the provision of basic health, first aid and psychological first aid, in an emergency context.

One of the main achievements was that prior to the operation, the involvement of the refugees-migrants' population as volunteers was marginalized to specific projects, but now the NS had the opportunity to attract this population for the reception and social integration activities using a holistic approach, creating an enabling environment for the population. This was particularly relevant for all CEA activities. Migrant volunteers engaged in the sites as information focal points. The availability of persons from the same community who were able to speak the same language with site residents proved to be important to facilitate the provision of face-to-face communication and reception of community feedback. However, while the migrant volunteer programme can be considered as a huge success, there has been less success in integrating the migrant volunteers as longer-term volunteers for the National Society, beyond their use in specific programmes.

Logistics:

The capacity building of HRC's logistics team has been significant throughout the Appeal timeframe. The operation logistics activities were extremely crucial in effectively managing the supply chain, which included procurement, clearance, warehouse management and storage and delivery of relief items to the distribution sites. Supported by the IFRC, British Red Cross and Swiss Red Cross, (in the initial stages), the HRC set up an Emergency Response Supply Chain Coordination Group in supporting the Red Cross operations. Prior to this set up the IFRC FACT team was in the country for the preparation of the Logistics activities related to the operation.

The IFRC Secretariat supported the National Society operations and carried out the procurement of some of relief items through the IFRC Global Logistic System (GLS), providing standardization and achieving efficiency through purchase of items from the region. Since the beginning of the operation, the International Procurement is managed by GLS in coordination with the team in country. Local procurement was managed through HRC with IFRC Procurement Delegate support since March 2016. Prior to this deployment support was provided by Country Logistics Coordinator and GLS in Budapest. In addition, Danish and Swiss Red Cross also provided surge support for field logistic delegates who were based in Lesvos and Thessaloniki during the reporting period.

Lesvos and Idomeni (entry points) were used for emergency warehousing initially, however, storage services continued to be managed by HRC through the main warehouse in Athens – Kamatero and three sub-warehouses in Samos, Lesvos and Kos Island. Field activities were supported by container storage facilities ensuring safe storage locations as well as additional support provided by transport service providers. HRC is successfully implementing an inventory system (stock control) with daily reporting capabilities including proper agreements which were put in place with transport companies for all hub locations. With support of IFRC delegates HRC have also undertaken several local procurements (quality of service improving by day – compatible with IFRC standards). Continuous capacity-building and training was provided to HRC HQ logistics staff and the logistics emergency response improving warehouse inventory systems for warehouse staff, volunteers and at hub locations. In addition, for improved tracking and efficient reporting of stocks, key staff of HRC and IFRC involved in warehouse management were provided with LogIC training (Logistics Inventory and Control System). In addition, the HRC person responsible for logistics participated in the Global Logistics Training held in Finland in April 2018. The aim of this training is to increase the IFRC and NS logistics response capacity by increasing the number of trained National Society logisticians on IFRC standard logistics tools and procedures.

Out of the four planned activities listed in the revised Plan of Action (indicators above), three activities were achieved, and the results of these activities have been visible. **Due to the shortage of funding, one planned training could not be conducted.**

As a follow up of the assessment on the existing capacity, the upgradation of the current HRC central warehouse in Kolonos is currently ongoing and a 'disposal committee' has been organised to clear out some items that have been stored in the HRC warehouse for a long time to allow for more space in the warehouse in order to accommodate the left-over stocks from the Emergency Appeal Migration Operation.

The logistics department also continued coordinating with different organisations and Greek Government departments regarding transportation and donating goods to the RIC Lesvos. IFRC stocks were maintained as a contingency and used on different occasions which included donating them to NGOs and authorities for the humanitarian needs of migrants in Greece along with distributing them in camps where RC was present. For the upgrading process of the warehouse, a key issue will be the disposal of old unused HRC items. Throughout the reporting period the number of rental vehicles types (monthly or daily) varied according to the needs of the different programmes and activities in the North and Attika Region. Furthermore, the logistics team supported the Operation for Floods Disaster in Mandra by providing 3rd Party Rental Vehicle Services, transporting and delivering items for distribution to the beneficiaries in the affected areas and performing procurements.

Admin, Finance, HR & IT:

Due to the current status of affairs of the HRC, coupled with the challenging financial situation in the country, and the possibility of restrictive interventions by the Greek tax and finance authorities, the risk associated with HRC managing the whole operation was considered a significant challenge. Despite HRC's efforts in mobilizing key personnel in supporting the operation, the support was not enough to cope of the work load of the operation. IFRC allocated more personnel support staff in finance, admin and HR which was critical in sustaining this operation. In its commitment to further develop the National Society across all areas, in addition to on the job training, the IFRC Support Services Finance department provided training sessions on financial forms and procedures in August and September 2018. The training targeted both finance and non-finance staff of IFRC and HRC in which there were 31 participants. This training brought visible results of efficiency due to increased understanding of IFRC procedures especially by HRC's non-finance staff. A training on using Excel programme was also provided to HRC staff during the reporting period.

- Additionally, training to five HRC HR officers on using the payroll programme, (conducted by an external expert service company) was conducted in July and August 2017. Following this, the payroll system was upgraded accordingly for the use of the trained staff.
- Some of the capacity building activities foreseen in this emergency appeal will continue during 2019, the key elements of capacity building as well as some key strategic organizational development activities to support the reform of the HRC have been included in the Greece Operational Plan for 2019.

In order support the HR, administrative and finance staff involved in the operation, trainings continued throughout the reporting period. For 17 HRC staff members, an excel training started in October 2017 and continued until December 2017. Furthermore, English lessons were provided to four people in total, three of them from finance, one of them from CTP. Furthermore, key elements of capacity building as well as key strategic organizational development activities to support reform of the HRC have been included in the Greece Operational Plan for 2018. However, constant changes in HRC leadership in 2018, most of these activities have been put on hold as they require long term engagement and ownership.

The vast majority of the equipment (PCs, mobiles, etc) and other assets purchased during the operation, and not needed anymore due to the smaller scale of the activities, were donated to the HRC in May 2018 to strengthen its capacities.

Challenges

Volunteers:

- Since the structure of the HRC did not support common approaches on volunteering, due to the different divisions and different Head of Divisions, it was the first time that this common management system was proposed and supported by the Head of the Operation. The VMT tried to establish a system that avoids overlapping management of volunteers across all the sectors. Despite initial difficulties in adjusting to this form of management, this approach has proved to be successful as a long-term function within the operation and can be seen as efficient future practice.
- Limited human resources as well as **no designated IFRC counterpart** to assist with the particular subject, put significant constraints on the VMT. The initial plan to recruit dedicated volunteer management officers for all the operational sites only materialised in Nea Kavala. In regional branches, the lack of staffing also raised difficulties in recruiting volunteers in remote areas and moreover in retaining volunteers across the country.
- PSS: To mitigate burnout, the HRC Volunteer Management Service undertook the responsibility to organize monthly volunteer support meetings in the Attica and Thessaloniki regions. PSS is considered a very important element for the well-being of the volunteers. In addition, to increase the motivation of volunteers, recognition activities and events have been organized to acknowledge the contribution of volunteers. For example, Recognition of Volunteers on "World Volunteer Day" (Athens, December 13, 2018).
- The IM support received in the last 5 months was very useful, however, more technical support throughout the entire operation would have been more efficient. **There was no capacity to create a web database (as initially planned in this appeal)**, but only a centralized manual database (excel) was created to collect data on the type of activities HRC volunteers participated in.

Logistics:

- The constant changes and nature of intervention was stretching National Society capacities and the requirements of the operation could not be met with the proper efficient response.
- ERUs' presence for more than 6 months, which exceeds the usual duration (max 3 months) that ERUs are present in an Operation. This was not allowing to follow properly the IFRC Procurement Procedures which was necessary for the procurements with GLS in Geneva.
- Coordinating with different programs and balancing and meeting all their needs. Very often the various programs had different needs that were overlapping but also contradicting, thus making it difficult to prioritize and meet everyone's needs especially during the periods that the Department was understaffed.
- Dealing with competing requests from various Departments was very challenging as the demands were unrealistic (short notice) or required new procedures/work flow which until that time were not incorporated in the existing Logistics mechanisms
- Due to the understaffing of the Department, at times the proper completion of procurement files was taking place at later stage which in some cases resulted in using a quite substantial amount of time in locating and printing relevant correspondence and other referral documents.

Admin, Finance, HR & IT:

- Mobilizing finance and admin support to different geographical areas as per need was difficult due to the rapid changes in operation and the rapid needs.
- Due to the absence of IFRC's legal status in-country, the operation faced multiple challenges on processing working visas for international staff, managing cash in the country, hiring national staff, procuring goods and services, etc.
- Restrictive in country laws and regulations, resulted in the IFRC having to find solutions on an ad-hoc basis and to set up a parallel structure and systems 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.

Lessons Learned

Volunteers:

- Due to the various activities and active response of the volunteers, the need for an online database proved to be of utmost importance in order to track the various activities which were simultaneously ongoing during the response.
- Monitoring staff burnout and the need for PSS at all times. Of great importance to put in place early support systems 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 appropriate compensation.
- It has proven to be of great operational but also programmatic importance to have a unified volunteering practice such as the unification of the HRC Volunteer divisions.
- 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, in order to avoid susceptibility for burnout.
- One of the primary challenges was to ensure a smooth, efficient and responsible exit from the camps. CEA increased its activities towards the end to ensure a smooth process where community members would receive relevant and timely information on a weekly basis about the exit while also being able to raise concerns and give feedback as well as being involved in the process. The community volunteers played an important role in this process as they were able to manage and counteract rumours and misinformation. *For further details please refer to the CEA section*

Logistics:

- In order to ensure proper coordination and fast response, the three components of Logistics i.e. Procurement, Warehousing and Fleet should be under one umbrella in HRC, making timely response more efficient.
- Lack of information provision, briefings and planning, proved that such coordination activities need to be at the forefront for all people involved in the Operation especially in Logistics/Procurement Procedures in order to have a more efficient response to the operational needs.

Admin, Finance, HR & IT:

- Setting up administrative/finance/HR/IT structures was overall positive and contributed to the extensive capacity building of the National Society.
- Employees benefitted greatly from the capacity building and trainings which they obtained making the procedural flows more efficient.
- The ad-hoc approach used in Greece to overcome the lack of legal status proved useful and effective. The IFRC operated in Greece using the legal personality of the regional office in Budapest as, both Hungary and Greece, are members of the European Union. Management of cash was done through a bank account in Budapest. Procurement of goods was done under IFRC personality in Hungary. Recruitment of national staff was done through two hiring companies based in Greece to ensure compliance with Greek labour law.

6. Other key programmes

Outcome 6: HRC disaster response capabilities are improved

Disaster Preparedness and Risk Reduction:

Output 6.1 A National Disaster Response Team is developed

Output 6.2 Hazards, threats scenarios and resources are mapped

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

Output 6.4 Branch disaster response teams are developed and equipped with basic equipment		
Indicators:	Target	Actual
NS response plan is in place.	n/a	2
# of NDRTs and BDRTs developed.	n/a	1
Disaster risk analysis and management studies completed.	n/a	2
# of resource maps completed.	n/a	1
# emergency shelter items prepositioned	n/a	60,793 ⁴⁶
# of NFIs and food to go kits prepositioned		
# of local branches received new equipment		0
# of volunteers trained in disaster response	n/a	0
# of new training courses developed	n/a	5
Restoring Family Links		
Indicators:	Target	Actual
# of migrants received RFL services (direct service, without outreach) the number does not include outreach and dissemination activities.	n/a	25,722 ⁴⁷
# of phone cards and free calls provided	n/a	24,690 ⁴⁸
Narrative description of achievements		
<p>As Greece's major disaster risks have been rapid-onset natural disasters, the HRC focused its disaster response strategy on the development of rapid deployment capabilities, mainly through the Samaritan division who has a pool of highly trained staff and volunteers deployed to conduct search and rescue operations in emergencies. Disaster response in urban areas is particularly challenging, mainly due to traffic congestion and poor urban planning. The recent migrant crisis and protracted deployment of staff and volunteers has revealed the need to standardize the training of all HRC volunteers in disaster response. Despite efforts in training, gaps remain in operational planning and organization. The recent migrant crisis has revealed gaps in resources at the local branch level, and the need for the HRC to increase its stock of disaster relief equipment and supplies.</p> <p>Due to the difficulty in having a DM Delegate, most of the work had been on hold in 2017, causing major delays in the planned activities. The IFRC Regional Officer for Europe provided technical support to develop a first draft of a contingency plan. Finally, a DM delegate was identified by IFRC, and started his work in January 2018. A DM officer for the HRC has also been hired in March 2018 with the main goal of supporting the capacity building for disaster preparedness. Some key achievements of the past year are as follows:</p> <p>The National Society carried out a "Well Prepared National Society" (now called Preparedness for Effective Response PER) self-assessment in February 2018, which identified the key areas to improve towards the establishment of an effective preparedness for the response. As part of the prioritised actions, there is not only the development of response and contingency plans but also the need to implement a DM policy and comprehensive strategy.</p> <p>The HRC coordinated a Contingency Plan kick-off meeting on February 12th, the outcomes of this meeting informed the development of the HRC contingency plan for migration and provided information for the development of further contingency and response plan for natural and other hazards. The Migration Contingency Plan was finalised in February 2017 and outlines the possible impacts of an influx of 10,000 new arrivals and the different emergency services the HRC can provide to respond to the immediate needs. A second contingency plan was developed by the HRC with a focus on the impacts of floods in the Greek territory. The selection of the hazards to be prioritised was done with a participatory approach through a Contingency Planning workshop, where members of the HRC participated along with representatives from the Secretariat of the Civil Protection.</p> <p>A key result of the contingency planning process was the development of an Emergency Response Coordination Structure, which identified different roles and the communication lines between them to ensure a cohesive response by the HRC. Standard Operating Procedures aligned with the contingency plan have been developed by the HRC, the SOPs include steps for activation and deactivation of the operations, emergency and support services, security and other elements of the response.</p>		

⁴⁶ This is the total number of stock of emergency shelter items and NFIs/food to go kits prepositioned as of 31/12/2018.

⁴⁷ This number does not include outreach and information dissemination activities, this is solely direct RFL services

⁴⁸ This number is the total of 3' phone calls + pre paid phone cards.

Supported by the DCPRR Delegate from the Europe RO, the HRC conducted a **DREF training** in April 2018. Participation consisted of key members of the NS (Operational Heads, Finance, Logistics, technical focal points) and staff from the IFRC Greece Office. The training consisted on a first session with a presentation about the DREF mechanism, explanation, procedures, types and selection criteria, followed by a simulation exercise where the participants, based on a flooding disaster scenario, had to develop an Emergency Plan of Action for a DREF operation.



EHU Training. Photo Cred: HRC

A key new component of the Response Mechanism of the Hellenic Red Cross is the new **National Disaster Response Team (NDRT)**, which was been developed with the objective of enhancing the management and coordination of emergency response operations in the field. NDRT members come from all sectors of the HRC and have been trained to act as a unified body that can be deployed to assess the needs after a disaster and set up the actions in the field. The training was held in June 2018. The HRC coordinated with the Spanish Red Cross for the delivery of the **Emergency Health Unit (EHU)** training, which lead to the organisation of a 5 days training in July 2018, with 27 participants, including nurses from different branches and doctors, all members of the EHU. Alongside to the SOPs for deployment of the Unit, the EHU has also developed a list of standardised medicines to be use during operations with focus on both, trauma related incidents, and more long-term chronic conditions, and a draft Clinic layout with patient's flow for the field clinic modality. The training for the Emergency Psychosocial Support Unit (EPSSU) was held in June 2018, with the participation of 24 persons, members of the Unit. The 2-days training consisted of a first day of Disaster Management, Emergency Response Mechanism of the HRC, CEA and Protection and a second day focused on refreshers for Psychosocial Support and Psychological First Aid.

During the **Attica Wildfires emergency response** in July 2018, the HRC had the opportunity to deploy the new trained NDRT members to carry out the assessment and coordinate the response at the field level, together with the EHU and the EPSSU. Within less than 12 hours of the starting of the Fires, the EHU was present in Rafina providing with Basic Health Care, and the EPSSU was deployed to Rafina to provide with Psychological First Aid and Psychosocial Support services to the affected population.

Part of the Disaster Preparedness Programme for 2018 was the development of Branch level disaster preparedness activities, mainly the development of **Branch Disaster Response Team (BDRT)** as a structure to support branch response to localised emergencies. The activities were delayed as more focus was needed on the establishment of the National Response Mechanism. The pilot branch was the Thessaloniki branch, being the biggest branch of the HRC. The activities started with an introductory meeting and followed by a Contingency Plan and BDRT workshop in October 2018, with the participation of focal points to further develop the Contingency Plan, incl. the risk analysis and scenario of the plan, to work on the establishment of an Emergency Coordination Structure for the Thessaloniki Branch, and have an initial outline of the branch's response. The BDRT training was postponed to February 2019. The **contingency stock** maintained by HRC can provide immediate assistance to 8,000 people in case of a new influx (as of end of December 2018, 61,801 relief items remain available). With the constant arrivals throughout 2018 as well as the evident needs of people living in the camps and reception centres, the contingency stock was used to address the most urgent needs of new arrivals both on the mainland and in the islands. HRC supported to meet these needs through donating larger quantities of items to RICs and other organizations, as well as doing internal distributions via the MFC, UAM shelters, etc. In total, more than 180,00 relief items were donated in 2018 alone.

Throughout the appeal, HRC continued to respond to disasters in Greece. Major operations include the response to the floods in Mandra in November 2017, for which a DREF was requested, as well as the wildfire response operation in Attica region, for which a second emergency appeal was launched. Several activities planned under this appeal were finally financed through the other appeal (e.g. Emergency Needs Assessment Training, Branch development activities).

Restoring Family Links

The Hellenic Red Cross Tracing Service which is technically and financially supported by ICRC, registered and traced missing migrants who were separated by their relatives and assists migrants to re-establish contact with their beloved ones via three-minute phone calls, Wi-Fi communication and battery charging units for mobile phones.

RFL services were offered in Attica region, including Malakasa, Oinofyta and Ritsona, in North Greece, including Diavata, N.Kavala, Kavalari, Lagadikia and Alexandreia, and including hot spot islands, such as Lesvos, Samos, Chios, Kos and Rhodes. RFL teams and RFL volunteers were deployed whenever needed, equipped with mobile phones, pre-paid phone cards and forms, able and ready to provide assistance.



Restoring Family Links at Lesvos.
Photo Cred: HRC

RFL teams cooperated closely with ICRC on forensic matters, as the migration route passing through Greece has proven fatal. RFL teams responded to 14 tragic shipwrecks and sea incidents that happened in the period September 2015 – May 2016, collected tracing requests, conducted lists of missing and provided communication means to survivors.

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

It is important to mention that RFL services also included information dissemination, outreach and ad hoc services, such as one on one consultations, or RFL services via incident reports due to the nature of the report but also lack of follow up due to the fact that the migrant population was a moving population and not static during emergency phase.

Challenges

- There was slow progress in Disaster Management (DM) due to the delays in the recruitment of the DM delegate and the needs to establish the right structure within HRC.
- Changes in the Hellenic Red Cross Senior management had an impact on the implementation. This was mitigated at the operational level thanks to the appointment of DM coordinator and DM officer. But stronger engagement will be needed at the management level to ensure a coordinated response operation based on the developed emergency coordination structure.
- The response during the wildfire's emergency (23 July 2018) coincided with the finalisation of the training process of the Emergency Response Units (NDRT, EHU; EPSSU). Although it presented an opportunity to deploy the units, and utilised the proposed emergency coordination mechanism, it also impacted the activities.

Lessons Learned

- To ensure the sustainability of the progress done by the HRC regarding the implementation of a Response Mechanism, and building preparedness capacity, it is necessary to establish a body that leads and collaborates with all units and programmes. Although efforts have been made, and a Disaster Management Unit has been approved by the Governing Board of the HRC, it is necessary that the decision is operationalised, with a Coordination that is based at the HRC Headquarters.
- Clear definition and/or clarification of roles and responsibilities are essential for all the different roles (Emergency Coordinator, Field Team leader, Emergency Units focal points, branches, etc). The wide dissemination of roles and responsibilities of the DM response mechanism and structure must reach all levels to allow for HRC staff and volunteers to have a clear understanding of their role and line/technical management in case of emergency and provides more efficient results to the HRC response.
- The DM programme provided the opportunity for members of the HRC to consolidate their increased capacity and knowledge, most of it acquired through the engagement in this Migration Emergency Appeal. However, for a three years appeal there was space for improvement in terms of supporting the strengthening of the HRC in several technical and organisational aspects.

7. Quality programming

Outcome 7: Effective response to the operation is ensured

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

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

Indicators:	Target	Actual
# of partnership coordination meetings	n/a	6
# of evaluations and lessons learned conducted	n/a	19
Monitoring systems in place	n/a	Refer to narrative

Narrative description of achievements

Effectiveness of the operation's response has been ensured mainly through the following mechanisms. **Community Engagement and Accountability (CEA)** has been one of the main sources of information in camps as well as in the urban context: meeting with community representatives, recruiting community collaborators and facilitating focus group discussions on various topics. This is critical in informing programme decisions and actions have been taken to respond to detected gaps or new needs when possible and considered appropriate. The **participatory approach** taken and **strong engagement of community collaborators** within the migrant population in all Red Cross activities further reinforced the effective communication dynamics between Red Cross and beneficiaries. See CEA sections for more details.

Satisfaction and monitoring surveys were conducted periodically in all sectors to monitor the quality of Red Cross activities. **Monitoring visits** to the field by the Programme Coordinator and technical leads were also frequently conducted, and **monthly monitoring reports** were circulated.

A variety of reviews, lessons learned, and evaluations have been conducted for this appeal to ensure internal learning, the below table gives an outline:

Sector	Lessons Learned & Evaluations throughout the entire reporting period.
Disaster Management	2 Lessons Learned Workshops: <ol style="list-style-type: none"> 1. Mandra Flood Response 2. Wildfire Response
CTP	<ul style="list-style-type: none"> ▪ In April 2017 Austrian RC and British RC conducted a lessons learned on CBA – Key Learning & Recommendations. ▪ IFRC participated in a study by the Cash Learning Partnership (CaLP) on the current operational mode employed by the Greece Cash Alliance (GCA) in delivering the multipurpose cash grant in Greece, published in April 2018; as well as in a study on Sectorial Outcomes for Multi-purpose Cash, published in May 2018
PSS	<ul style="list-style-type: none"> ▪ 2 workshops were conducted in April 2017 and February 2018 respectively, gathering Lessons Learned from the Red Cross PSS operations in Greece. ▪ December 2017 lessons learned on PSS in urban settings was conducted by the MFC. ▪ Danish RC in November 2017, a survey on mental health and psychosocial wellbeing of migrants residing in Moria camp, Lesvos was conducted. ▪ April 2017, BHC ERU Final Review. ▪ January 2017, the Olive Grove Design Project on Lesvos (PSS) was also evaluated.
Health	<ul style="list-style-type: none"> ▪ Throughout 2017 a staff counsellor review summarized the staff care services that were provided to the national staff during the reporting year at the Red Cross Migration Relief Operation.
CEA	<ul style="list-style-type: none"> ▪ November 2017, a workshop analysed how CEA was mainstreamed during the operation from 2015 – 2017, bringing together the experts from the field who have been engaged in the day to day CEA implementation. ▪ In April 2017, report on 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 provided recommendations for the better utilization of CEA in ERUs
PGI (Protection Gender and Inclusion)	<ul style="list-style-type: none"> ▪ UAM Shelters: An external consultant completed an internal evaluation for HRC at the UAM shelters in Alkiviadou and Kalavrita during January and February 2018. The

	<p>consultancy aimed to provide key recommendations for improving the programme quality in both shelters.</p> <ul style="list-style-type: none"> Gender, Disability and Diversity. IFRC/ICRC consultants conducted a review of the CTP & MFC programmes, with the aim to identify gaps and strategies for ensuring that women and men of all ages and abilities have access and benefit from RC services.
PMER	<ul style="list-style-type: none"> Summer 2016, a real time evaluation was conducted. September – October 2018, final evaluation conducted http://adore.ifrc.org/Download.aspx?FileId=228632. Programme reviews. Internal reviews by CEA and Protection have been conducted for CTP and for the MFCs, further reviews are planned for the upcoming months of 2019.

Collaborations with other actors increased during the course of the appeal at all levels of the operation to capitalize on the resources available and avoid overlapping of services being provided through mapping exercises and joint planning. Several movement partnership coordination meetings were organised with Partner National Societies to provide updates and further collaborate on operations in Greece, with participation of FRC, HRC, ICRC and Partner National Societies.

- April 2016 – Partnership Meeting in Greece to present the Revised Emergency Appeal and share lessons learned and challenges and complexities in migration response operation in Greece.
- May 2016 – Partnership meeting focused on the implementation of the ECHO grant
- November 2016 – Partnership meeting (I) to assess the situation in Greece and plan the revision of the Emergency Appeal for 2017
- December 2016 – Partners meeting (II) to revise jointly the Emergency Appeal for 2017
- May 2017 – Movement Coordination Meeting with a focus on quality of implementation and stronger contribution to leave something behind (stronger HRC)
- November 2017 – Partnership meeting to build a better understanding of the situation and launch the OP 2018.

A new Partnership Meeting was considered for 2018 to bring together all Red Cross partners interested in supporting the development of the Hellenic Red Cross. However, due to the instability and the prolongation of the integrity crisis, it was not possible to have such meeting.

PMER:

PMER support was initially provided by the PMER unit of the IFRC Regional Office, then by a PMER staff on loan from the Asia Pacific regional office with assistance from the IFRC Regional Office for Europe. In early 2016, a long-term PMER delegate was hired to support the HRC and IFRC sectorial leads on data collection, planning and drafting monitoring and evaluation plans, in addition to providing reports to various stakeholders which include informal updates, situation reports, operations updates and donor reports. The PMER functions within the National Society was strengthened and until February 2018 an HRC counterpart was appointed who was trained on IFRC reporting formats, data collection, monitoring visits, etc. Following the recruitment of an Information Management (IM) Officer in March 2017, the IFRC and HRC in close collaboration with the Spanish Red Cross intensified quality data collection using the Open Data Kit (ODK). In addition to ODK, the IM Officer supported the improvement of the design and system of field reporting and the strengthening of data collection and monitoring, especially in areas where the ODK could not be easily applied to more complicated data, such as from community feedback.

Challenges

CEA:

- Satisfaction surveys gave a limited picture. See CEA section for further details.
- Difficulty with developing a long term functioning feedback mechanism, especially in lieu of phasing down of activities in camps.
- Difficulty to integrate targeted CEA and prioritize it as an integral part of the response, due to the nature of the operation, the moving migrant population and lack of coordination roles of the Greek Government.

Coordination:

- The response to the migration crisis in Greece had challenged the functioning and internal coordination of the 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, however, this was sometimes challenged due to external factors such as the fast paced operation, gaps in sectoral implementation, as well as lack of clear information provision by the Government of Greece.
- The IFRC took on a dual role, running overall coordination for the operation, while also delivering programs. The IFRC had only a relatively small team in place and such responsibilities stretched the human capacities of the Country Office.
- Challenges with information management (IM) such as data collection and monitoring, especially where ODK could not be applied to complex data, in terms of community feedback.

- Lessons learned could not be conducted on a more frequent basis due to fast pace of the current operational changes, therefore workshops and lessons learned which would have benefitted towards an overall improvement of challenges faced were lagging.

Lessons Learned

- Although improved over time, coordination mechanisms (i.e. regular technical meetings) within the Movement should have been more regular from the start of the operation for a more effective and harmonized implementation.
- Establishment of more efficient information flows in order to avoid confusion but also to enhance better coordination amongst the Movement as well as other actors involved in the response.
- The importance of CEA activities during the exit phase can be seen as a significant lesson learned. The provision of accurate and sufficient information to the communities and other actors and authorities has been key to avoid conflicts and rumours that cause distress and misunderstandings among the target population (see below more on CEA).
- Making sure that all lessons learned, reviews and evaluations conducted are stored in one centralized place, easily accessible and locatable despite staff turnover

International Disaster Response

S.2.1.1 Effective and respected surge capacity mechanism is maintained.

S2.1.3 NS compliance with Principles and Rules for Humanitarian Assistance is improved.

S2.1.6 IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.

S2.2.5 Shared services in areas such as IT, logistics and information management are provided.

Indicators	Target	Actual
Number of ERUs deployed	n/a	7
Number of FACTs deployed	n/a	2

Narrative description of achievements

Surge support

IFRC mobilised its surge capacity to support this appeal. This included the deployment of two Regional Disaster Response Team members (RDRTs) from June to August 2015, Field Assessment and Coordination teams (FACT) from August to October 2015 as well as in March 2016. Four Emergency Response Units (ERUs) deployed starting in September 2015 (BHC - French/Norwegian RC, BHC – Spanish RC, Relief – Benelux, and another three ERUs were deployed as of March 2016 (BHC - Spanish/French RC, BHC - German/Finnish RC, WASH - Austrian/British RC), HEOps in 2015 and DHEOps in 2016.

Coordination

A variety of tools and approaches were used to ensure proper Movement Coordination (and more importantly Federation-wide coordination) in an environment characterised by a very fluid operational context and situation in a country where the implementing National Society (HRC) had limited capacities to operate and a leadership under crisis.

Operational Coordination during most of 2016 was driven by the usual emergency set-up of ERUs and FACT reporting to IFRC Operations Manager. This is a standardised approach with regular reporting tools among NS's ERUs and IFRC for each sector (Health, Wash, Relief). This was complemented by a weekly "Task Force" meeting taking place in Athens whose main purpose was sharing information about what going on in the different programs across all field locations. The "Task Force" was complemented by many specific meetings (IFRC-HRC-PNS) to discuss programmatic issues, ensure coordination, address specific issues, etc. In addition, when the "programmatic weight" shifted from the south to the north of Greece during the first half of 2016, the IFRC deployed a field coordinator in Thessaloniki to ensure closer coordination of activities and support to the NS operational there (Finnish-German, British-Austrian). Likewise, during 2016 the IFRC maintained a field coordinator in the Islands (based first in Chios and then in Lesbos) with similar tasks.

Operation coordination for 2017 was tabled and discussed at the two partnership meetings that took place at the end of 2016 (Nov and Dec) resulting in a more focused "Task Force" where not everyone was expected to participate but only the coordinators/leads of the different areas; the creation of subgroups that would meet ad-hoc to discuss programmatic issues; and a Movement Platform was never officialised, but IFRC and ICRC had informal meetings with the President of HRC to discuss a few strategic issues.

Operational coordination in 2018 was a continuation of the 2017 approach: the task force evolved to a "Cooperation Management Group" where HRC divisions, rather than programs, were represented, mirroring the structure of the HRC.

Two technical working groups (Protection and CEA) were functioning and the third one (NS Development) was never really created due to certain obstacles.

Information management

In March 2016, Spanish Red Cross (SRC) deployed an information management (IM) team to Greece as a collective Red Cross response to the migration crisis to implement a Health Information System (HIS) using the (ODK) Open Data Kit system. The system had been developed in January 2016. Throughout 2016, the IM team also began setting up ODK data systems in relation to other sectors as well (water and sanitation and hygiene, PSS, community engagement and relief, and CTP).

Under this Appeal, HRC, IFRC as well as seven PNS used this common data collection tool to allow for real-time monitoring with ODK being linked to dashboards. This was the largest ODK implementation in Red Cross history. Implementing the ODK system on such a large scale allowed access to real time information on the activities, reduce data entry errors and duplication, increased data integrity and accountability in addition to enhancing the flow of information, for improved data reporting and decision making. 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.

In summary, the IM team:

- **designed and produced various** templates according to data collection needs for each sector of the operation
- **operationalised and implemented the data collection system** which included trainings for volunteers and staff; further support to and collaborations with the teams in the field, as well as providing the necessary material resources
- **designed and developed dashboards for reporting of data collected** according to Red Cross and donor indicators.

Towards the end of 2018, SpRC was going to handover the systems to HRC, but was finally not able to complete it, partially due to the HRC suspension. It was decided: To handover all the programs data stored in the SpRC server in Madrid, corresponding to different programs implemented within the Migrants response operation (e.g. basic health care, ACCREF, MFC Athens, etc.), in Excel format. In this way, the HRC will have access to the programs data in this format if needed.

Challenges

Coordination:

- A key challenge in terms of coordination was the situation in the Hellenic Red Cross (financial crisis, governance legitimacy, etc.) that made very difficult for them to exercise a stronger leadership role in handling this operation. Not only internally, vis-à-vis other Red Cross partners, but also in relation to the Greek authorities and other humanitarian partners.
- The high staff turnover, quite usual in humanitarian operations but particularly acute in Greece, coupled with the weak understanding of Movement cooperation by many surge delegates, represented a challenge to enforce efficient and effective coordination mechanisms. Training and briefings of delegates, particularly surge delegates, should be reinforced in this aspect line with the International Federation's Principles and Rules for Humanitarian Assistance.
- One of the major challenges is the lack of concise tools and guidance to do Federation-wide planning and budgeting, which became very visible at the end of 2016, when the IFRC promoted a joint planning exercise with all partner NS to revise the emergency Appeal. Therefore, in order to enhance capacity development, IFRC and NS should engage in a dialogue to develop clear and practical guidance on how to do joint planning, budgeting and resource mobilisation.

Information management:

- Beneficiary identification was a challenge because of the operational context: there was no unique tracking system implemented by the authorities at the hosting sites to uniquely identify the migrants. This was further exacerbated by high mobility of migrants within the country and between sites (migrants were free to come and go as they please)
- Developing an information management system in parallel with running the operation was a huge challenge, with changing locations as well as teams on the ground; ad hoc data needs also changed depending on stakeholders' request (programmes, donors, etc). There was also significant level of support required to train and manage the teams on the ground in terms of ODK usage.
- The system was 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.
- The size of the IM team was significantly reduced during the last year, with no IM field person remaining at the end of the operation to handle the handover data. This further impacted the handover and transfer of files.

Logistics and Supply Chain

- In addition, the slow procurement process and complex RC decision-making processes had an impact on the efficiency and timeliness of the operation. 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 (Findings Final Evaluation)

Lessons Learned

Findings from the final evaluation on surge support

- 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 terms. Teams had limited abilities to adapt the tools and approaches to longer-term needs and conditions; and 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.

Findings from the final evaluation on 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 some disagreements between IFRC and PNS.
- Early establishment of the Protection Working Group was 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.

Information management

- 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 (Final evaluation)
- While ODK is a well-functioning collection tool, the analysis and transformation into information (and hence its added value) was sometimes perceived as neglected. ODK was seen as a solution to "everything" although the feedback loop, qualitative data and ability for follow-up was missing. Access to the dashboards that do not contain any sensitive or personal information was not available for everybody but only with very restricted access, leading to it being seen as a 'black box' by several PNSs.
- This was the first operation where Spanish RC centralised all the data in their own servers, there were no standardised SOPs in place regarding data transfer. For future operations with a similar IM centralisation, it is recommended to have MoUs/SOPs in place beforehand, outlining what happens to the (raw) data, who will have access to it, and how will it be handed over to the National Society, if applicable.

Finding from the final evaluation on logistics:

- 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.

Influence others as leading strategic partner

IFRC and NS are visible, trusted and effective advocates on humanitarian issues.

IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Resource generation and related accountability models are developed and improved

Indicators:	Target	Actual
Number of pledge-based reports produced	n/a	84
Number press releases issued	n/a	22 ⁴⁹

⁴⁹ since March 2016

Narrative description of achievements

Communication

Activities carried out under this operation have been illustrated through a variety of communication channels, including news stories, audio visual products (photographs, videos, B-roll footage, etc.), snapshots, press releases, etc. In order to support the response operation and raise awareness and sensitize the public, media and donors on the emergency situation, humanitarian needs and Red Cross Red Crescent response across Greece. The IFRC communications team managed both national and international media requests related to this operation, as well as actively pitched stories to the media, and the challenges and experiences faced by migrants in Greece. IFRC produced facts and figure documents on a monthly basis, distributed for use and publication to the Red Cross and Red Crescent Movement, shared with donors and partners. Increasing the communications capacity among the HRC staff and supporting advocacy outreach has been difficult to introduce with only limited capacity building activities taking place.

Evaluations

A [Real-Time Evaluation \(RTE\)](#) on the European migration crisis was conducted in July 2016. The RTE team visited migrant sites in the Attica region, Lesbos island and Central Macedonia (northern Greece) and conducted interviews with IFRC and HRC staff and volunteers.

A final report with management response was published in March 2017. A [final evaluation](#) of this EA operation was conducted in September and December 2018, with the involvement of two internal RC members and one external consultant. Findings are integrated in the different Lessons Learned sections throughout this report.

The purpose of this evaluation was to evaluate the relevance, effectiveness, and impact of the Red Cross (RC) actions implemented under the 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 and methodology included review and analysis of key documents, key informant interviews, and beneficiary interviews (including FGDs, and individual interviews). The majority of the interviews were conducted in Athens, with short term visits to Lesbos and North Greece. The desk review was conducted from Athens and long distance.

Challenges

For the final evaluation:

- 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 as 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.
- It was difficult to locate former beneficiaries of the Appeal, meaning that the input of beneficiaries was not considered fully representative. Many migrants that had received assistance from the RC had 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.
- There is a real challenge to do a final evaluation that provides a fair overview of a multi-year, multi-sector operation at the end of several years. It tends to get slanted by the limited memories/documents from the early phases and the heavy emphasis on recent perspectives in many of the interviews.

Lessons Learned

For the evaluation:

Given the nature of a final evaluation (done at the end of operation) most of the recommendations cannot be enforced or implemented in the operation, which is already concluded. Its recommendations and lessons learned have to be taken by the whole IFRC (Budapest, Geneva) as valuable inputs for future operations of similar nature. The ToR for a final evaluation might also focus more on some big picture issues and questions. There is a huge amount of info and points/conclusions to choose from in such a big operation, that maybe some clearer guidance around level of detail and need for high level analysis might help guide the consultant or lead.

Effective, credible and accountable IFRC

IFRC staff shows good level of engagement and performance.

Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.

Staff security is prioritised in all IFRC activities.

Indicators:	Target	Actual
Financial KPIs	n/a	
Expenditure rate (Expenditure/Budget)		99.42%

Funding coverage (Funding/Budget)	-	99.96%
Audits conducted	-	6
IFRC office remained MSR compliant		2016, 2017 and 2018
Narrative description of achievements		
<p>Administration and Finance</p> <p>IFRC applied for legal status in Greece since late 2015, through various contacts with the Greek government at different levels. However, we did not manage to conclude these negotiations during the implementation of the appeal. In other scenarios, this issue does not represent a serious challenge as the National Society implements the activities doing the procurement, recruitment of staff, cash management, etc. under the NS personality. Unfortunately, in the case of Greece, due to the internal constraints in the Hellenic Red Cross (board appointed by a court decision, acute financial crisis, legal litigation, difficulties to hire staff, etc), the IFRC was forced to develop a different modus operandi.</p> <p>This situation created many problems for our support services (finance, admin, human resources, logistics) that had to be addressed in an ad-hoc basis. The underlying approach applied was that IFRC operated as a subsidiary of its regional office in Budapest, using our legal personality and tax number in Hungary which is, like Greece, a member of the European Union. In practical terms:</p> <ul style="list-style-type: none"> - Payments were handled through a bank account in Hungary but managed electronically from Greece - National staff was hired using two private hiring companies in Greece to ensure full compliance with Greek labour legislation - Procurement of goods and services was done using our legal personality in Hungary, through a delegation of authority - A legal counsel was hired to ensure legal compliance on a number of operational issues <p>Although the emergency appeal looks like fully funded, this is due to the revisions done in late 2017 and 2018 to adjust the budget to the availability of funds. As a matter of fact, the longer-term activities were integrated into the Operational Plan for 2018 (MAAGR001) and this plan suffered a significant shortcoming in funding during 2018.</p> <p>The implementation rate of the funding is very high (99,4per cent). The remaining balance of funds CHF 215,302 will be transferred to 2019 IFRC Operational Plan for Greece (MAAGR001) to support the ongoing migration activities in Greece in 2019.</p> <p>An Internal Audit was conducted by IFRC Internal Audit office in 2016 and all the recommendations were properly addressed in 2017 except for the opening of the bank account in Greece which was not completed until 2018. <i>External Audits were conducted for 2016 and 2017 and it be done for 2018 as well. The audit reports can be found on the IFRC website. The IFRC operation was also audited by key contributors: DG ECHO in late 2016 and UNHCR in 2018.</i></p> <p>Human Resources</p> <p>Initially, the HRC and IFRC addressed human resourcing through using the extensive Red Cross delegate reserve which includes specialists in a broad range of sectors such as health, PSS, RFL, relief, logistics, communications etc. As the administrative difficulty of hiring local staff to develop local capacity has not ceased, the mandate of the Emergency Response Units (ERUs) consisting of these delegates were extended from the end of September 2016 to the end of March 2017. In parallel, the IFRC started to engage two human resource companies: the AMC for medical staff and Trenkwalder for non-medical staff. These companies were contracted to manage the recruitment of local staff replacing as many expatriate staff as possible and as soon as feasible. It took several months to identify and contract these companies which has in turn slowed down the follow-on local staff recruitment process.</p> <p>The IFRC Country Office was led by a Head of Country Office with an operations manager and international delegates specializing in the areas of logistics, procurement, cash transfer programming, health, finance and administration, community engagement and accountability (CEA), field coordination, psychosocial support (PSS), water, sanitation and hygiene promotion (WASH), emergency communications, and planning, monitoring, evaluation and reporting (PMER). The IFRC Regional Office for Europe supported the operations team with policy, advocacy, grant management and a wide range of technical assistance as needed and provided surge support through its Regional Disaster Management Unit and other specialized staff such as PMER, HR, IM, communications, logistics, finance, many of which supported the Greece team during the appeal period.</p> <p>IFRC office in Greece was MSR compliant in 2016, 2017 and 2018.</p>		
Challenges		
<ul style="list-style-type: none"> ▪ Security: Access to camps was not restricted, and especially in Skaramagas, this led to multiple issues. 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 acceptance strategy as its main security measure. Occasionally, health services were paused, and personnel evacuated until tensions within the camps calmed down. Security risks played an unexpectedly large role in the effectiveness of the operation. 		

- **Lack of legal status:** 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.

Lessons Learned

- **Human Resources:** The final evaluation concluded that the wider IFRC should 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.

D. THE BUDGET

The Final Financial Report for this Emergency Appeal (MDRGR001) is annexed to this report.

- The total Emergency Appeal budget was CHF 39,321,751
- The total Funding received was CHF 39,306,711
- The total expenditure was CHF 39,091,189

The remaining balance of funds CHF 215,522 will be transferred to the [IFRC Operational Plan for Greece for 2019](#) (MAAGR001).

Partners or donors who have any questions in regards to this balance are kindly requested to contact Louise Daintrey-Hall at the IFRC Regional Office for Europe (phone: +36 1 888 4507; email: louise.daintrey@ifrc.org) within 30 days of publication of this final report

Contact information

Reference documents



Click here for:

- [MDRGR001-related DREF reports, Emergency Appeals, revisions and updates](#)

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

In the Hellenic Red Cross

- **Secretary General:**
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- **Operational coordination:**
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In the IFRC

- **IFRC Country Office:**
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- **IFRC Regional Office for Europe:**
Seval Guzelkilinc, DM Coordinator, seval.guzelkilinc@ifrc.org
- **IFRC Geneva:**
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For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Europe:**
Louise Daintrey-Hall, Acting Partnerships and Resource Development Coordinator, louise.daintrey@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Regional Office for Europe:**
Dorottya Patkó, Planning, Monitoring, Evaluation and Reporting Manager, dorottya.patko@ifrc.org

How we work

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

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



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



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



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

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2015/05-2019/02	Operation	MDRGR001
Budget Timeframe	2015/05-2018/12	Budget	APPROVED

Prepared on 04 Apr 2019

All figures are in Swiss Francs (CHF)

MDRGR001 - Greece - Population Movement

Operating Timeframe: 22 May 2015 to 31 Dec 2018; appeal launch date: 02 Sep 2015

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	103,628
AOF4 - Health	90,967
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	41,707,943
SFI1 - Strengthen National Societies	286,459
SFI2 - Effective international disaster management	104,479
SFI3 - Influence others as leading strategic partners	66,968
SFI4 - Ensure a strong IFRC	337,978
Total Funding Requirements	42,698,422
Donor Response* as per 04 Apr 2019	39,220,159
Appeal Coverage	91.85%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	78,802	0	78,802
AOF4 - Health	71,488	0	71,488
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	38,544,733	39,089,302	-544,568
SFI1 - Strengthen National Societies	198,535	1,887	196,648
SFI2 - Effective international disaster management	99,117	0	99,117
SFI3 - Influence others as leading strategic partners	57,992	0	57,992
SFI4 - Ensure a strong IFRC	271,083	0	271,083
Grand Total	39,321,751	39,091,189	230,561

III. Operating Movement & Closing Balance per 2019/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	39,306,711
Expenditure	-39,091,189
Closing Balance	215,522
Deferred Income	0
Funds Available	215,522

IV. DREF Loan

* not included in Donor Response	Loan :	296,549	Reimbursed :	296,549	Outstanding :	0
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Emergency Appeal

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MDRGR001 - Greece - Population Movement

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V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	394,928				394,928		
Austrian Red Cross			16,769		16,769		
Austrian Red Cross (from VERF/WHO Voluntary Emer			1,226		1,226		
Belgian Red Cross (Francophone)			18,387		18,387		
Belgium - Private Donors	216				216		
BG Group	200				200		
Bloomberg	9,919				9,919		
British Red Cross	303,801		151,462		455,263		
British Red Cross (from British Government*)	3,597,133				3,597,133		
Cartier Philanthropy	100,000				100,000		
Celesio	41,888				41,888		
CERN Staff Association	14,710				14,710		
Coca Cola Foundation	99,674				99,674		
Croatian Red Cross	5,459				5,459		
Cyprus Red Cross	11,074				11,074		
Danish Red Cross			9,210		9,210		
Danish Red Cross (from Denmark - Private Donors*)	50,000				50,000		
European Commission - DG ECHO	25,622,586				25,622,586		
Experian	121				121		
FedEx Services	191,275				191,275		
Finnish Red Cross	165,774	56,087	295,039		516,900		
France - Private Donors	1,904				1,904		
Fundraising Fees				-26,323	-26,323		
German Red Cross			4,732		4,732		
Give Eur-Hope ASBL	89,305				89,305		
Globalgiving Foundation Inc.	34,252				34,252		
Google	11,046				11,046		
Great Britain - Private Donors	17,145				17,145		
Informa	1,526				1,526		
Ireland - Private Donors	110				110		
Irish Red Cross Society	99,193				99,193		
Lars Amundsen Foundation	200,000				200,000		
Luxembourg Government	27,084				27,084		
Luxembourg Red Cross (from Luxembourg Governmer	159,090				159,090		
Medtronic Foundation	100,499				100,499		
Metro AG	98,128				98,128		
Mondelez International Foundation	7,574				7,574		
Nestle	38,976				38,976		
Norwegian Red Cross	673,367		40,945		714,312		
Norwegian Red Cross (from Norwegian Government*)	356,589				356,589		
Novartis	24,531				24,531		
On Line donations	12,559				12,559		
On Line donations (from Aland Islands - Private donors	64				64		
On Line donations (from Albania - Private donors*)	2				2		
On Line donations (from Andorra - Private Donors*)	8				8		
On Line donations (from Antigua And Barbuda - Privat	3				3		
On Line donations (from Argentina - Private Donors*)	5				5		

Emergency Appeal

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MDRGR001 - Greece - Population Movement

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
On Line donations (from Australia - Private Donors*)	847				847	
On Line donations (from Austria - Private Donors*)	31				31	
On Line donations (from Azerbaijan Private Donors*)	11				11	
On Line donations (from Bahrain - Private Donors*)	297				297	
On Line donations (from Bangladesh - Private Donors*)	3				3	
On Line donations (from Belarus - Private Donors*)	2				2	
On Line donations (from Belgium - Private Donors*)	169				169	
On Line donations (from Bermuda - Private Donors*)	36				36	
On Line donations (from Bhutan - Private donors*)	16				16	
On Line donations (from Botswana - Private donors*)	5				5	
On Line donations (from Brazil - Private Donors*)	234				234	
On Line donations (from British Indian Ocean Territory	3				3	
On Line donations (from Brunei - Private Donors*)	102				102	
On Line donations (from Bulgaria - Private Donors*)	74				74	
On Line donations (from Canada - Private Donors*)	1,194				1,194	
On Line donations (from Chile Private Donors*)	9				9	
On Line donations (from China - Private Donors*)	411				411	
On Line donations (from Colombia - Private Donors*)	1				1	
On Line donations (from Costa Rica - Private Donors*)	7				7	
On Line donations (from Croatia - Private Donors*)	24				24	
On Line donations (from Cuba - Private donors*)	1				1	
On Line donations (from Cyprus - Private Donors*)	351				351	
On Line donations (from Czech private donors*)	64				64	
On Line donations (from Denmark - Private Donors*)	22				22	
On Line donations (from Dominican Republic - Private	4				4	
On Line donations (from Dominica Private Donors*)	5				5	
On Line donations (from Ecuador - Private Donors*)	59				59	
On Line donations (from Egypt - Private Donors*)	6				6	
On Line donations (from Falkland Islands (Malvinas) - I	4				4	
On Line donations (from Finland - Private Donors*)	103				103	
On Line donations (from France - Private Donors*)	939				939	
On Line donations (from French Guiana - Private dono	80				80	
On Line donations (from Germany - Private Donors*)	269				269	
On Line donations (from Gibraltar - Private donors*)	26				26	
On Line donations (from Great Britain - Private Donors	3,631				3,631	
On Line donations (from Greece - Private Donors*)	72				72	
On Line donations (from Guam - Private donors*)	4				4	
On Line donations (from Guatemala Private donors*)	1				1	
On Line donations (from Guernsey - Private donors*)	11				11	
On Line donations (from Hong Kong - Private Donors*)	377				377	
On Line donations (from Hungarian - Private Donors*)	14				14	
On Line donations (from icelandic RC*)	1				1	
On Line donations (from India - Private Donors*)	391				391	
On Line donations (from Indonesia - Private Donors*)	90				90	
On Line donations (from Ireland - Private Donors*)	79				79	
On Line donations (from Isle Of Man - Private donors*)	2				2	
On Line donations (from Israel - Private Donors*)	17				17	
On Line donations (from Italy - Private Donors*)	101				101	
On Line donations (from Jamaica - Private Donors*)	0				0	
On Line donations (from Japan - Private Donors*)	165				165	
On Line donations (from Jersey - Private donors*)	2				2	

Emergency Appeal

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MDRGR001 - Greece - Population Movement

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
On Line donations (from Jordan - Private Donors*)	23				23	
On Line donations (from Kazakhstan - Private Donors*)	7				7	
On Line donations (from Kuwait - Private Donors*)	204				204	
On Line donations (from Latvia - Private Donors*)	4				4	
On Line donations (from Lebanese - Private Donors*)	30				30	
On Line donations (from Lithuania- Private Donors*)	32				32	
On Line donations (from Luxembourg - Private Donors*)	87				87	
On Line donations (from Malaysia - Private Donors*)	298				298	
On Line donations (from Malta - Private Donors*)	94				94	
On Line donations (from Mauritius Private Donors*)	4				4	
On Line donations (from Mexico - Private Donors*)	70				70	
On Line donations (from Netherlands Antilles - Private	1				1	
On Line donations (from Netherlands - Private Donors*)	68				68	
On Line donations (from New Caledonia Private Donor	17				17	
On Line donations (from New Zealand - Private Donors	224				224	
On Line donations (from Norway - Private Donors*)	163				163	
On Line donations (from Oman - Private Donors*)	25				25	
On Line donations (from Panama Private donors*)	23				23	
On Line donations (from Peru - Private Donors*)	16				16	
On Line donations (from Philippines - Private Donors*)	72				72	
On Line donations (from Poland - Private Donors*)	89				89	
On Line donations (from Portuguese - Private Donors*)	109				109	
On Line donations (from Puerto Rico - Private donors*)	73				73	
On Line donations (from Qatar Private Donors*)	112				112	
On Line donations (from Republic of Korea - Private Do	30				30	
On Line donations (from Reunion - Private donors*)	24				24	
On Line donations (from Romania Private Donors*)	9				9	
On Line donations (from Russia - Private Donors*)	154				154	
On Line donations (from Saudi Arabia - Private Donors	126				126	
On Line donations (from Singapore - Private Donors*)	1,240				1,240	
On Line donations (from Slovenia - Private Donors*)	3				3	
On Line donations (from South Africa - Private Donors*	65				65	
On Line donations (from Spain - Private Donors*)	115				115	
On Line donations (from Swedish - Private Donors*)	44				44	
On Line donations (from Switzerland - Private Donors*	743				743	
On Line donations (from Syria Private Donors*)	72				72	
On Line donations (from Taiwan - Private Donors*)	190				190	
On Line donations (from Thailand - Private Donors*)	134				134	
On Line donations (from Trinidad & Tobago - Private D	29				29	
On Line donations (from Turkey - Private Donors*)	210				210	
On Line donations (from Ukraine private donors*)	4				4	
On Line donations (from Unidentified donor*)	1,212				1,212	
On Line donations (from United Arab Emirates - Privat	2,109				2,109	
On Line donations (from United States - Private Donor	26,375				26,375	
On Line donations (from Vietnam - Private Donors*)	7				7	
Other	1,464		87,523		88,986	
Red Cross of Monaco	16,192				16,192	
Regus	22				22	
Sidley Austin LLP	197				197	
Spanish Red Cross	54,335		34,351		88,686	
supreme master ching hai international association	87,805				87,805	

Emergency Appeal

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Swedish Red Cross	457,105				457,105	
Swiss Red Cross	195,752		159,304		355,055	
Swiss Red Cross (from Swiss Government*)	110,276				110,276	
Switzerland - Private Donors	2,310				2,310	
Taiwan - Private Donors	28,939				28,939	
TeliaSonera	1,160				1,160	
The Canadian Red Cross Society	256,800		53,400		310,200	
The Netherlands Red Cross	916,062				916,062	
The Netherlands Red Cross (from Netherlands Govern	1,084,690				1,084,690	
The Netherlands Red Cross (from Netherlands Red Cr	54,587				54,587	
Thomson Reuters	1,502				1,502	
UL LLC -Underwriters Laboratories,LLC	1,287				1,287	
UNHCR - UN Refugee Agency (from European Commi	573,226				573,226	
United States Government - PRM	1,945,276				1,945,276	
United States - Private Donors	1,980				1,980	
United Way	19,730				19,730	
Write off & provisions				-12,916	-12,916	
Total Contributions and Other Income	38,417,516	56,087	872,346	-39,239	39,306,711	0
Total Income and Deferred Income					39,306,711	0