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Operation Update Turkey, Greece and other countries: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDR65003 Operation Update n° 1	GLIDE n° CE-2020-000036-GRC
Date of issue: 26 May 2020	Timeframe covered by this update: 28 February- 30 April 2020
Operation start date: 28 February 2020 Emergency Appeal issued: 13 March 2020	Operation end date: 31 December 2020
Funding requirements: CHF 20 million	DREF amount initially allocated: CHF 500,000 (Hellenic RC)
N° of people being assisted: Approx. 120,000	Funding coverage as of 19 May 2020: 8.18%
Red Cross Red Crescent Movement partners currently actively involved in the operation: Turkish Red Crescent Society (TRCS), Hellenic Red Cross (HRC), IFRC and ICRC	
Other partner organizations actively involved in the operation: UNHCR, IOM, UNICEF, AFAD The following partners have provided financial support to this emergency appeal: (1) Governments: Netherlands Government (via Netherlands RC), Swiss Government and (2) National Societies: British RC, Danish RC, Finnish RC, Japanese RC, Monaco RC, Norwegian RC, Spanish RC, Swedish RC, Swiss RC.	

Summary of major revisions made to emergency plan of action:

No changes in the budget or the timeframe of the operation is planned through this Operation Update. However, the Emergency Appeal and the Emergency Plan of Action revision is expected to be finalized in June 2020 to reflect the existing situation and closely meet the current needs of vulnerable people.

The COVID-19 pandemic has led countries around the world to take drastic measures of closing borders and lockdowns. Migrants and refugees are particularly vulnerable during this health emergency, therefore both responding National Societies (Hellenic Red Cross and Turkish Red Crescent Society) have been working on adjusting the operation to the new reality and meeting the volatile needs.

In **Greece**, despite the different challenges that the country is facing regarding population movement, the Hellenic Red Cross, supported by IFRC and the ICRC, has continued responding to meeting migrants' needs with the following priorities: Health (with focus on Primary Health Care, prevention of disease, and hygiene promotion), Psychosocial support, accommodation (with focus on unaccompanied minors), reliable relevant information, CEA activities and protection.

In **Turkey**, prior to the evacuation of migrants from the border to camps and reception centres on 27 March 2020, TRCS had distributed some 550,000 humanitarian aid items to those stranded at the Turkey-Greece border. These included food items, drinking water, hygiene and sanitary items, and clothing items. Confirmation of COVID-19 cases in-country was followed by evacuation of the refugee population at the border by the Turkish authorities to curb the spread of the virus. Evacuees were given health checks and put under a 14-day quarantine and medical monitoring, if required. TRCS has been providing personal protective equipment (PPE) to staff and volunteers who were engaged with both refugee and host community service users. It has also been providing PSS services and psychoeducation for adults and children; awareness raising and disease prevention information for the general public; and food for people in quarantine. The National Society continues to monitor the situation and anticipates that some migrants returned to the camps and reception centers may join the migratory route towards Europe during spring/summer seasons.

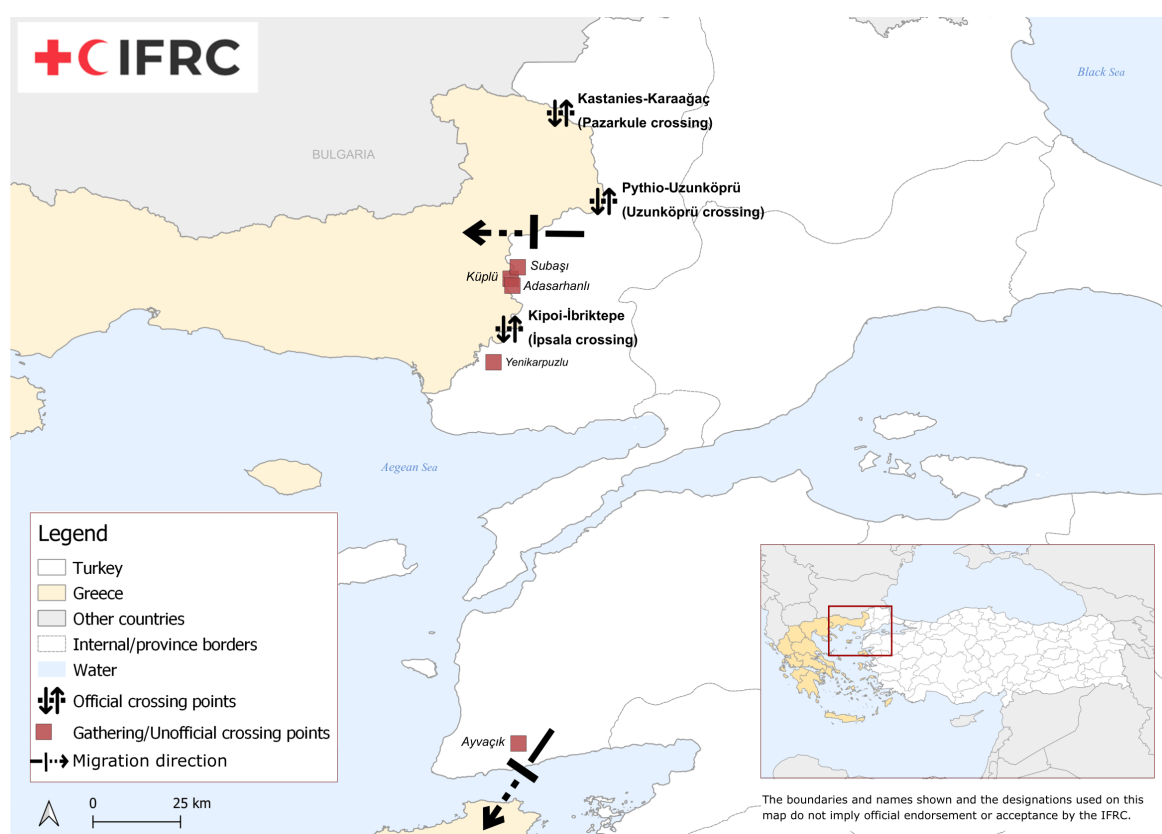
A. SITUATION ANALYSIS

Description of the disaster

TURKEY

On 27 February 2020, the Turkish government announced that it would no longer stop refugees from attempting to cross by land or by sea into Europe. Following this announcement, an estimated 10,000-15,000 people gathered at the land border with the hope of crossing into Europe, with the majority of them at Turkey's border with Greece. The land border in Greece remains closed under heavy control. Border crossing points where many of the people gathered include the Pazarkule border gate in the Karaağaç district of Edirne; and at the Ipsala border gate in the Ipsala district of Edirne City. The border crossings are concentrated in areas including Yenikarpuzlu, Ferre, Küplü, Subaşı and Adasarhanlı. Also, in the southwest of Turkey, sea border crossings have been attempted by migrants around Ayvacık in the Çanakkale province.

It has been difficult to gauge the exact number of people seeking to cross the border due to the high mobility of the population. However, observations of those gathering at the above-mentioned locations were estimated at some 15,000 in total, with some 7,500¹ at each location. Most of the migrants lacked proper shelter, were sleeping in the open and being exposed to the cold wet weather as Winter transitions into Spring. Limited access to basic health and hygiene services also exacerbated the situation. While it appeared that single adults travelling alone were the majority, there were many women and children as well, including pregnant/lactating mothers and unaccompanied minors. In the southwest, migrants attempting to cross the border by sea were (and continue to be) highly vulnerable to abuse and exploitation by human traffickers, and the danger of death by drowning. As of 21 March 2020, migrants waiting at the Turkey-Greece border were overall significantly fewer at an estimated 5,000 or so but continued to be supported by TRCS in meeting their basic needs.



Map: Turkey – Main Border Crossing Locations for Migrant Population, February/March 2020

On 11 March 2020, Turkey's first confirmed case of COVID-19 was reported. Spurred by the threat of the COVID-19 spreading, Turkish authorities evacuated the remaining migrants from the border on 27 March 2020. These 5,900 or so migrants were housed in migration centres or quarantine facilities in nine provinces. Following the mandatory quarantine

¹ Numbers estimated by the TRCS

period, the majority of migrants have moved to other regions in Turkey. The government authorities also disinfected areas near the border where migrants were waiting/living to reduce the possible presence of the virus.

Due to the rapid increase of confirmed COVID-19 cases in Turkey as well as the coming warmer seasons during which migration traditionally increases, TRCS is currently assessing the situation and will adapt and/or revise its proposed interventions soon to best respond to new developments.

GREECE

According to official data of the UNHCR (based on information as of 3 May 2020), the total arrivals in Greece for 2020 were 9,629, of which 7,553 were by sea and 2,076 by land. As of 9 April 2020 (date of publication of the Emergency EPoA Turkey-Greece and other countries: Population Movement Operation), more than 115,600 migrants were stranded in Greece, of whom around 41,200 were on the Aegean islands (Lesvos, Samos, Chios, Leros and Kos). Among them, there are approximately 5.500 unaccompanied minors².

For months, Greek reception and asylum system for refugees and migrants has been stretched beyond its capacities. [Especially Moria in Lesvos](#) - known for its poor hygiene conditions and outbreaks of violence - hosts more than 19,000 asylum seekers and refugees crammed in spaces fit for 2,200. Between September 2019 and January 2020, the Greek government transferred around 15,000 people from the islands to the mainland in its effort to decongest the islands, and established new, more restrictive reception centers despite the opposition of local authorities³. From January 2020 till the end of April, 12,316 departures to the mainland have been carried out, based on UNHCR official statistics.

On 27 February 2020, the Turkish government announced that it would no longer stop refugees from attempting to cross by land or by sea into Europe. Following this announcement, an estimated 10,000-15,000 people gathered at the land border with the aim to enter Greece. In response, Greek government reinforced security measures at its border and deployed armed forces. Several clashes took place between migrants and police, with police using tear gas and water cannons and migrants throwing stones.⁴

Arrivals on the Greek islands have also increased dramatically; at least 1,000 migrants⁵ reached the Eastern Aegean islands over the weekend of 1 March. On Lesvos, local anger at the migration situation boiled over, with some residents preventing people from disembarking⁶. In response to the arrivals the Greek government has announced that for a month, Greece will not accept any asylum applications from migrants entering the country and will immediately return them to the country they came from⁷. The suspension of all administrative procedures with regards to the asylum applications has been extended until 15 May due to the COVID-19 pandemic and the protection of public health. In addition, due to COVID-19 and the respective lockdown in Turkey, the sea arrivals were zero and the land arrivals were 64⁸.

Following the new landscape at the Turkish-European border and the subsequent increase of migratory flows in Greece, the President of the International Federation of Red Cross and Red Crescent Societies (IFRC), Mr. Francesco Rocca, paid a three-day visit to the country (4-7 March) in order to meet the leadership of the Hellenic Red Cross (HRC) and high-ranking state officials, as well as to assess the situation. The President of the IFRC, together with the President of the HRC, initially visited Evros region, and subsequently the island of Lesvos, which again became the epicenter of migration crisis.

The situation in Evros changed radically, though, after 21 March 2020, as the refugee camp opposite Kastanies was evacuated. The 1,500 migrants, who have been living in the border camp for the past few weeks, have been moved to hostels in various Turkish cities, where they are expected to stay in quarantine due to distancing measures imposed by the Turkish government against COVID-19⁹.

In Kleidi area (Serres) in Northern Greece, a new Migration Center was established in mid-March to which migrants (both from Evros and islands), who arrived in Greece after 1 March 2020 and were expected to be deported back to their countries of origin, were transferred. The total population of the center at its 4 levels (A, B, C and D) increased from 600 to 775 people, as on 9 April, the transfer of 175 migrants from Kea island has been completed, after a cargo

² Concerning the situation of unaccompanied migrant children on the Greek islands, twelve countries have so far agreed to relocate a number of unaccompanied children from Greece in the scope of an emergency relocation scheme of the EU Commission and the Greek government (https://ec.europa.eu/commission/presscorner/detail/en/ip_20_406)

³ <https://int.ert.gr/measures-for-the-decongestion-of-the-islands-from-the-influx-of-refugees-and-migrants/>

⁴ <https://www.aljazeera.com/news/2020/02/greece-defensive-turkey-opens-border-refugees-200229091808379.html>

⁵ <https://uk.reuters.com/article/uk-syria-security-greece-migrants/child-dies-1000-migrants-reach-greek-islands-from-turkey-idUKKBN20P14Q?rpc=401&>

⁶ <https://www.euronews.com/2020/02/29/greek-police-fire-tear-gas-at-refugees-amid-violence-at-turkish-border>

⁷ <https://www.euronews.com/2020/03/02/greece-cancels-asylum-as-turkey-lets-migrants-travel-towards-europe>

⁸ <https://data2.unhcr.org/en/situations/mediterranean/location/5179>

⁹ <https://www.skai.gr/news/greece/adeiase-o-evros-apo-metanastes-oi-tourkoi-ekkenosan-ton-kataylismo-stis-kastanies>

ship that carried them was stranded outside the port. In the Migrant Center of Malakassa (East Attica), a total of 1,189 migrants live in its three separated sectors.

The COVID-19 pandemic has led countries around the world to take drastic measures of closing borders and lockdown their populations. Migrants and refugees are particularly vulnerable during this health emergency due to language barriers, barriers to accessing healthcare, reluctance to access healthcare out of fear of arrest or deportation and lack of familiarity with health procedures and available support. Many of them suffer from poor health already, due to exhaustion, lack of nutrition, overcrowding and camp conditions.

Ten EU Member States expressed their interest in participating in the relocation of 1,600 unaccompanied minors from Greece. UNHCR, UNICEF and IOM have been involved in the process. The first relocation of 12 minors to Luxembourg took place on 15 April 2020. Germany, Great Britain and Switzerland followed with 50, 13 and 23 relocations, respectively. Moreover, among the countries willing to participate in this relocation scheme, Finland announced the relocation of 100 unaccompanied minors, while Portugal expressed her will to receive 500 vulnerable unaccompanied minors from Greece. The first group of 25 minors to be relocated to Portugal will travel within the first half of June.



Image 1 - Two siblings reunited with the support of TRCS and HRC. (Photo: HRC)

Summary of current response

TURKEY

Overview of Host National Society

TRCS is the sole host and implementing Red Cross Red Crescent Movement actor in the country, working through its 168 branches and over 5,400 staff country-wide in support of vulnerable people in Turkey and abroad. It also has nine regional and 23 local disaster management and logistics centres for deployment of essential items in case of emergency or disaster. As the largest humanitarian organization in the country and as an auxiliary to the public authorities in the humanitarian field with a wide reach to vulnerable communities, TRCS is well-placed to extend its services to those requiring humanitarian assistance. Given its long experience of catering to the essential needs of both refugee and host communities, the National Society has proven capacity to achieve a successful outcome in its work. IFRC will continue to support TRCS through funding, in-kind and technical know-how as needed.

Response, Distributions and Services: In the first two weeks of March 2020, TRCS mobilized an assessment team to the main border crossing areas where migrants were gathering, deploying 50 staff and 18 vehicles. This included staff from its Migration Services Department, Cash-Based Assistance, Community-Based Migration Programme, Child Programmes, Disaster Management, and regional Disaster Management departments to support the response at the

border gates of Pazarkule, and Ipsala in Edirne, as well as Ayvacık in Çanakkale province. Distribution was also supported by 167 TRCS volunteers at border points in Edirne.

In Ipsala, the Turkish government's State Hydraulic Works (DSİ) provided two temporary warehouses for emergency stocks near the border crossing points to house relief items and facilitate distribution in the area through pick-up vehicle. Some 20 vehicles were deployed to the crossing points in Ipsala and Pazarkule, including three catering vehicles, six pick-up trucks, three lorries, and other vehicles to support disaster response, material handling, communications, and child-friendly programmes. Vehicles were also deployed from the TRCS community centres in Bursa and Istanbul (Sultanbeyli). Food, water, and household items such as blankets and clothing and hygiene sets were distributed in Pazarkule and in Ipsala. Neighbouring regional TRCS Disaster Management Directorates also provided support with urgent relief items, including clothes, shoes, socks, baby diapers, hot food and beverages. These items were stocked at the DSİ warehouses and prepared for distribution.



Image 2 - TRCS staff and volunteers at the Pazarkule border crossing. Photo: TRCS

Prior to the evacuation of migrants from border to camps and reception centres on 27 March 2020, TRCS had distributed some 550,000 humanitarian aid items to those stranded at the border. These included food items and packed meals, drinking water, packed beverages, wet wipes, soap, hygiene kits, sanitary items, clothing and shoes, and raincoats.

At the Pazarkule border crossing, a mobile child-friendly space (CFS) was set up with games, painting and music activities, reaching some 920 children. Under Restoring Family Links (RFL) component, information activities were conducted in Arabic, Farsi and English through the distribution of brochures and support kits. Up to 1,755 people also were provided phone-charging facilities to communicate with their families. TRCS staff were also trained or provided refresher training by the Public Health and Psychosocial Services department to ensure capacity for service delivery.

Apart from IFRC, TRCS continued working with other programme partners during the reporting timeframe, including: (1) the International Committee of the Red Cross (ICRC) with technical support for Restoring Family Links (RFL); and (2) the UN Children's Fund (UNICEF) in the Conditional Cash Transfer for Education (CCTE) programme, enabling low-income refugee families to send their children to school. As of 1 April 2020, IFRC also began working with TRCS on the Emergency Social Safety Net (ESSN) programme, providing basic needs assistance through cash transfers. TRCS continues to provide first-line response for newly arrived refugees as and when needed.

Overview of Red Cross Red Crescent Movement in country

The IFRC is present in support of the National Society through its Turkey Country Office (CO) in Ankara, which comprises some 60 staff led by a Head of Country Office, and supported by teams of 17 international and 37 national staff dedicated to migration and disaster response programming; finance, administration and HR; communications; external coordination and partnerships; assurance and audit; and the ESSN programme. The IFRC Turkey CO currently supports TRCS primarily through the MDRTR003 Population Migration International Appeal, the MD65003 Turkey-Greece border operation; the MDR65004 COVID-19 response operation; and the IFRC 2020 country plan, in support of National Society capacity development not included in the emergency response appeals.

Multiple Red Cross Red Crescent Movement partners and their governments support TRCS interventions related to the population movement directly and indirectly through technical support, financial and in-kind contributions. Norwegian Red Cross continues to support the TRCS's community centre in Bursa, and a child protection centre in Ankara. German Red Cross works bilaterally with the National Society in strengthening mental health and PSS interventions for refugees and host communities in Turkey. ICRC provides technical support to TRCS for Restoring Family Links (RFL). Through the IFRC CO, the IFRC Regional Office for Europe (ROE) in Budapest and the IFRC Secretariat in Geneva also provide specialist technical support to TRCS when required.

Overview of non-RCRC actors in country

The Turkish government leads the coordination and management of humanitarian assistance for refugees in the country. Nationally, these include the Turkish Disaster and Emergency Management Presidency (AFAD), the Directorate General of Migration Management (DGMM), and the Turkish Ministry of Foreign Affairs. At the provincial level, the Governorates together with their respective AFAD and Provincial Directorates of Migration Management (PDMM) offices, work closely

with their counterparts at the relevant government ministries, the security authorities and other relevant agencies. TRCS continues to work closely with AFAD and DGMM in line with its assigned mandate and duties comprising the procurement, delivery and distribution of essential relief supplies, such as shelter and other household items. TRCS also works closely with the different ministries, including the Ministry of Family, Labour and Social Services (MOFLSS); Ministry of Health (MOH); Ministry of National Education (MONE); and Ministry of Food, Agriculture and Livestock (MOFAL). Coordination is also ongoing between TRCS and the local authorities regarding activities involving displaced and host communities in both urban and rural areas.

GREECE

Overview of Host National Society

Despite the extremely challenging operational context, HRC has remained flexible and continuously adapted to the ever-changing situation throughout the entire period of migration crisis, being able to deliver necessary services to migrants in need. From 2015 to 2018, together with the IFRC, HRC, has been providing services in the Aegean islands (Chios, Samos, Kos, Lesbos), in Attica (Athens, Piraeus, Eleonas, Ritsona, Skaramagas, Lavrio) in Northern Greece (Central Macedonia - Nea Kavala, Idomeni, Cherso, Diavata, Oreokastro, Softex, Kordelio, etc). During 2019, due to internal challenges and lack of funding, HRC focused on activities for migrants in the urban setting, and now has again scaled up to meet the new needs of refugees and migrants in accordance to RC Fundamental Principles and following a respective request from the MoMA.

The Educational Health Stations of the HRC Health Sector in Athens have been providing community primary healthcare services for children and women for many years and have evolved to respond to the needs of the increased migrant population in urban settings. These programmes aim to reduce health inequalities for vulnerable people such as migrants, unaccompanied minors and people without AMKA, while empowering people to follow healthy behaviours and hygiene practices.

The established Mobile Health Units provide outreach medical services, responding to the health needs of migrants not only in urban areas, but also in refugee camps.

HRC is using existing structures and programmes to respond to this migration crisis, as explained above. Even the MHUs for the Serres camp, which was created to respond to this crisis, was formed from within the HRC, utilizing its existing resources (HR and MHT vehicle). Therefore, the continuation of the response can be ensured for as long as needs exist, as well as funding.

The Accompaniment Referrals Programme (ACCREF), consisting of cultural mediators with relevant language skills that accompany migrants to medical appointments, assist them in health procedures, and guide them through the Greek health system structure. All services are delivered in close coordination with relevant authorities and actors to ensure they do not constitute a parallel structure, but rather complement and provide an entry point to existing public health services. Interpretation services are offered through physical presence at the medical appointment but also via its telephone hotline, something that has been extremely useful during the COVID-19 pandemic. In addition, the ACCREF programme offers trainings to public health professionals on cultural differences and the acceptance of diversity.

The Hellenic Red Cross has been also delivering services to migrants living in urban centres through the two Multifunctional Centres in Athens and Thessaloniki in which migrants receive counselling and guidance through its various services and can participate in activities to enhance social inclusion and integration. This includes helping them to obtain the necessary registration and documentation in order to be eligible for employment and access social services, education and medical care. The Multifunctional Centres engage with relevant Red Cross services in their area for easy access in the same premises, for example weekly visits by a Mobile Health Unit (MHU), Restoring Family Links (RFL) services, distribution of non-food items, cash and access to accompaniment services as well. The Telephone Helpline, operational in 13 languages, provides information, assistance, and referrals to migrants on a number of topics such as protection issues, asylum process, legal issues, interpretation, and the cash assistance programme.



Image 3- Primary health care services of the Hellenic Red Cross in the Immigrant Refugee Structure in Kleidi position in Serres, aiming to minimize the risk of exposure to COVID-19. *Photo: HRC*

The Social Welfare Division operates five (5) Unaccompanied Minors Centers, with a total hosting capacity of 154 places, in Volos, Athens & Kalavryta. The Centers are providing essential services such as accommodation, nutrition, distribution of relief items (food and NFI's), basic health services, PSS, legal support, supportive training, Greek/English language and PC courses, interpretation.

IFRC and HRC have been involved in providing cash assistance to migrants with funding from UNHCR and other partners since 2016. Additionally, the HRC continues to provide RFL services in cooperation with ICRC helping people to trace their missing relatives, preventing separation of families and assisting migrants in establishing contact with their families. The service includes free three-minute phone calls, battery charging units for recharging mobile phones and provision of WiFi.

Regarding the new established Migration Centers at Serres, Malakassa, and the island of Kea (for as long as migrants were accommodated at a temporary reception structure of the port), the HRC teams, following a formal request by the Greek state, have undertaken the provision of relief and health services since their first days of operation at mid-March 2020. The MHU medical teams, staffed with medical doctors and nurses, have been providing primary health care services at a daily basis, while temperature measurements for Coronavirus control of all individuals residing at the Centers were supported by Samaritans - Rescuers volunteers.



Image 4 - Hellenic Red Cross distribution of 1200 hygiene kits in Malakasa Camp, supported by IFRC, ICRC and volunteers. *Photo: HRC*

It is to be noted that in both Migration Centers at Northern Greece and Malakassa, the International Organization for Migration (IOM) officially took over the management of them on 6 April 2020. At Serres camp, separated tents have been set up for separation of patients with COVID-19. Additionally, teams from the Local Branch of Thessaloniki have been implemented activities focusing on Health Promotion and basic preventative measures against the new coronavirus via presentations, trainings and translated posters in five languages (Arabic, Farsi, Somali, French and English). Similar information has been provided to the police staff and IOM officers. At Malakassa's Center, apart from the production and translation of relevant information material by the interpreters of the ACCREF program, the HRC proceeded to the demarcation and arrangement of special areas for medical isolation and treatment of COVID-19 cases.

In Evros region, for as long it has been the epicenter of a new escalation of the migration crisis, the HRC immediately mobilized its Mobile Health Unit to provide First Aid and Health services. Amid the coronavirus pandemic and following an official request of the Ministry of Health, HRC teams have conducted temperature measurements to anyone approaching the area, including police officers, soldiers and journalists.

In addition, the HRC continues to effectively respond to the pandemic of COVID-19 by assisting Hellenic state in various ways, strengthening state structures and covering existing needs of the most vulnerable through basic health services, counseling and psychological support, hygiene activities and relief assistance.

Overview of Red Cross Red Crescent Movement in country

The International Federation of the Red Cross Red Crescent Movement (IFRC) continues to support the Hellenic Red Cross (HRC) in providing assistance to migrants while at the same time moving towards supporting integration of the migrant population into the Greek community. Together, the IFRC Regional Office for Europe in Budapest and the IFRC office in-country support the HRC in this population movement operation through its global and regional response tools, technical assistance and appeal mechanism. The International Committee of the Red Cross (ICRC) also continues to work in its areas of expertise in Protection, RFL and Missing, Forensic (management of human remains), and Protection of civilian population. The support to the HRC on RFL activities is ongoing, through a cooperation agreement between the two institutions. Regular Movement Coordination Meetings are being held weekly.

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. These services are coordinated among various governmental bodies and ministries. Continuous engagement and coordination also take place with other humanitarian agencies involved in different service provision.

The Hellenic Red Cross (HRC) have regular bilateral contacts with the Ministry of Migration (MoMP), Ministry of Health (MoH) and other Greek authorities at site, local and national levels.

The main UN actors in Greece remain the UNHCR and IOM working with the Greek authorities to support asylum-seekers and refugees in the fields of accommodation, cash, and other reception services as well as protection, psychosocial support and legal support. IOM has also initiated an integration program for some of the recognized refugees. Most of the services are implemented through international and local NGOs.

MSF are providing health services at Lesbos and Samos islands and MDM are providing health services at Karatepe camp (Lesbos).

Needs analysis and scenario planning

TURKEY

Needs analysis

Assessments of conditions under which most migrants were living while waiting at the border areas in Turkey, highlighted the following priorities:

- **Health**, with focus on First Aid, health promotion and prevention of disease, and hygiene promotion as well as COVID-19 preparedness measures for new arrivals.
- **Psychosocial support**, including psychological first aid (PFA), particularly for unaccompanied children and other vulnerable groups. Lack of access to trusted information creates confusion and tension, leading to negative psychosocial impacts.
- **Shelter and accommodation** for migrants as well as food (including food for infants and expecting mothers), and essential household items.
- Support for **people affected by sexual and gender-based violence (SGBV)**, many of whom have experienced this along the migration route, and require referrals for treatment and support.
- **Reliable relevant information**, wherein both migrant and host communities should have access to consistent and trustworthy information tailored to their needs. Such information should inform response interventions, and support consultation and feedback from affected people.
- **Advocacy with authorities** to support integration of migrants and speedier processes to ensure protection and legal advice is in place for those who fear forced return or transfer.

Now with the onset of the COVID-19 pandemic and the confirmation of cases in Turkey, the composition of the target population has been both changed and reduced, following evacuation activities conducted by the Turkish authorities to curb the spread of the virus. Those evacuated were given health checks, and were put under a 14-day quarantine, during which they were monitored by medical staff. The National Society has been providing PSS services, psychoeducation and PSS activities for children, CEA activities to engage with communities, and awareness raising activities for the general public, as well as meals for people in quarantine. TRCS will continue to monitor the situation and assess existing and evolving needs on the ground, taking into consideration the approach of the Spring/Summer seasons, during which migration traditionally increases. At this point, TRCS anticipates that some migrants returned to the camps or reception centers may join the migratory route towards Europe during spring/summer seasons. The EPoA will be revised to reflect the existing situation and altered to meet current needs of vulnerable people.

Operation Risk Assessment

Potential risk	Probability	Mitigation measures
Increase of irregular migration in the coming months due to warmer weather	High	TRCS continues to monitor the situation and prepares stocks and services to cover anticipated needs for relief items, shelter, health and PSS assistance to respond to this annual trend.
The COVID-19 pandemic continues to spread, and as a result, movement of people is further curbed by authorities	High	TRCS continues to conduct risk communication and community engagement measures, and distribute protective equipment and essential supplies to vulnerable groups. TRCS will continue to monitor and adjust its operations to address emerging needs

GREECE

Thousands of women, men, and children currently live in Reception Centres across the country exposed to weather changes, with poor hygiene and sanitation conditions, protection risks, or limited access to essential services and facilities, despite the dedication of HRC professionals and volunteers. The overall situation in Greece and the initial decision of the Government to create more restrictive migrant centres in the mainland for migrants entering Greece after 1 March, are affecting populations needs and the needs of the service delivery. Despite the fact that the status of these centres has changed and now they operate as open centres, which means migrants can move outside of it, still the needs are high. All migrants who have entered Greece from 1 March have not gone through the asylum application process yet, due to initial decision of the government to stop the process but also due to the suspension of the asylum services due to COVID-19, leading to many migrants being unregistered and therefore not being able to have the AMKA (public health system registration number) or PAYPA (Temporary Health Insurance Number) and consequently not having access to the public health system or to have access to available cash support.

It is essential to understand the new developments, identify the support already delivered and planned by the Government and other response actors and determine the gaps and the priorities to be addressed by the Red Cross Red Crescent Movement. For this reason, HRC will be in close contact with the Greek authorities and other organizations and will be doing continuous needs assessments.

On the other hand, migrants living in the urban context, they may also experience stressful living conditions that may include limited sources of income, unemployment or even poverty, discriminatory attitudes, unmet health needs due to language barriers and complexity of the public system, lack of support, etc.

In general, health remains a challenge for migrants due to language barriers, complex bureaucracy and lack of clarity about legal rights and procedures as well as overwhelming public system. People who do not have an AMKA or PAYPA often do not have access to any services except emergency healthcare.

A series of assessments have been performed by HRC in Migrations Centres of Serres, Malakassa and in Kea island, at the end of March 2020, in order to identify and prioritize existing gaps which would require immediate attention. These assessments, together with the regular reports done by HRC field officers, highlighted the need for:

- Further enhancement of health services delivered and appropriate treatment of non-communicable diseases (NCDs),
- Providing psychosocial support and Restoring Family Links services (free internet installation and mobile charging, better communication of migrants with their relatives),
- Providing orientation and practical information concerning migrant's legal status, changes on asylum procedures, and further developments,
- Securing basic needs items and other essential supplies, such as hygiene kits (soaps, shampoos, etc.), baby kits (diapers, baby wipes, etc.), feminine hygiene items, oral health care items, sleeping bags and mattresses, cleaning and disinfecting surfaces items, appropriate clothing regarding the weather conditions,
- Reducing risks of exposure to sexual and gender-based violence
- High quality interpreting and cultural mediation services from ACCREF service
- Understanding the impact of COVID-19 and the range of protection measures/restrictions adopted

More specifically, concerning health, various needs were identified related to the:

- Administration of medication for chronic patients (e.g. diabetics, epileptics, hypertensives)
- Monitoring paediatric/dental issues and supplying paediatric medicines
- Monitoring pregnancies and supplying relevant medications
- Facilitation of patient's referral to the hospitals for further evaluation of their health status

HRC response will be based on vulnerability and an holistic approach to service provision to build resilience and empower people to regain autonomy in everyday living.

Operation Risk Assessment

The points below are considered to be the major risk factors (including COVID-19):

- Unclear situation without a certain end date;
- Heavy workload, long working hours and psychological stress on NS staff / volunteers;
- Limited possibility for volunteers to rotate;
- Decreasing stocks and resources;
- Sudden increases in numbers of people crossing sea borders from Turkey who need assistance quickly;

- Stress for migrants awaiting the registration process;
- Tension rising between local people and migrants. It is therefore very important that the Red Cross continues ongoing programmes for vulnerable local communities. Community meetings are already in place to establish and maintain dialogue in order to build long-term resilience and provide assistance to the most vulnerable. Community meetings aim to establish channels for communication, to listen to communities' needs, collect feedback and provide the migrants with timely and relevant knowledge.
- Cultural and language barriers. The outreach of NS helpers, especially to the most vulnerable groups, such as children and women, could be challenged by cultural and language barriers (e.g. limited interaction between genders and an inability to share important information).
- Red Cross is affected by politicization of the situation. Authorities at local level sometimes block humanitarian initiatives or do not respect state level decisions as a result of the fragmented structure of the state.
- The impossibility of PSS group activities implementation to avoid the risk of the contagion of the COVID-19

B. OPERATIONAL STRATEGY

Implemented strategy

TURKEY

In Turkey, this operation continues to follow a two-pronged approach, which includes:

- (1) responding to the needs of migrants accumulating in the border with Greece; and
- (2) preparing for a possible influx of Syrian population through Turkey's southern border.

The response to migrant needs at the Turkey-Greece border was concentrated in three locations where migrants had gathered in large numbers. These were (1) Pazarkule, and (2) Ipsala; in Edirne province in northwest Turkey, and (3) Ayvacık in Çanakkale province towards the southwest. TRCS provided food rations and hot meals as well as shelter and household relief items, first aid, psychosocial support services, hygiene kits and protection and outreach services.

However, starting from 27 March 2020, due to the evacuation of migrants from the border area, it has not been possible to continue providing those services, instead, the TRCS branches has been maintaining contact with the migrants after completion of their quarantine period as they continue to stay back in three cities Malatya, Erzurum and Osmaniye due to travel restriction. It is expected that the travel restriction will be lifted soon and therefore, TRCS is closely monitoring their movement in the coming period.

Pre-positioning of contingency stock is still being planned in the event of an influx over the Turkey-Syria border due to the ongoing conflict. This currently includes blankets, mattresses, and winterized tents; however, this will be reviewed against actual numbers and needs of people crossing into Turkey from Syria. With the spread of the COVID-19 pandemic, news sources report a reduction in clashes near the Syria border with Turkey, due to a ceasefire between conflicting parties and decreased movement of military troops in the effort to curb spread of the virus.¹⁰ TRCS continues to monitor the situation. At the same time, funding towards this appeal is also low constraining the implementation of planned activities for the pre-positioning of contingency stock.

These interventions were selected following ground assessments; observation of other local/international organizations' activities to avoid duplication; full awareness of cultural practices; working complementarily with existing local authority interventions; and ensuring the Do No Harm principle is observed at all times. Given the evolving situation, TRCS will continue to adjust its planned interventions accordingly to ensure current and emerging needs are addressed.

GREECE

In Greece, a three-pronged approach is adopted to support the HRC preparedness and response activities to meet the humanitarian needs of the most vulnerable migrants:

- a) support and sustain ongoing core migration activities and programs (mainly in the urban areas of Attica and North Greece),
- b) expand current services in the Migration Centers and in the Greek islands, and
- c) prepare for a possible influx of migrants from Turkey.

This Emergency Appeal is targeting the unmet needs of 30% of the migrants living in the Greek islands -with special emphasis given to the island of Lesbos, and the mainland, totalling to 22,200 migrants.

¹⁰ <https://www.aljazeera.com/news/2020/04/turkey-minimise-troop-movements-coronavirus-risks-200405193540152.html>

The needs and vulnerabilities of the migrant population are multi-faceted. The conditions and risks of exposure they experience in this crisis continue to be cause for concern, ranging from unsafe environments and unmet basic needs to negative coping mechanisms.

HRC response to the migration crisis will put emphasis on families and individuals who are the most vulnerable, to address particular vulnerabilities. It will also prioritize the improvement of the mechanisms it uses and increase engagement of affected people – including host communities -in the planning and implementation process, factors that will help improve the quality of the services delivered.

The target population to be reached in the Reception Centres in the mainland Greece, where HRC is active (e.g. Serres and Malakassa) is migrant families and individuals of all ages and genders. Activities in the camps will continue and HRC Health teams will cover migrant's needs mainly through the operation of the Mobile Health Units. In addition, the HRC will assist migrants with Basic Assistance (food and non-food items), Hygiene Promotion, Psychosocial Support (PSS), Restoring Family Links (RFL) and Community Engagement and Accountability (CEA) services.

For migrants living in the urban settings, the response of the HRC will focus on strengthening its core services so as to meet basic needs and achieve greater integration. These services include the continuation of the operation of:

- the Accompaniment Programme (ACCREF)
- the two (2) Multifunctional Centres (MFCs) in Athens and Thessaloniki
- the five Shelters for Unaccompanied Minors in Athens, Volos and Kalavryta,
- the two (2) Educational Health Stations in Athens (providing primary health care services)
- PSS activities to improve integration in urban environments
- CEA activities in order to build a comprehensive and structured action regarding the information provision and the feedback collection
- Protection guidance and measures for all HRC sectors to ensure that the emergency programming provides dignity, access, participation and safety and reduce people's exposure to the risks of violence and abuse

By providing high quality services the HRC will provide immediate and subsequent support to the most vulnerable migrants and related host communities in alignment with Red Cross principles, procedures and commitments.

For HRC also more trainings will be held on the basics of Protection and how to recognize protection issues with the objective for even more staff and volunteers to be able to identify protection cases and have a basic understanding of how to refer forward. CEA will be increasingly mainstreamed into urban programming so that the HRC staff can apply this approach in their respective programmes.

The current Emergency Appeal will also take into account the progress of the COVID-19 in Greece and will support:

- a) The integration by the HRC of COVID-19 preparedness actions for the most vulnerable migrants
- b) The integration of COVID-19 specific activities where HRC is already responding in coordination with their national health authorities.

C. DETAILED OPERATIONAL PLAN

 Shelter - TURKEY People reached 3,525 Male: N/A Female: N/A		
Outcome 1: Migrant families have their basic shelter and household item needs met		
Indicators:	Target	Actual
# of people per week whose shelter needs are met	7,500	No progress to date
Shelter Output 1.1: Migrant families are provided basic short-term shelter and household items		
Indicators:	Target	Actual

# of people per week whose basic short-term shelter and household item needs are covered	7,500 people/week	3,525
FOR TURKEY-SYRIA BORDER: PREPOSITIONING OF CONTINGENCY STOCK		
Shelter Outcome 1: Migrant families have their basic shelter and household item needs met		
Shelter Output 1.1: Basic short-term shelter and household items are provided to migrants		
Indicators	Target	Actual
Prepositioned stock to cover basic needs of people is in place	80,000	Not started
Progress towards outcomes		
As of 24 March 2020, TRCS had distributed 44,698 clothing items, 3,885 pairs of shoes and 3,525 blankets to the migrant population at the Turkey-Greece border. In preparation for a possible influx of people across the Turkey-Syria border, the National Society plans to procure 100,000 blankets, 50,000 mattresses, and 10,000 winterized tents depending on the funding availability. TRCS continues to monitor the situation with the view to adjusting its plans to address current and emerging needs in the evolving context.		
Challenges/constraints		
- Planning for definitive numbers is difficult as the target population is highly mobile, and constantly shifting. - The onset of the COVID-19 pandemic which has resulted in the evacuation of the target population has reduced numbers of people at the border, thereby requiring further modification in original planning. - Response modalities, such as the suggested establishing of tents for a large number of people, will require modification as well, to accommodate the necessity for physical distancing due to the COVID-19 pandemic. - TRCS staff and volunteers are currently heavily supporting the nationwide COVID-19 pandemic response in Turkey, and given the migrant population has largely been evacuated from the Turkey-Greece border area, there are fewer staff and volunteers currently engaged in this response.		

 Livelihoods and basic needs - TURKEY People reached: 14,000 Male: N/A Female: N/A		
Outcome 1: Basic nutritional needs of migrant families and children are met		
Indicators:	Target	Actual
# of people, whose nutritional needs are met	62,500	14,000
Output 1.2: Food is provided to migrant adults and children		
Indicators:	Target	Actual
# of adult migrants who are provided with food rations per week	7,500 people/week	3,000 people/week
# of infants are provided with baby food per week	1,500 infants/week	500 infants/week
# of mobile catering units available for food distribution	3	In progress
Progress towards outcomes		
As of 24 March 2020, TRCS distributed food rations together with basic personal and household items. These distributions were conducted at the Pazarkule and Ipsala border crossing areas. Items included 79,445 lunch boxes, 5,510 soup portions, 50,739 cups of tea, 127,016 water cups/juice boxes, and 217,596 convenience food items. Also, 11,008 portions of infant food were distributed for babies. The National Society also deployed two mobile catering units to the said locations, which distributed some 35,000 hot meals and breakfasts for the migrant population at the border.		

Challenges/constraints

- Planning for definitive numbers is difficult as the target population is highly mobile, and constantly shifting.
- The onset of the COVID-19 pandemic which has resulted in the evacuation of the target population has reduced numbers of people at the border, thereby requiring further modification in original planning.
- Some response modalities require modification as well, to accommodate the necessity for physical distancing due to the COVID-19 pandemic.
- The terrain where the migrant population had gathered to attempt their crossing proved somewhat challenging for the set-up of the mobile catering vehicles, but ultimately this was achieved.
- TRCS staff and volunteers are currently heavily supporting the nationwide COVID-19 pandemic response in Turkey, and given the migrant population has largely been evacuated from the Turkey-Greece border area, there are fewer staff and volunteers currently engaged in this response.



Health – GENERAL¹¹

People reached: please see country specific Health sections below

Health Outcome 1: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Indicators:	Target	Actual
# of coordination meetings with health authorities (target: TBD)	15	4*
% of families who report that their health status has improved due to the services available (target: 2000)	2,000	45,6%

Output 1.1: Improved access to health care and emergency health care for the targeted population and communities.

Indicators:	Target	Actual
# of families reached with improved health care on a weekly basis for 9 months (target: 2,000)	2,000	912
# of vulnerable migrants provide with Basic Health Care services	40,000	2,425
# of people reached with preparedness activities for COVID 19 at individual level and level of compact residence of migrants (camps)	TBD	2,864

Progress towards outcomes

*The coordination meetings with health authorities include the mainstreaming process of medical referrals of migrants from the camps receiving health services by HRC, especially in regards to the suspected cases to COVID-19.

The health assessments in the Migration Centers are an ongoing process, in order to be able to respond effectively to the needs of the population.

Challenges/constraints

Health remains a challenge due to language barriers, complex bureaucracy and lack of clarity about legal rights and procedures as well as an overwhelmed public system.



Health - GREECE

People reached: 4,535

Male: 2,721

Female: 1,814

Outcome 2: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
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¹¹ Figures and narrative reflect Greece.

# of people reached in both countries with first aid and PSS services (including primary health activities, PSS services and FA kits) ¹²	12,900	4,535
Output 2.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators:	Target	Actual
# of people reached with primarily health activities	12,900	4,535
Progress towards outcomes		
The HRC Disaster Management Officer conducted a series of assessments in Migrations Centres of Serres, Malakassa and in Kea island, at the end of March 2020, in order to identify and prioritize existing needs of the migrant population which would require immediate attention. Additional assessment findings are incorporated in the daily reports sent by HRC field officers at the Malakassa and Serres Migration Centers. The EHS and urban MHU had to scale down many of their health activities and vaccinations due to COVID-19 restrictions and because many of the health staff has been deployed to respond to the Malakassa Migration Center for the provision of health services to the migrants upon their arrival. Primary health care services were provided to migrants by the Educational Health Stations clinics in Athens urban setting (3,493 services and 94 doses of vaccines to 2,110 people) and by the Mobile Health Units in the migration centres at Malakassa & Serres (1,102 services to 771 people). Health education & Hygiene promotion activities were implemented by the EHS in Athens urban setting (458 sessions held) and through the MHUs in migrant centres at Malakassa & Serres (277 sessions held). <i>A wide range of PSS services is provided to the total number of unaccompanied minors (154) residing in the five respective Accommodation Centers of the HRC located in Athens, Volos, & Kalavryta. During COVID-19, PSS services were adapted to the new conditions of the daily life of the minors. Information provision, guidance, PFA, case management and individual sessions were focused on stress management due to the quarantine, on their emotional relief and resilience building as well.</i> Due to COVID-19 pandemic, the ACCREF program supported many hospitals with translation/ interpretation services mainly via its hotline, in addition to physical presence. A total of 2,300 migrants were supported in accessing Public Health system through Accompaniment and Interpretation (ACCREF) program. Health education & Hygiene promotion activities were implemented by the Educational Health Stations in Athens urban area (458 sessions held) and through the Mobile Health Units in migrant centres at Malakassa & Serres (277 sessions held). 10 detailed assessments were undertaken to identify health needs among target migrants in coordination with the health authorities.		
Challenges/constraints		
The main challenge concerning the unaccompanied minors was related to the need of persuading them to fully adopt and respect the measures of physical restraint and protection against the pandemic.		



Health - TURKEY

People reached: 6,401 people

Male:

Female:

Outcome 3: The psychosocial impacts of the emergency are reduced

Output 3.1: Psychosocial support provided to the target population

Indicators:	Target	Actual
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¹² Figures and targets reflect Greece

# of sessions held per day to disseminate PSS services, including PFA, among migrants in three locations	3 sessions/day	3 sessions/day
# of migrants supported with PSS services	36,000 people	5,260
# of migrant children, who are supported with PSS services through mobile child-friendly spaces	24,000 children	1,141 children
Outcome 4: Migrant families and individuals are able to respond with first aid practices as and when needed		
Output 4.1: Migrant families and individuals are provided first-aid orientation and first-aid kits		
Indicators:	Target	Actual
# of sessions held per day to orientate migrants in first aid in three locations	4	Not started
# of migrants receiving first aid kits after orientation	48,000	Not started
Progress towards outcomes		
At the Pazarkule border crossing, a mobile child-friendly space (CFS) was set up and served some 920 children with activities, including games, painting and music activities. Also, to enhance service delivery to people requiring PSS services, TRCS staff were trained or provided refresher training by the Public Health and Psychosocial Services department. Up to 75 PSS sessions were held in support of the migrant population requiring PSS services. In response to the COVID-19 pandemic, the Turkish Ministry of Interior evacuated some 5,900 migrants from the Pazarkule area border in order to curb the potential spread of the virus in crowded areas. Prior to being removed to the Osmaniye temporary accommodation centre and Repatriation and Reception Centres, people were given health checks, and if required, were put under a 14-day quarantine, during which they were monitored by medical staff. With travel restrictions and curfew set by the Turkish authorities currently in place, there has been no observation of migratory movements. However, the Ministry of Interior has stated that once exiting quarantine, those determined to be healthy will be free to go to the provinces where they are registered.		
Challenges/constraints		
- The onset of the COVID-19 pandemic which has resulted in the evacuation of the target population has reduced numbers of people at the border, thereby requiring further modification in original planning. - Some response modalities require modification as well, to accommodate the necessity for physical distancing due to the COVID-19 pandemic. - TRCS staff and volunteers are currently heavily supporting the nationwide COVID-19 pandemic response in Turkey, and given the migrant population has largely been evacuated from the Turkey-Greece border area, there are fewer staff and volunteers currently engaged in this response.		

 Water, sanitation and hygiene – TURKEY People reached: 1,800 (≈ 355 families) Male: N/A Female: N/A		
Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population		
Indicators:	Target	Actual
# of families who receive hygiene kits weekly for 16 weeks	3,000	355
Progress towards outcomes		
As of 24 March 2020, TRCS distributed 2,956 hygiene kits to migrant families at the Turkey-Greece border.		
Challenges/constraints		

- The onset of the COVID-19 pandemic which has resulted in the evacuation of the target population has greatly reduced numbers of people at the border, thereby requiring further modification in original planning.



Water, sanitation and hygiene - GREECE

People reached: Not started yet

Male: N/A

Female: N/A

Output 1.5. Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Indicators:	Target	Actual
# of hygiene kits distributed (target: 5,000)	5,000	Not started yet
# of hygiene kits purchased for contingency stock (target: 30,000)	30,000	Not started yet

Progress towards outcomes

In total 1,909 people are going to receive relief assistance in the Migration Centers in Northern Greece and in Attica. The procurement process of the hygiene items has been completed and the first distribution of them at the Migration Center of Serres (Kleid) has been scheduled for Saturday, 9 May 2020. Hygiene kits contain liquid soap for hands, shampoo, body soap, body sponge, face towel also toothpaste and toothbrush (for oral health care), baby wet wipes, baby diapers. Additionally, will be distributed sanitary pads (for famine hygiene care) and razors for men. A similar distribution in the Migration Center of Malakassa has been scheduled for the 3rd week of May.

*Purchase of contingency stock is on hold due to budget constraints.

Challenges/constraints

During the procurement process, many suppliers had not been able to offer packing services. This task was assumed by HRC staff at the central warehouse premises, a process that has been proved time consuming. On the other hand, some of the items, like liquid soap and body soap, were not available for immediate delivery, due to COVID-19 restrictions.



Protection, Gender and Inclusion - GENERAL¹³

People reached: 4,634

Male: N/A

Female: N/A

Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

Indicators:	Target	Actual
Targeted people's needs and rights are met and PGI are included in all stages. (Target: Yes)	yes	yes

Output 1.1: Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
Initial assessments include key PGI areas. (Target: Yes)	yes	yes
Sex, age and disability disaggregated data is collected. (Target: Yes)	yes	yes

¹³ Data and narrative related to Greece.

# of staff and volunteers trained on minimum standards. (Target: TBC)	50 for Greece	10
Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.		
Indicators	Target	Actual
# of people reached with essential PGI services (target: TBD)	TBD	Not started yet
# of SGBV trainings –SGBV protocols to staff and volunteers	10	Not started yet
# SGBV cases identified and referred for the provision of protection services	50 for Greece	Not started yet
Output 1.3: Assistance and protection services to migrants and their families are provided and promoted through engagements with local and national authorities as well in partnership with other relevant organizations		
# of visits reached through the MFCs in Athens & Thessaloniki	22,000	3,018
# of interactions of the MFC hotline	8,000	1,616
Progress towards outcomes		
Concerning protection, the majority of HRC staff and volunteers have been trained on basic protection during the previous year. New recruited staff and volunteers will be trained as well during 2020. Referral forms have been produced for cases in need of specific assistance and protection by psychologists, social workers and protection officers (child protections cases, SGBV etc.). All staff members in Athens MFC & UM shelters have been informed on protections protocols and SGBV. Staff and volunteers will undergo concrete training courses focusing on SGBV cases and intervention techniques. All range of activities implemented were carried out via cyber ways, due to COVID-19 pandemic and lockdown. Guidelines on how to treat migrants during Ramadan period have been shared with all HRC staff operating in the camps. Additionally, a protection assessment has been scheduled to be held by HRC Protection Coordinator at Malakassa Center on 12 May and at Kleidi Center in June.		
Challenges/constraints		
COVID-19 pandemic has impacted the provision of protection services due to restrictions on the availability of PPEs for the staff delivering protection services. Incidents of violence and psychological pressure have been increased during the pandemic due to isolation and fear. In 5 UM Shelters the number of assisted population per activity is as follows: • Protection services: 154 minors • Case management: 105 minors • Legal aid and documentation: 57 minors • Psychological sessions: 85 minors No educational activities were carried out since schools were closed due to COVID-19 pandemic. At the MFCs, 12 migrants attended individual sessions for social work case management, 225 migrants received information on relevant rights, legal aid and documentation and 397 migrants attended life skills and educational classes.		



Protection, Gender and Inclusion - TURKEY

People reached: 1,755

Male: N/A

Female: N/A

Outcome 2: Individual migrants with special needs are provided customized support

Output 2.1: Support through the Special Needs Fund (SNF) is made available for migrants with urgent specific needs

Indicators:	Target	Actual
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# of people receiving support for urgent special needs	2,500 people	No progress to date
Progress towards outcomes		
In order to ensure access to information services in support of protection concerns, TRCS helped 1,755 people with phone battery charging facilities in order to communicate with their families with the use of existing Trolley Chat Boxes. Ensuring access also includes providing a mobile vehicle, with Internet services, mobile phone charging facilities, WiFi access, SIM cards and phone credit. This is to be conducted in coordination with the Restoring Family Links (RFL) team as part of their activity using the TCBs to support migrants to reconnect with families. In terms of community engagement and accountability (CEA), field assessments are planned to be carried out when possible, to better understand migrant information needs and preferred communication channels, especially in the evolving context. Information about hygiene promotion, RFL, Gender-Based Violence (GBV) referrals, anti-trafficking and other relevant topics will be made available through various information, education and communication (IEC) materials, such as brochures and pocket cards, based on the information needs on the ground. Information desks will be set up within the settlement area, and volunteers will conduct outreach activities to inform, raise awareness and promote positive behaviour among the migrant population. Wi-Fi hotspots and phone charger units on the border area will be put in place to help migrants connect with their family members and loved ones.		
Challenges/constraints		
- Planning for definitive numbers is difficult as the target population is highly mobile, and constantly shifting. - The onset of the COVID-19 pandemic which has resulted in the evacuation of the target population has reduced numbers of people at the border, thereby requiring further modification in original planning. - Some response modalities require modification as well, to accommodate the necessity for physical distancing due to the COVID-19 pandemic. - TRCS staff and volunteers are currently heavily supporting the nationwide COVID-19 pandemic response in Turkey, and given the migrant population has largely been evacuated from the Turkey-Greece border area, there are fewer staff and volunteers currently engaged in this response.		

 Migration - GENERAL People reached: Aggregated number not available Male: N/A Female: N/A		
Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)		
Output 1.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations.		
Indicators:	Target	Actual
Dialogue platforms are established, allowing host communities and migrants to engage	yes	yes
% of people seeking RFL services, who are assisted (target: 100%)	100%	N/A
# of participants in structured PSS activities for children of different ages	100	25 ¹⁴
# of developed feedback mechanisms (CEA) to engage migrants physically and virtually (including perception surveys)	5	2 ¹⁵
# of people accessing and participating in the CEA activities promoting healthy and safe behaviour in relation to the identified risks and vulnerabilities	100,000	5,000 ¹⁶
Progress towards outcomes		
TURKEY		

¹⁴ Numbers reflecting Greece.

¹⁵ Numbers reflecting Greece.

¹⁶ Numbers reflecting Greece.

TRCS conducted information activities in Arabic, Farsi and English to raise awareness and provide further information regarding Restoring Family Links (RFL) services. These included the distribution of brochures and support kits. TRCS also assisted 110 migrants requiring specific RFL services.

GREECE

Two Feedback mechanisms have been established in the 5 UAMs shelters, in MFC of Athens & Thessaloniki, and in the Mobile Health Units operating at Malakasa & Serres (Kleidi) Migration Centres, which included: 1) Face-to-face communication, and 2) Group meetings. CEA activities aiming at providing lifesaving, timely and reliable information included: posters, hotline, TV screen, info point, face-to-face communication, and group meetings. Technical advice has been provided to the HRC staff and Volunteers via field assessments, CEA material production, telephone and skype meetings, CEA trainings and information sessions. The above were implemented so far in the five UAMs shelters, the two MFCs, and the two Mobile Units at Malakasa & Serres Migration Centers. Concerning RFL services, a Cooperation Agreement has been signed between the ICRC and the HRC for the support of RFL Services provision, that has entered into force on 1 April. The agreement enabled the HRC Tracing Service to re-establish RFL Services in core migration areas, such as Thessaloniki, Lesbos, Samos and Chios, with field officers covering the specific regions. Because of the COVID-19 protection measures, however, the full reintroduction of RFL Services for migrants has been delayed. That delay gave the HRC the opportunity to adapt its RFL Services to RFL-COVID-19 protection measures of the Movement. To coordinate RFL Services with the RFL Network, the HRC TS attends different web-cooperation/coordination meetings, concerning among others current RFL trends and COVID-19 response related actions and works on relevant communication, as well as on the development of an RFL contingency plan for all.

As for COVID-19, HRC provides relevant, timely and reliable PSS information including PFA, Stress management and Post traumatic reactions management through leaflets and posters.

Challenges/constraints

TURKEY

Given that most of the migrants at the Turkey-Greece border have been evacuated, the original interventions under the original EPOA to address migration concerns require adjustment or a complete change according to the emerging context.

TRCS staff and volunteers are currently heavily supporting the nationwide COVID-19 pandemic response in Turkey, and given the migrant population has largely been evacuated from the Turkey-Greece border area, there are fewer staff and volunteers currently engaged in this response.

GREECE

Particular challenges related to CEA were associated with: 1) A lack in human resources engaging with CEA activities, and 2) a limited budget, which affect the comprehensive implementation of CEA activities (e.g. for the purchase of information boards, the production of printed material etc).

Based on the assessments conducted by the HRC on the Migration camps, they have been identified RFL needs, basically in regards to family contact. The HRC TS will follow up with a second full assessment for both places.

Strengthen National Society - Greece

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
Operational strategy is checked upon to do no harm to longer-term NS development	yes	yes
% of consulted stakeholders who agree that the operational strategy does no harm to longer-term NS development (target: 100%)	100%	100%

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
% of volunteers involved in the operation who are insured (target: 100%)	100%	100%
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		
Indicators:	Target	Actual
% of operational activities that have supported outcomes of the Partnership Meeting (target: TBC%) *	TBC %	N/A
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators:	Target	Actual
# of staff and volunteers trained in DRR (target: TBC)	100	23
Progress towards outcomes		
All active volunteers of the Hellenic Red Cross (5,500) are insured until December 2020 under the IFRC standard insurance company within the "Volunteer Accident Programme".		
* After the lifting of HRC "suspension", and in accordance with the provisions of the Recovery Plan, the National Society organized a two-day Partnership Meeting in Athens (25-26 February 2020) in order to ensure funding of HRC Operational Plans. Following the PNS meeting, sister NS funded the current EA in accordance with the meeting's outcomes.		
The DM Unit performed at the beginning of March, a Basic Disaster Training to staff (3) and volunteers (20) of the HRC Local Branch of Alexandroupolis, with the following topics: National ERM, DM/DR principles, Civil Protection in Greece, introduction to Emergency Needs Assessments. The target number of staff and volunteers trained in DRR will be 100 in a total number of 5 HRC Local Branches (20 people from each branch). The selection will be based on Branch capacity and community vulnerability.		

International Disaster Response		
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Indicators:	Target	Actual
% of coordination meetings with relevant authorities where IFRC is present along with HNS representative (target: TBC%)	TBC %	Replaced by online meetings due to the pandemic.
Output S2.1.1: Effective and respected surge capacity mechanism is maintained.		
Indicators:	Target	Actual
% of Surge requests with positive response (target: 80%)	80%	N/A
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:	Target	Actual
# of community feedback systems established	2	2
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators:	Target	Actual
Adequate supply chain and procurement systems and procedures in place (target: yes)	yes	yes
Progress towards outcomes		
TURKEY: Output S2.1.3 In terms of community engagement and accountability (CEA), TRCS staff and volunteers disseminated information using brochures; face-to-face interaction, and on-the-spot briefings on health and safety as appropriate to the situation. They also interacted with community leaders to raise awareness of the situation.		

Once the situation stabilizes, field assessments are planned to be carried out when possible, to better understand migrant information needs and preferred communication channels, especially in the evolving context. Information about hygiene promotion, RFL, Gender-Based Violence (GBV) referrals, anti-trafficking and other relevant topics will be made available through various information, education and communication (IEC) materials, such as brochures and pocket cards, in different languages based on the information needs on the ground. Information desks will be set up within the settlement area, and volunteers will conduct outreach activities to inform, raise awareness and promote positive behaviour among the migrant population. Wi-Fi hotspots and phone charger units on the border area will be put in place to help migrants connect with their family members and loved ones.

A feedback mechanism will be set up to enable migrants to share concerns safely and confidentially about the services provided. Information desks at strategic points will be provide a set of Frequently Asked Questions (FAQs), to help volunteers and staff provide standardized responses and answer related questions from the migrant population. Staff at information desks will document concerns or questions, and provide necessary response as well. Volunteers will carry feedback forms to record concerns during outreach activities. Regular feedback sessions with gender/age diverse groups are planned at regular intervals to understand if services meet their needs. Rumour tracking will be integrated into the feedback system as well to support staff and volunteers track, verify and share factual information. Outreach activities and group discussions will also serve to garner feedback from service users.

Staff and volunteers on the ground will be trained on the theory and practical application of CEA, using content from the standard three-day IFRC CEA training package.

An exit strategy will also be prepared, with adequate time to ensure a smooth and seamless departure from the communities. This is expected to be carried out through consultation with the migrant population, and informing them about the exit plans, alternative arrangements, their responsibilities if any, and TRCS contact details once the operation is phased out.

GREECE

* CEA findings have been reported under Migration section

** Adequate supply chain and procurement systems & procedures have been completed but is still pending the final approval from the HRC CAB.

Challenges/constraints

TURKEY

TRCS staff and volunteers are currently heavily supporting the nationwide COVID-19 pandemic response in Turkey, and given the migrant population has largely been evacuated from the Turkey-Greece border area, there are fewer staff and volunteers currently engaged in this response.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicators:	Target	Actual
# of materials produced for Communications newswire	4	6
# of posts on IFRC social media channels on NS migration response	10	16
# of Greek and international media reporting on IFRC President's visit	20	60

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
# of assessments conducted by implementing NSs (target: 1)	1	3 ¹⁷

¹⁷ Greece

Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.		
Output S3.2.1: Resource generation and related accountability models are developed and improved		
Indicators:	Target	Actual
% of due reports and appeal documents published on time (target: 100%)	100%	100%
Progress towards outcomes		
TURKEY Turkish Red Crescent has published regular and timely information materials on the border situation and the assistance they provide for the migrant population. High quality photos and videos from the field were provided on a regular basis. These materials were published on IFRC social media channels and also shared with other NS communication focal points through the weekly Communications Newswire and Slack. GREECE IFRC President Francesco Rocca has visited Greece from 4 to 7 March to advocate for increased support for the Hellenic Red Cross to address the deteriorating humanitarian situation at its land and sea borders, and for the humane treatment of people seeking international protection. Together with the Hellenic Red Cross President, Dr. Antonios Avgerinos, the IFRC President met Greek government officials, held a press conference at the Evros border and visited Moria camp in Lesbos, which was attended by more than 40 Greek and international media outlets. The HRC Disaster Management Officer conducted 3 assessments in Migrations Centers of Serres, Malakassa and in Kea island respectively, at the end of March 2020, in order to identify and prioritize existing needs of the migrant population which would require immediate attention. Additional assessment information is incorporated in the daily reports sent by HRC field officers Migration Centers at Malakassa and Serres.		

D. Financial Report

Please [click here](#) to see the interim financial report.

Reference documents



Click here for:

- [Emergency Appeal](#)

For further information specifically related to this operation please contact:

IFRC Regional Office for Europe, Hungary

- Alma Alsayed, Operations coordinator, Regional Office for Europe, M +36 70 430 6511 , alma.alsayed@ifrc.org
- Seval Guzelkilinc, Head of Disaster and Crisis, Regional Office for Europe, M +36 70 430 6502, seval.guzelkilinc@ifrc.org

IFRC Country Office, Turkey

- Ruben Cano, Head of Office, ruben.cano@ifrc.org
- Shafiquzzaman Rabbani, Programme Coordinator, M +90 537 395 2845, shafiquzzaman.rabbani@ifrc.org

IFRC Country Office, Greece

- Leon Prop, Head of Office; leon.prop@ifrc.org
- Sofia Malmqvist, IFRC Greece Programme Coordinator/ Head of Country Office a.i, M ++30 694 79 38 583, Sofia.MALMQVIST@ifrc.org

IFRC Geneva:

- Antoine Belair, Senior Officer – Shelter Cluster Coordination, M +41-79-708 3149 antoine.belair@ifrc.org

For contact with the National Society related to this operation please contact:

Hellenic Red Cross Society

- Angelica Fanaki, Head Director, HRC International Cooperation, Organisational Development & Programs Sector, M + 30 6936695925, angelica.fanaki@redcross.gr

Turkish Red Crescent Society

- Kamil Erdem Güler, Programme Coordinator, Community-based Migration Programme, M +90 312 293 6033, kamil.guler@kizilay.org.tr

For Resource Mobilization:

IFRC Regional Office for Europe

- Andrej Naricyn, Head of Partnerships and Resource Development a.i., M +447522486952, andrej.naricyn@ifrc.org

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

- Dorottya Patko, PMER Manager, M +36 70 953 7708 ; 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

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/02-04	Operation	MDR65003
Budget Timeframe	2020	Budget	APPROVED

Prepared on 19 May 2020

All figures are in Swiss Francs (CHF)

MDR65003 - Turkey, Greece & Other Countries - Pop. Mvt

Operating Timeframe: 13 Mar 2020 to 31 Dec 2020; appeal launch date: 13 Mar 2020

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	9,330,000
AOF3 - Livelihoods and basic needs	1,440,000
AOF4 - Health	2,040,000
AOF5 - Water, sanitation and hygiene	4,190,000
AOF6 - Protection, Gender & Inclusion	1,140,000
AOF7 - Migration	1,660,000
SFI1 - Strengthen National Societies	0
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	430,000
Total Funding Requirements	20,230,000
Donor Response* as per 19 May 2020	1,654,236
Appeal Coverage	8.18%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	362,049	0	362,049
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	57,076	0	57,076
AOF5 - Water, sanitation and hygiene	257,624	106,500	151,124
AOF6 - Protection, Gender & Inclusion	163,898	0	163,898
AOF7 - Migration	2,268	0	2,268
SFI1 - Strengthen National Societies	0	0	0
SFI2 - Effective international disaster management	0	0	0
SFI3 - Influence others as leading strategic partners	15,707	0	15,707
SFI4 - Ensure a strong IFRC	3,408	0	3,408
Grand Total	862,030	106,500	755,530

III. Operating Movement & Closing Balance per 2020/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,049,010
Expenditure	-106,500
Closing Balance	1,942,510
Deferred Income	0
Funds Available	1,942,510

IV. DREF Loan

* not included in Donor Response	Loan :	500,000	Reimbursed :	0	Outstanding :	500,000
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/02-04	Operation	MDR65003
Budget Timeframe	2020	Budget	APPROVED

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MDR65003 - Turkey, Greece & Other Countries - Pop. Mvt

Operating Timeframe: 13 Mar 2020 to 31 Dec 2020; appeal launch date: 13 Mar 2020

V. Contributions by Donor and Other Income

Opening Balance						0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
DREF Allocations				500,000	500,000	
Finnish Red Cross	105,686				105,686	
Japanese Red Cross Society	89,295				89,295	
Norwegian Red Cross	280,400				280,400	
Red Cross of Monaco	52,553				52,553	
Swedish Red Cross	95,451				95,451	
Swiss Government	300,000				300,000	
Swiss Red Cross	100,000				100,000	
The Netherlands Red Cross (from Netherlands Govern	525,625				525,625	
Total Contributions and Other Income	1,549,010	0	0	500,000	2,049,010	0
Total Income and Deferred Income					2,049,010	0