

www.ifrc.org  
Saving lives,  
changing minds.

## Operation Update Turkey, Greece and other countries: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n° MDR65003<sup>1</sup> Operation Update n° 3</b>	<b>GLIDE n° CE-2020-000036-GRC</b>
<b>Date of issue: 17 December 2021</b>	<b>Timeframe covered by this update: 13 March 2020 – 30 September 2021</b>
<b>Operation start date: 28 February 2020 Emergency Appeal issued: 13 March 2020</b>	<b>Operation timeframe: extended to 30 months (9 month ext.) Operation end date: 30 September 2022 (previous end date: 31 December 2021)</b>
<b>Funding requirements: CHF 11.4 million (for Greece)</b>	<b>DREF amount initially allocated: CHF 500,000 (Hellenic RC)</b>
<b>N° of people being assisted in Greece: approx. 64,150</b>	<b>Funding coverage as of November 2021: 60% (for the revised appeal, excluding Turkey)</b>
<b>N° of people assisted in Turkey: 27,591<sup>2</sup></b>	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> IFRC, ICRC, Austrian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross, Iraqi Red Crescent, Japanese Red Cross, Monaco Red Cross, Netherlands Red Cross, Norwegian Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross.	
<b>Other partner organizations actively involved in the operation:</b> UNHCR, IOM, UNICEF, WHO, AFAD, International Rescue Committee, Watershed, Starfish, Refugees for refugees, Remar, EuroRelief, Swiss Humanitarian Aid SHA.	
<b>Other donors to this operation:</b> An updated list with details of all donor contributions to this EA can be found <a href="#">here</a> . In addition to the National Societies referred to above, we are also very grateful for the support of the Regional Governments of Austria (Governments of Burgenland, Lower Austria, Upper Austria, Styria, Tyrol, Vorarlberg – via Austrian RC), the Netherlands Government (via the Netherlands RC), the Swiss Government (Swiss Development Agency and the State Secretariat for Migration), as well as to corporate (Siemens AG and Volkswagen Group – via German RC) and other private and online donors.	

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

This Operations Update is to report the progress of the implementation of the activities and changing needs on the ground, covering the period from 13 March 2020 until 30 September 2021.

**This report also serves as a final report for the concluded activities in Turkey.**

The [Emergency Appeal was revised](#) on 25 October 2021 mainly to address the current situation in both the mainland and the islands in Greece, the limited resources available from various stakeholders to support migrant needs, and the capacity of IFRC and HRC to respond to the needs of migrants and refugees in the country. The revision has reflected the phasing out of the Turkey component of this operation – due to changes in the operational context and the conclusion of operational activities, following the evacuation of migrants from the Turkey side of the Greece-Turkey border area – while

<sup>1</sup> The name of the operation has been revised through the revision no.03 from "Turkey-Greece and other countries: Population Movement" to "Greece: Population Movement".

<sup>2</sup> This is the sum of all people assisted through different activities, therefore most probably includes some duplications (double counting) across different interventions (e.g. one person received a hygiene kit and also PSS service, and thus was counted twice). This does not indicate the number of unique people assisted.

expanding support to the Hellenic Red Cross (HRC) to continue delivering assistance and support to some 73,000 people for an additional 9 months.

In Greece, During the reporting period, several operational adjustments have been proposed to address additional needs and requests:

- The mobile health unit (MHU) on Lesbos will be further strengthened and will continue to operate until the temporary Kara Tepe II camp will be closed and migrants are transferred either to the newly planned facility or elsewhere (construction of new facility with accumulated delays, expected to be open in spring 2022)
- A new mobile health unit started providing primary health services in Ritsona in the 2<sup>nd</sup> quarter of 2021,
- An additional MHU is operational in the new Multi-Purpose Reception and Identification Centre in Samos Island (as of 18<sup>th</sup> of September 2021).
- Additionally, the MHU operating currently in Serres/Kleidi Camp is planned to conduct an assessment and to consider operating and providing similar services in Nea Kavala Camp, after the request of MoMA (Ministry of Migration and Asylum)
- All other mobile health units operated by Hellenic Red Cross will remain operational (New Malakasa, Serres/Kleidi and in urban area of Athens)
- Long-term support services to migrants, including the multifunctional centres, accommodation centres for unaccompanied minors, educational health stations, and the accompanied referrals (ACCREF).
- Reinforced preparedness and contingency planning activities to anticipate a humanitarian response in relation to the deteriorating humanitarian situation in Afghanistan.

## A. SITUATION ANALYSIS

### Description of the disaster

#### GREECE

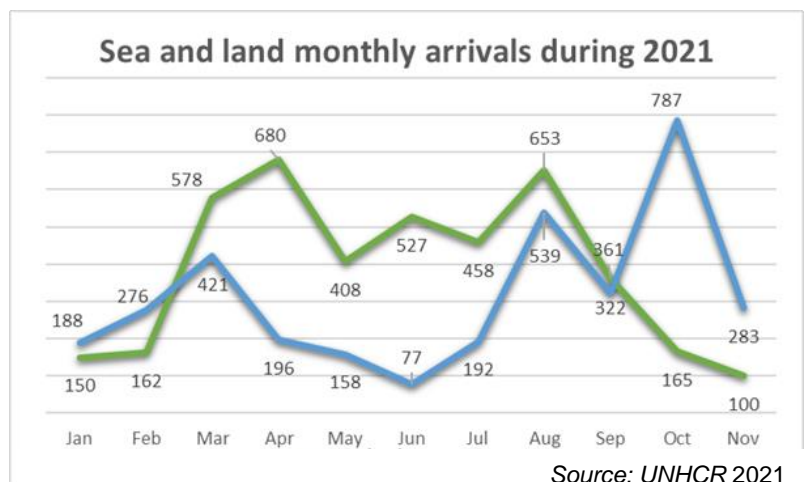
##### *Migration trends*

In its annual report for 2020, the Ministry of Migration and Asylum highlights a dramatic reduction of arrivals and of number of residents in all structures of the country, great decongestion of the Aegean islands and a significant increase of returns, deportations, relocations, transfers and acceleration of asylum procedures.<sup>3</sup>

Due to a combination of factors, including strengthened border control and the ongoing impact of the COVID-19 epidemic, there were just under 16,000 new arrivals in 2020, compared to some 72, 000 during the previous year, a reduction of almost 80 percent. Along with the increase of returns, deportations, relocations and transfers, an acceleration of asylum procedures and a reduction of pending actions, this has led to a significant decongestion of the Aegean islands in particular, from 42,000 migrants at the beginning of the year to 16,000 by 31 December 2020. A total of 64,756 asylum seekers remained in all types of facilities across Greece at the end of 2020, down from 92,383 in December 2019 or a reduction by 30%.

Since the start of 2021, glaring headlines have called attention to the situation at Greece's borders and especially the Aegean islands. For years, Greece has hosted large numbers of asylum seekers and refugees fleeing conflict and poverty. According to the latest UNHCR data, 4,506 new arrivals were recorded in the first 8 months of 2021. This represents a sharp drop in arrivals compared to previous years (16,000 in 2020 and more than 75,000 in 2019).

This trend is mainly due to COVID-19 movement restrictions and government border controls. These border controls have become increasingly harsh, and it is widely understood that the low number of arrivals is intimately related to the allegations of widespread push-backs practices. the refugee flow, is seemingly declined to similar data provided in 2020. Until October 2021, according to data provided by the data provided by Ministry of Migration and Asylum, 9,801 people crossed the Aegean Sea and found shelter in Greek islands, while around 18,000 migrants were transferred to Greece Mainland RICs (Reception and Identification Centers). The most common nationalities among newly arrived



<sup>3</sup> Ministry of Migration and Asylum, Greece – Annual report 2020

groups have been Afghanistan, Somalia and the Democratic Republic of Congo. Children represent over one-third of arrivals in.

The current number of facilities in the country is now 35 with around 36,000 people in facilities all over the country from which 3,500 people residing on the islands according to the Migration and Asylum Minister declaration on November 29, 2021. As of September 2021, Greece has granted asylum to 103,136<sup>4</sup> people.



*New temporary site in Lesbos. Photo: IFRC Greece*

In addition, with a drop in arrival, attention has turned to the reception and integration of refugees and migrants within Greece's territory. Decongestion of the islands remain a priority for the Greek government and the population in the Reception and Identification Centres (RICs) has dropped significantly. Although RICs are operating below capacity, there remain real concerns about the living conditions of their residents. The hot spot approach<sup>5</sup> has been reinforced through the approach outlined in the EU's proposed new Asylum and Migration Pact and has led to the introduction the new concept of closed and controlled camps known as Multi-Purpose Reception and Identification Centres (MPRICs)<sup>6</sup> with the first of such camps inaugurated in Samos at the end of September 2021. Humanitarian actors remain concerned about the human cost of the new 'closed camps' and the impact that these camps will have on the health and well-being of their inhabitants. Mental Health remains a key concern, with people living in containers, surrounded by barbed wire fences, and an increasing dynamic of detention, securitization and segregation from the rest of

society. The remote location of the camps also hinders access to livelihoods, goods and services.

In the mainland, the humanitarian situation is concerning. There are 27 camps operating under the management of the Ministry of Migration and Asylum, (MOMA) where more than 18,874 people are hosted in overcrowded, poor hygiene conditions, as well as exposed to the COVID-19 pandemic as of end of September 2021. There are outbreaks of violence and severe protection risks, such as sexual and gender-based violence (SGBV), reduced access to primary health and people's reliability on external transportation services to access specialized medical services. The population is isolated from the local communities and lacking essential services such as health services, and water, sanitation, and hygiene.

In 2021, the needs of migrants in Greece remain significant including: shelter and winterization, health services, and Water, Sanitation, and Hygiene (WASH) (e.g., provision of drinking water in the camps, lack of showers, latrines and handwashing facilities, and proper sewage management). Additionally, mental health services continue to be considered necessary, particularly as limited PSS activities or facilities are available. So far, the Greek government has set out reforms to help recognized refugees access livelihoods, but still the workforce participation by refugees in Greece remains negligible. In addition, access to identification documents remains very complex. Furthermore, the economic inclusion indicator measured by the UN High Commissioner for Refugees (UNHCR) showed outcomes that had either worsened or barely improved for asylum seekers and refugees in 2021.

Cash assistance – an effective tool to help people meet their basic needs and withstand socioeconomic shocks – is critical in this context. However, in Greece, destitution and homelessness among refugee population still remain matters of concern especially following the decision of the Greek government in the first quarter of 2021 to stop offering accommodation and cash assistance once status has been granted. Recognized refugees stop receiving cash assistance after 30 days. Limited integration and self-reliance opportunities mean that this leaves many recognized refugees destitute. Moreover, new rules took effect in September 2020 that reduce cash allowances for individuals staying in camps where food is provided. In addition, in the second quarter of 2021, changes in the migrant's reception

<sup>4</sup> <https://data2.unhcr.org/en/documents/details/88966>

<sup>5</sup> The 'hotspot approach' has been envisaged as a model of operational support by the EU agencies to the Member States such as Italy and Greece to facilitate the swift identification, registration, and fingerprinting of migrants arriving in Europe. In Greece, this approach is closely intertwined with the implementation of the EU-Turkey Statement (also known as the 'Deal'). Nearly 10,000 people are currently being held in five Greek islands 'hotspots', also known as Reception and Identification Centres (RICs).

<sup>6</sup> The European Commission is supporting Greece with funds, to build closed and controlled camps known as Multi-Purpose Reception and Identification Centres (MPRICs), which are meant to provide a higher standard of accommodation than previous camps had, with portable cabins, running water, separated areas and, above all, more security. Samos camp, inaugurated at the end of September, is the first out of five MPRICs that the EU is building on east Aegean.

framework led to the closure of five Open Accommodation Sites (OAS) and the termination of the emergency hotel accommodation programmes for asylum seekers. The Ministry of Migration and Asylum (MoMA) amended the financial assistance scheme to be limited to those physically present within the OAS, RICs, and Emergency Support to Integration and Accommodation (ESTIA) programmes. This amendment came into effect on 1 July 2021 leaving a considerable number of self-settled asylum seekers unable to access such assistance. These cuts will intensify the role that the HRC has to play within the Greek Society in working to ensure social protection mechanisms especially via the Multifunctional Centres in Athens and Thessaloniki.

Furthermore, the situation has deteriorated in the Islamic Republic of Afghanistan in the second half of 2021, with significant consequences for the whole country population. During the months of August and September, Afghanistan has witnessed a further striking decline in the security and human rights situation in large parts of the country, and it is estimated that since the beginning of this year 2021, over 558,000 Afghans (according to ACAPS Global Risk analysis - October 2021) have been internally displaced by the armed conflict within the country. Following recent analysis<sup>7</sup>, it is to expect that the number of displaced may rise over 2022, with both internal and external displacements across borders with Pakistan, Iran, Turkmenistan, Uzbekistan and Tajikistan (currently a total of 2.2 million registered refugees from Afghanistan from are hosted in these countries). IFRC is currently analysing the context and preparing for a contingency plan to anticipate a possible humanitarian response to a new arrivals in Greece.

The Greek government has declared Turkey as safe third country for people from Afghanistan, which is creating uncertainty and tension for Afghan refugees in Greece, leaving many in legal limbo. This coupled with the recent developments in Afghanistan has led to concerns about a potential new arrivals to Greece. This is leading to increasing tensions among host communities and migrants. While new arrivals remain minimal due to current border controls in place, concerns remain around the possibility of a new movement of Afghan refugees to Greece or through the migratory/transit route in Greece. On 27 September, IFRC launched [the Regional Population Movement – Afghanistan Emergency Appeal](#) where possible scenarios affecting neighbouring regions are considered. In parallel, and in line with these preparedness efforts, the IFRC Country Delegation in Greece is working closely with the National Society to ensure preparedness measures are in place in the event of a new large-scale migration movement to Greece, partially through the Emergency Appeal funded operation.

### **COVID-19 Trends**

In Greece, from 26 February 2020 – when the first case in Greece was confirmed – until end of November 2021, there have been 938,903 confirmed cases of COVID-19 with 18,157 deaths according to WHO. A total of 14,406,712 vaccine doses have been administrated - about 64% of the population have been fully vaccinated. Booster doses are available in Greece as of 14<sup>th</sup> of September 2021.

In 2021, Greece have been in lockdown during the first quarter of the year with strict non-essential movement ban, in addition to travel restrictions. In late January 2021, due to the increased number of cases, Attica region was again placed in lockdown with the closure of lower schools (high schools had already been closed since early November) and retail outlets, but virus cases continued their rapid growth reaching 3,215 on 9 March. Local lockdowns were imposed in more and more local districts. On 4 March, new measures were taken, including placing all of Greece in the highest level of measures. On 5 March, Greece reached the second grim milestone of 200,000 cases. Approximately half of the prefectures were in the deep red level (full closure of all schools and retail outlets), and on 12 March, all schools were closed for two weeks. By 25 April 2021, the total death toll in the country had reached 10,000 and by 6 October, 15,000. On 3 May 2021 the lockdown ended, and measures eased and on 14 May, when Greece including islands, opened for tourists from several countries.

The COVID-19 pandemic continues to have a major impact over the year of 2021 on migration flows and access to services, with a fourth wave starting in August and the number of cases constantly increasing in the last months, with an average of 6,769 new infections reported, with the highest daily average reported on 10 of November. 2021.

Ensuring an effective response operation during the COVID-19 pandemic has required significant program adjustments, both in terms of programming and duty of care to the people we serve, and to volunteers, and staff. Despite the overall lockdown restrictions and challenges ranging from procurement of adequate personal protective equipment and ensuring social distancing in crowded settings, many urgent operational priorities were achieved as planned.

The Hellenic Red Cross proactively and significantly contributes to control the spread of the virus within vulnerable communities, helping the National Health Authorities (EODY) to detect COVID-19 and operating in RICs. This process is conducted through daily rapid testing by our fully operational HRC Health sector. Moreover, the NS is contributing to the social awareness of population on COVID-19 pandemic and is working closely with the authorities by exchanging nonconfidential data and updating daily the National Health statistical databases for COVID-19 situation.

---

<sup>7</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/20211026\\_acaps\\_global\\_risk\\_analysis\\_october\\_2021.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/20211026_acaps_global_risk_analysis_october_2021.pdf)

## TURKEY

### Migration Trends



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 remained closed under heavy control. Border crossing points where many of the people gathered included 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 were concentrated in areas including Yenikarpuzlu, Ferre, Küplü, Subaşı and Adasarhanlı. Also, in the southwest of Turkey, sea border crossings were attempted by migrants around Ayvacık in the Çanakkale province.

Most of the migrants lacked proper shelter, needing to sleep in the open and being exposed to the cold wet weather as winter was transitioning 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 highly vulnerable to abuse and exploitation by human traffickers, and the danger of death by drowning.

On 11 March 2020, Turkey's first confirmed case of COVID-19 was reported. As of 21 March 2020, migrants waiting at the Turkey-Greece border were overall significantly fewer at an estimated 5,000 but continued to be supported by TRCS in meeting their basic needs. TRCS distributed some 550,000 humanitarian aid items to those stranded at the Turkey-Greece border, including food items and packed meals, drinking water, packed beverages, wet wipes, soap, hygiene kits, sanitary items, clothing and shoes, and raincoats.



Spurred by the threat of COVID-19 spreading, Turkish authorities evacuated the remaining migrants from the border on 27 March 2020. These approximately 5,000 migrants were housed in migration centres or quarantine facilities in nine provinces. Evacuees were given health checks and put under a 14-day quarantine and medical monitoring, if required. Adjusting the operation to the new reality and trying to meet the volatile needs, TRCS provided personal protective equipment (PPE) to staff and volunteers who were engaged with both refugee and host community service users. It provided PSS services and psychoeducation for adults and children; CEA activities to engage with communities; awareness raising and disease prevention information for the general public; and food for people in quarantine. Following the mandatory quarantine period, the majority of migrants have moved to other regions in Turkey.

Due to the drastic change in the operational context following the evacuation activities conducted by the Turkish authorities to curb the spread of the virus and with the rapid spread of COVID-19 in Turkey, the EA and EPoA were revised in August 2020 to reflect the existing situation related to Turkey component. The composition of the target population was both changed and reduced, with activities altered to meet the current needs. Accordingly, TRCS' focus shifted to the preparedness to address humanitarian needs and the protection of vulnerable people along the migratory routes as the situation in the borders with both Greece and Syria remained volatile. In late May 2020, the Turkish government announced its anticipation that many migrants would return to the border areas as both Turkey and Greece emerge from COVID-19 lockdown. During the same period, an accumulation of people were observed at the Turkey-Syria border with the continuing conflict inside Syria. Therefore, TRCS' revised focus was to ensure preparedness for needs that could emerge for migrants and refugees moving towards Europe, as well as anticipated new arrivals from Syria into Turkey.

Since then, no influx has been observed at the border areas. Thus, after concluding all operational activities as well as implementing a sustained period of focused preparedness, it has been decided to conclude all related operations for Turkey under this specific Emergency Appeal.

### COVID-19 Trends

Since 11 March 2020, when the first case of COVID-19 was reported in Turkey, the government introduced containment measures including closing schools and places of worship; cancelling all social activities; applying flexible working

modalities such as working from home; recommending all residents to stay home; closing certain businesses such as shopping malls, restaurants, playgrounds and child services; and banning all public gatherings, restrictions on movement and quarantine measures on arriving travellers. Turkish authorities began easing COVID-19 related restrictions starting from early June 2020. However, after a relatively quiet summer, the second wave of COVID-19 infection hit Turkey in November 2020 when the number of daily new cases started to increase again, peaking at 33,198 on 8 December 2020<sup>8</sup>. Accordingly, Turkish government introduced more stringent measures to curb the spread of the pandemic in the country.

Turkey started to gradually normalize from coronavirus restrictions as of 1 March 2021, however, after high infection and death rates in April 2021, a full lockdown was again enforced from 29 April to 17 May 2021 in Turkey, to be lifted gradually again starting June. As of 30 September 2021, Turkey has given over 109 million doses since it launched a mass inoculation drive in mid-January 2021. More than 53 million people have received their first doses, while over 44 million are fully vaccinated according to the Health Ministry. Over 10 million people got their third dose.

## Summary of current response

### GREECE

#### Overview of Host National Society

Established in 1877, the Hellenic Red Cross (HRC) is the largest humanitarian organization in Greece, with 83 branches throughout the country, some 430 staff and over 4,500 active volunteers. It has a wide range of activities in the areas of health, social care, migration, search and rescue, disaster preparedness and response, restoring family links, first aid and volunteer training. Its annual turnover in 2019 was approximately 16 million Euros. HRC formally adopted its Strategy 2020-2025 which sets out objectives and priorities for the next period. It focuses on humanitarian work across programme areas such as primary health care, social care, migration, crisis & disaster management, protection, and community engagement and accountability, as well as organizational development including structural reorganization, operational strengthening, capacity building and financial sustainability.

The HRC was temporarily suspended by the IFRC between 1 January 2019 and 10 December 2019, due to concerns related to its governance. The suspension was lifted as the IFRC Governing Board recognized that HRC had made significant progress to address concerns during this period, including a complete revision of its statutes, an increase in membership, the organisation of a General Assembly and the design of a recovery plan. The Compliance and Mediation Committee (CMC) continued its monitoring role and further support the Hellenic Red Cross during 2021. It is anticipated that the CMC's role will continue in 2022, and a strong focus on organisational development will be critical in 2022 with the view to supporting the HRC to be the go-to humanitarian actor in Greece.



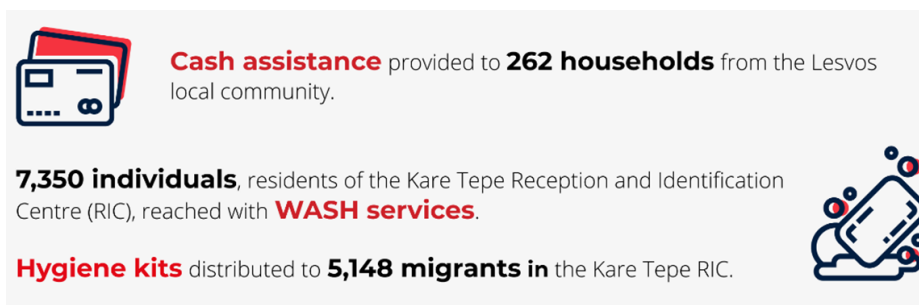
Overview of the response in Greece


The **Hellenic Red Cross (HRC)** set up three mobile units (MHU) near the Kastanies border in Evros to provide first aid and health-related services during the initial phase of the operation in March 2020.

<sup>8</sup> <https://covid19.saglik.gov.tr/TR-66935/genel-koronavirus-tablosu.html>

Following the devastating fire which ripped through the Reception and Identification Centre in Moria, Lesvos - on 8 September 2020 - and completely destroyed the camp, the HRC immediately mobilised its Lesvos branch and sent an assessment team from its national headquarters. HRC also sent multiple tons of relief items from its central warehouses, including blankets, water and hygiene kits. Upon the request of the Greek authorities, a mobile health unit with five nurses together with a team of Samaritans was deployed to provide medical support and immediate first aid at a designated area in Kara Tepe. Furthermore, the HRC deployed a restoring family links team to Lesvos in coordination with ICRC, to assist those affected in communicating with their loved ones, providing stations for charging of mobile phones and access to Wi-Fi.


HRC continues to operate mobile health units in five migration centres both on the mainland and on the islands in: New Malakasa, Kleidi/Serres, Kara Tepe II in Lesvos Island, Ritsona (operational from June 2021), and in Samos Island in the newly [Multi-Purpose Reception and Identification Centres \(MPRIC\) as of 18 of September 2021](#), to provide general medical services and adequate medicines on a daily basis to all vulnerable refugees and migrants. In addition, the HRC is planning to extend its services to Nea Kavala Camp, with the same Mobile Health Unit (MHU) operating currently in Serres due to increased needs.



 **Cash assistance** provided to **262 households** from the Lesvos local community.

**7,350 individuals**, residents of the Kara Tepe Reception and Identification Centre (RIC), reached with **WASH services**.

**Hygiene kits** distributed to **5,148 migrants** in the Kara Tepe RIC.



The **HRC Mobile Health Unit (MHU) medical services** include a clinic with a general practitioner and nurses, a nursing station for the triage and monitoring of chronic patients, a paediatric clinic staffed with a paediatrician and nurses, a gynaecology clinic and a dental clinic. The medical teams are supported by interpreters in key languages including Arabic, Farsi and French. Clear protocols have been established with the Ministry of Health for the referral of more serious or urgent cases to public hospitals and health care services as required.

The main concerns are was upper respiratory symptoms, acute abdominal pains, mild infections, as well as follow-up of patients with chronic diseases, mental disorders, reproductive health services, especially if they are checking both prenatal, post-natal and FP and monitoring of children's health. Health and hygiene promotion activities for adults and children are organized regularly and tailored hygiene kits are distributed in the camps according to needs on a regular basis.

In the first quarter of 2020, HRC extended its existing core migration services to cope with increased demand from new arrivals and transfers from the islands to the mainland. These include an additional Mobile Health Unit (MHU) and two Educational Health stations for urban refugees and migrants in Athens area (in Ambelokipoi and Kallithea), two Multifunctional Centres in Athens and Thessaloniki. The two **Multifunctional Centres** in Athens and Thessaloniki provide a centrally located and accessible entry point to Red Cross services for migrant communities; these include orientation sessions, help desk, social- and protection case management services, support in restoring family links, accompaniment in accessing public services, multi-cultural dialogue and exchange, and language training.

Furthermore, there are five **Accommodation Centres for Unaccompanied Minors**: **three** in Athens, one in Volos and one in Kalavrita with an average capacity of 30 unaccompanied minors per centre, currently hosting 154 boys aged between 15 to 18 years old. The centres provide accommodation, catering, personal hygiene items, clothing and footwear, as well as access to health and education services, psychosocial support, counselling and legal assistance, remedial teaching, Greek language lessons, and interpretation.

And lastly, the **Accompaniment Referrals Programme (ACCREF)**: ACCREF is a team of cultural mediators trained on the Greek public health system structure and procedures, health terminology, interpretation and cultural mediation skills and detection of protection cases and support the refugees and migrants by guiding them through the relevant processes, reducing language barriers and building self-confidence and independence. The ACCREF Service of the Nursing Division also adapted its operation to the new needs of the pandemic with the provision of not only telephone interpretation to refugees and migrants hospitalized, but also interpretation with physical presence in the Health Services of the HRC. Due to the increased demand, it has also expanded its opening hours to a 12-hour telephone support.

**ACCREF** receives requests from other HRC Health Services, NGO's, Ministry of Health departments and individuals. Farsi, Arabic, French are the most common languages used.

Apart from the operational component ACCREF also offers an educational component with 2 training programmes:

**1. Cultural Mediation and Interpreting Services** - addressed to people who want to become interpreters / cultural mediators. The aim of the programme is to train interpreters in Cultural Mediation, acquiring knowledge and developing skills of successful escort of refugees and migrants in public services, with particular emphasis on health sector.

**2. Professional Management of Diversity** - addressed to health professionals (doctors, nurses, social workers, psychologists, etc.) and to all professionals in hospitals who encounter refugees or migrants. The aim is to promote intercultural competences among members of the staff of health care institutions. Therefore, to overcome cultural barriers, recognizing social diversity and promoting equality in the Public Health System.

The accompanying service is offered exclusively with physical presence both in primary health care units and in secondary health care units in the Public Hospitals of Athens. There is also the possibility of telephone interpretation, in case of need.



*Training of the staff of the Mobile Health Team in the individual protective measures against COVID-19. Photo credits: HRC*

HRC is running in total three **Educational Health stations (EHS)** in Athens area, out of which two of them located at Ambelokipoi & Kallithea are operating under the current appeal. EHS are primary health care centres for refugees and migrants, unaccompanied minors and those without social security. It also assists the local population, including those on low incomes like pensioners. Its services include vaccinations, referrals to medical specialists, mother and childcare, provision of medicines and medical consultations. The educational activities were adapted to COVID-19 context: e-learning, e-tutoring and e-training Hotline service for migrants and asylum seekers - Providing up-to-date information, guidance, support and advice in their mother language for asylum procedure, residence permit, legal issues, etc. HRC also assists the local population, including those on low incomes like pensioners. Its services include routine vaccinations, mother and childcare, provision of medicines and medical consultations, health and hygiene promotion sessions to children and women. EHS also provide referrals and information on the health system in Greece as

well as on the available health resources in the urban area of Attica. The main aim of this programme is to reduce inequalities in health ensuring access to primary health care by the vulnerable members of the community within the urban area of Attica, such as refugees and migrants, especially unaccompanied minors, and migrants without PSSHCN - Provisional Social Security and Health Care Number (social security number enabling full access to public health system) and Greeks with low income (such as pensioners and people living on social benefits).

Following the devastating fire that ripped through the Reception and Identification Centre in Moria, on the island of Lesbos in September 2020, Greek authorities set up a new temporary camp for refugees and migrants at Kara Tepe. Red Cross intervention in the camp was of vital importance. HRC together with German and Danish Red Cross provided relief items, hygiene kits and tents to accommodate people in the new camp. HRC deployed a mobile health to provide medical support and immediate first aid to the residents of Kara Tepe as well as a restoring family links team in coordination with ICRC, to assist those affected in communicating with their loved ones, providing stations for charging of mobile phones and access to Wi-Fi. Red Cross WASH interventions and Hygiene Promotion activities improved significantly the living conditions of the refugee population in Kara Tepe. The WASH and Shelter activities have been handed over to other humanitarian actors active in the camp at the end of March 2021. The mobile health unit of the Hellenic Red Cross remain at the camp is continuing to provide its residents with essential primary health services. The German Red Cross signed an MoU with the Municipal Water and Sewerage Company of Lesbos to set up water and sewerage connections at the temporary Kara Tepe site. The project will be finalized end of 2021.

Additionally, 400 vulnerable Households from the host community surrounding the camp on Lesbos were targeted to receive multipurpose cash assistance, out of which 262 were planned to receive for the three months in September, October and November 2021, in the amount ranging from 150 to 400 euros, depending on the individual household assessment and according to strict criteria of selection done by HRC: low-income, long-term unemployment, single parents, large families, people with disabilities, with chronic diseases, etc. HRC will continue to provide cash assistance for the people in need aiming to reach the initial target of 400 HH by the end of June 2022.

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

The **IFRC Country Office in Greece** continues to support the Hellenic Red Cross in the implementation of this emergency operation. The office was established in response to the 2015 migration crisis, as part of a large-scale response operation. Since May 2017, the IFRC has also been implementing a cash programme for migrants and refugees in Northern Greece in partnership with UNHCR reaching between 30-35,000 asylum seekers. In addition, it is contributing to the capacity building and organisational development of the Hellenic Red Cross as part of their comprehensive organisational recovery plan, in close collaboration with Red Cross Red Crescent Movement partners

involved in Greece. The office in Athens currently has 9 local staff and two international staff. The team of 26 local staff in Thessaloniki and the staff on loan from the **Swiss Red Cross** who provided remote technical and management support to the cash programme in North Greece concluded their contracts at the end of August and September 2021, as the cash transfer programme came to an end.

German Red Cross mobilised a relief delegate and a WASH team to support the response operations following the Moria fires in September 2020. In March 2021, most of the WASH GRC team left Lesbos, with one delegate remaining to conclude some construction works and to finalize the ongoing shelter operation on Lesbos. All activities are closely coordinated with the Hellenic Red Cross and IFRC and are carried out as integral part of the wider [Population Movement Emergency Appeal for Greece](#). It is anticipated that the German Red Cross will end its operation in Greece by the end of 2021.



Hygiene kits donated by German and Danish Red Cross distributed to residents of Kara Tepe. Photo Credits: IFRC Greece

The Movement cooperation in Greece is well-established, with bi-weekly meetings between HRC, ICRC and IFRC at strategic and operational level, and very regular cooperation at the technical level. There is also close technical cooperation during disasters and crises, ensuring complementarity and avoiding any duplication of efforts. IFRC intends, over 2022, to strengthen this cooperation with other PNS interested in thematic areas, such as Migration (via a Migration Working Group that will be established and functional by the end of 2021).

### Overview of non-RCRC actors in country

In its auxiliary role, the Hellenic Red Cross works closely with government agencies and local authorities, and during 2021, it has signed MoUs with several line Ministries, the Municipality of Athens and other public entities. The auxiliary role of the National Society has been strengthened both in response to the pandemic, as well as in response to a number of natural disasters, such as the 2021 Wildfires and the Crete Earthquake. The National Society participated in a large-scale preparedness simulation linked to a large-scale refugee arrival on Samos Island in October 2021, further reinforcing the National Society's critical auxiliary role in the migration field. During 2021, HRC and the IFRC have worked with other humanitarian agencies such as IOM and UNHCR, especially in the area of migration, and is planning to strengthen its collaboration with WHO and UNICEF in the year ahead.

At country level, all migration services provided by the HRC are closely coordinated with the Greek authorities at national and local level, and mobile health units are deployed to migrant centres at the explicit request of the Ministry of Migration and Asylum. At the operational level activities in each camp are closely coordinated with IOM, which is supporting the Greek authorities in managing Site Management Support (SMS) with several partner organizations. Throughout this programme, IFRC and HRC have strengthened the collaboration with the Ministry of Migration and Asylum, as well as with the DEYAL (Water Authority of Larissa), and the municipality of Mytilene, improving the RCRC image towards the governmental authorities, supporting the needs and strengthening the auxiliary role.

At the new Kara Tepe temporary reception centre, all activities are closely coordinated with the Greek authorities, who lead coordination meetings with all actors on daily basis. In addition, formal and informal sector coordination meetings are organised with the support of major humanitarian actors active in each sector. Elsewhere, all migration services provided by the HRC are closely coordinated with the Greek authorities at national and local level, and mobile health units are deployed to migrant centres at the explicit request of the Ministry of Migration and Asylum.

At the operational level activities in each camp are closely coordinated with IOM, which is supporting the Greek authorities in providing site management support with several partner organizations. HRC is also an active participant in several coordination mechanisms and networks that function on a national or regional basis, such as the national Protection Working Group, the Communication with Communities Working Group, the Child Protection sub-Working Group as well as in local coordination working groups that take place in the camps where HRC is operational.

IFRC also coordinates regularly with the other NGOs collaborating in the migration programs, such as CRS and Metadrassi, in encounters that take place on ad-hoc basis at CRS premises, or through online meetings that have taken place through some communication platforms (Teams, Zoom etc).

In addition, there has been a close cooperation with UNHCR, especially in the framework the cash program across all sites in Northern Greece and urban Thessaloniki, which ended on 30 September 2021, and which has allowed IFRC to strengthen the coordination mechanism with other humanitarian organisations working with refugees, asylum seekers and migrants (CRS, Metadrasi, DRC, IRC, UNICEF among others).

## TURKEY

### Overview of Host National Society



TRCS has been the sole host and implementing Movement actor in the country. TRCS utilizes its extensive in-country assets and human resources, as well as government and civil society relations for effective and efficient implementation of the activities across all sectors. The National Society works through 263 branches, 303 representatives and more than 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 with the capacity to provide food and household items for 500,000 people in case of emergency or disaster.

TRCS has played a leading role in supporting four million refugees<sup>9</sup> since 2012 in temporary accommodation centres (camps) and urban settings, providing first-line response through deploying its volunteers, staff, and emergency supplies; organizing its structures and resources to receive and provide safety for people in need, as well as providing services through community centres with support from IFRC through the International Appeal MDRTR003 (closed in June 2021). 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 has extended the scope of its humanitarian services whenever required. In addition to the International Appeal MDRTR003 (closed in June 2021), this also included supporting the COVID-19 related needs of refugees and host communities through the global COVID-19 Appeal MDR00005.

TRCS has been the main implementing partner for most major humanitarian partners in delivering conditional and unconditional cash assistance through its Kızılaykart Platform, which was first established in 2011. Since 1 April 2020, TRCS and IFRC have taken on joint implementation of the Emergency Social Safety Network (ESSN) programme, with funding from the European Union, and in partnership with the Turkish Government's Ministry of Family and Social Services.

#### *Response, Distributions and Services*

Prior to the evacuation of migrants to camps and reception centres on 27 March 2020, TRCS supported:

- **3,525** people with shelter distribution.
- **14,000** people through livelihoods and basic needs.
- **6,401** health interventions such as first aid and Psychosocial Support (PSS) services including setting up a mobile child-friendly space (CFS).
- **1,800** people with hygiene kits distribution.
- **1,755** people with phone battery charging facilities to communicate with their families with the use of existing Trolley Chat Boxes under Protection, Gender and Inclusion (PGI)
- **110** people with Restoring Family Links (RFL).

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 newly emerging COVID-19 situation. As for the preparedness activities following the evacuation and in light of the traditional increase of migration towards Europe during warmer months, two vehicles were procured, one as mobile protection unit for outreach activities (also for overall coordination needs for emergency response and needs assessment on the ground) and the other one as a mobile catering unit for hot meal distribution that will be put in use in the event of movements at the migratory routes and/or for future emergencies as needed.

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

The IFRC is present in support of the National Society through its Turkey Delegation in Ankara, led by the Head of Delegation, and supported by teams of international and national staff dedicated to cash transfer programming; migration and disaster response programming; finance, administration, procurement, and HR; communications; external coordination and partnerships; assurance and audit, and the ESSN programme. Funding channels through which the IFRC has supported TRCS included the [MDRTR003](#) Population Movement International Appeal, this current MDR65003 Turkey-Greece border operation; the global COVID-19 response operation (MDR65004); and the IFRC 2021 country plan, in support of National Society capacity development not included in the emergency response appeals; and funding from DG ECHO for the ESSN programme. The IFRC Delegation also provided technical, coordination, administrative

<sup>9</sup> Source: UNHCR

and donor reporting support to the National Society. When requested via the IFRC Delegation, the IFRC Regional Office for Europe (ROE) in Budapest and the IFRC Secretariat in Geneva also provided specialist technical support to TRCS as needed.

Multiple Red Cross Red Crescent Movement partners and their governments support TRCS interventions related to the crisis in Syria directly and indirectly through technical support, financial and in-kind contributions. Norwegian Red Cross supported the TRCS' health and PSS activities under the migration programme. German Red Cross worked bilaterally with the National Society in strengthening mental health and PSS interventions for refugees and host communities in Turkey. British Red Cross and Danish Red Cross support TRCS interventions related to the crisis in Syria directly and indirectly through technical support including peer-to-peer exchange on cash-based interventions, PSS, livelihoods, protection, accountability, donor compliance and fundraising. ICRC provided technical support to TRCS for Restoring Family Links (RFL). Also, TRCS and the ICRC have a fruitful collaboration in promoting International Humanitarian Law (IHL) in Turkey. In summer 2021, the Istanbul Centre of International Law (ICIL), TRCS and ICRC co-organised the second edition of the Kırımli Dr. Aziz Bey IHL summer school and competition that was attended by seven university teams. ICRC and IFRC maintain regular contact and communication regarding their activities in Turkey and follow up on the developments in the country and the sub-region.

### **Overview of non-RCRC actors in country**

The Turkish government authorities lead the overall coordination and management of humanitarian assistance for refugees, with TRCS continuing to work closely with the Turkish Disaster and Emergency Management Presidency (AFAD), the Directorate General of Migration Management (DGMM), the Ministry of Family and Social Services, and the Ministry of Foreign Affairs in line with its assigned mandate. Through its Community-Based Migration Programme (CBMP) and Kızılaykart Platform, TRCS works closely with different ministries, several UN agencies, the World Bank and local employment agencies under different programmes. The collaboration partners and the nature of their collaboration include:

- The Ministry of Family and Social Services (MoFSS), for referrals for people in need of protection and related services. The ESSN programme is also implemented in partnership with the MoFSS;
- The Ministry of Labor and Social Security, for skills development, employability training and employment related matters.
- The Ministry of Health (MoH), on health-related referrals, health training/seminars, checks for children and adults.
- The Ministry of National Education (MoNE), on language and vocational activities, and school-related matters.
- The Ministry of Food, Agriculture and Livestock (MoFAL), on livelihood skills programmes and activities related to agriculture and livestock.
- UN Children's Fund (UNICEF) together with MoFSS and MoNE, on the Conditional Cash Transfer for Education (CCTE) programme, enabling low-income refugee families to send their children to school.
- World Food Programme (WFP) and Directorate General of Migration Management (DGMM), on the In Camp Food Assistance programme, implemented across six temporary accommodation centres providing over 45,000 recipients with e-vouchers which can be redeemed at contracted markets located inside the camps.
- World Bank and the Turkish Employment Agency (İŞKUR), on livelihoods project.

TRCS coordinates its work with the local authorities and provincial levels of the AFAD and Provincial Directorates of Migration Management (PDMM) offices, the relevant ministries, security authorities and other relevant agencies as and when required.

For the activities of this Appeal, regular consultation was maintained with TRCS' Regional Disaster Management Directorship, Branch Management, local authorities such as Governorship and PDMM as well as other NGOs. Coordination meetings were organized under the leadership of Provincial Directorate of Migration Management (PDMM) in the early days. These meetings were useful in terms of information sharing with other stakeholders including local authorities and other NGOs. The coordination task was later given to TRCS. Field coordination with local actors at the community level proved instrumental in terms of identifying the urgent needs. Teams were able to mobilize Mukhtars, Imams and Teachers thanks to the coordination task assigned to TRCS by the Government. A communication channel was created for these key actors, and they informed the teams immediately about the needs of the affected people. This helped the teams to make timely and effective interventions.

## **Needs analysis and scenario planning**

### **GREECE**

#### **Needs analysis**

The situation in Evros border area evolved and the makeshift camp (from the Turkish side) has been dismantled at the end of March 2020, while refugees and migrants on the Evros border have been moved to other places. Following the suspension of the asylum process, more than 2,000 people - stranded in the islands - who entered the country after 1 March, were transferred to two new accommodation sites that were created for this purpose in Malakasa at Oropos and in Kleidi at Serres. Needs assessment in both camps revealed that hygiene conditions were alarming and population groups such as children, pregnant women and older people with chronic diseases were in urgent need of health care and essential medicines and basic relief items.



*Kara Tepe II on Lesvos. Photo : IFRC Greece*

During 2021, the humanitarian needs of migrants in Greece remained significant in various areas, including provision of shelter and winterization, health activities, drinking water in the camps, as well as lack of showers, latrines and hand-washing facilities, shortage of hygiene items, water tanks and lack of proper sewage management.

The situation on the islands remains extremely alarming, despite the decrease in the levels of overcrowding in camps. Reception conditions prevailing in particular in the hotspot facilities remain dire. While the living conditions have been improved on the Aegean islands (i.e., Kara Tepe II, Lesvos), the main concern remains for the new model of closed and controlled camps (Samos and other 4 planned to be opened). Mental Health remains a key concern, with people living in shipping containers, surrounded by barbed wire fences, and an increasing dynamic of detention, securitization and segregation from the rest of society. The remote location of the camps also hinders access to livelihoods, goods and services.

The decongestion of the islands combined with the lack of planning and new reception sites, as well as the COVID-19 lockdown measures resulted to the deterioration of conditions in camps located in the mainland. Around 40,000 people are hosted in overcrowding conditions, (Elaionas and Malakasa) isolated from the local communities (Ritsona, Koutsohero) and lacking essential services such as health services, water and proper sanitation.

Assessments conducted by the IFRC and HRC on the island of Lesvos have highlighted the difficult living conditions and challenges for persons with specific needs, such as with serious/chronic illnesses, persons with impairments and disabilities. Health services, first aid and mental health support have also been identified as key needs of the migrants living in the area of Kara Tepe (Mavrovouni) Camp.

Mental health has been identified as an important issue, but services are considered insufficient and limited PSS activities or facilities are available in Kara Tepe camp. Hellenic Red Cross has some capacity and experience in the area of psychological first aid, and further training and activities will be carried out with support from Movement partners.

Assessments by IFRC – including by PGI and CEA advisors from the Hellenic Red Cross and IFRC country office - and other humanitarian actors show that living conditions in Kara Tepe II camp are particularly challenging for persons with specific needs, such as persons with serious/chronic illnesses, persons with impairments and disabilities.

Cash assistance, an effective tool to [quickly help](#) vulnerable people meet their basic needs and withstand socioeconomic shocks, has been critical in this context. However, the provision of cash assistance is changing rapidly with many unknowns. In May 2021, a Ministerial decision was issued according to which no cash assistance would be provided to people living independently (renting their accommodation in urban sites). This Ministerial Decision confirmed that assistance would continue only for people registered in state run accommodation (sites, and Estia accommodation). Up to the beginning of July, the Government had received more than 5,000 requests for accommodation in light of this policy change. Recognized refugees stop receiving cash assistance after 30 days and new rules introduced in September 2020 [reduced cash allowances](#) for individuals staying in camps where food is provided. In addition, at the end of September 2021, UNHCR handed over the Cash Transfer Program to the Greek authorities, who have yet to outline a plan for the continuity of this assistance, leaving many refugees and asylum seekers in an extremely precarious situation.

Moreover, integration efforts continue to fall short in Greece, with many recognized refugees left destitute trying to reach other EU member states to re-submit asylum claims. Between January and March 2021, about [2,900 people](#) who hold international protection status in Greece have applied for asylum in Germany. For the whole of 2020, this number stood

at about 7,100 applicants. In January, a higher German court [ruled](#) against return of people to Greece with protection status in Greece.

Destitution and homelessness among refugee population still remain matters of concern especially following the decision of the Greek government in the first quarter of 2020 to stop offering accommodation and cash assistance once status has been granted. Limited integration and self-reliance opportunities mean that this leaves many recognized refugees destitute.

As a consequence to these measures and cuts, Hellenic RC will need to intensify its role within the Greek Society as humanitarian actor in order to ensure the assistance and to reviewing its migration programmes and services, and developing new initiatives regarding focusing on integration, livelihoods and employability of migrants, especially via the Multifunctional Centres in Athens and Thessaloniki that are providing a wide range of services to help refugees and asylum seekers to cope with their current situation through legal counselling and guidance on their way through procedures and available services, referrals, as well as social support and life and integration skills.

Moreover, the recent developments in Afghanistan have raised concerns about possible new arrivals to Greece and put Afghan nationals in Greece under growing pressure. The possibility of an increased number of arrivals has led to a particularly tense atmosphere for Afghan refugees and migrants and host communities in the islands. Action is needed to address the understandable concerns of local communities hosting refugees and migrants to avoid social tensions rising further. IFRC is closely monitoring the situation in Afghanistan and the region, with the view to ensuring appropriate contingency plans are in place to respond to new needs surfacing in Greece. An increased cross-border movement from Afghanistan is a potential scenario which on the medium term can also have an impact on the contexts along the way to Europe, including Greece. At the same time, careful attention to the changing needs of those already in Greece remains a priority.

### Operation Risk Assessment

Potential risk	Probability	Mitigation measures
Increase of irregular migration in the coming year, particularly from Afghanistan and the neighbouring countries	Moderate	Anticipating the context and preparing for new arrivals through proper contingency planning with local actors in Greece. Increasing the focus on PGI across all efforts.
The COVID-19 pandemic continues to spread (including through new variants), and as a result, movement of people is further curbed by authorities	High	Updating Business Continuity Planning documents, continue to raise awareness of applicable measures. HRC to continue to conduct risk communication and community engagement measures and distribute protective equipment and essential supplies to vulnerable groups. HRC to continue to monitor and adjust its operations to address emerging needs.
Rise in community tensions, violence and increased security risks.	Medium	Scale up CEA activities and information & awareness sessions with migrant and host communities. Cash activities for host communities and establishment of Humanitarian Service Points. PGI activities are scaled up and tailored to those most at risk of the increased violence.

## TURKEY

### Needs analysis

The following priorities were determined earlier based on assessments made on the ground during the influx at the Turkey-Greece border.

- **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.
- **PSS**, including psychological first aid (PFA), particularly for unaccompanied children and other vulnerable groups, and new needs arising during the pandemic. Lack of access to trusted information created 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 experienced this along the migration route and required referrals for treatment and support.
- **Reliable relevant information**, wherein both migrant and host communities needed to have access to consistent and trustworthy information tailored to their needs.
- **Advocacy with authorities** to support integration of migrants and speedier processes to ensure protection and legal advice was in place for those who feared forced return or transfer.
- **Risk Communication and Community Engagement (RCCE)** within the scope of COVID-19

- **Advocacy with the authorities** for the inclusion of refugees in the Government plans for COVID-19 vaccination
- **Awareness campaign** on COVID-19 vaccination

## Operation Risk Assessment

Potential risk	Mitigation measures taken
The COVID-19 pandemic spread and as a result, movement of people curbed by authorities	TRCS conducted risk communication and community engagement measures and distributed protective equipment and essential supplies to vulnerable groups. TRCS monitored and adjusted its operations to address emerging needs.
Increase of irregular migration	TRCS monitored the situation and procured two vehicles for outreach and hot meal distribution as part of preparedness activities.
Influx at the Turkey-Syria border due to continued conflict	TRCS monitored the situation and procured two vehicles for outreach and hot meal distribution as part of preparedness activities.

## B. OPERATIONAL STRATEGY

### Implemented strategy

#### GREECE

In Greece, the following focus areas guide the operational response to address the ongoing needs of the most vulnerable refugees, asylum seekers and migrants in Greece islands and mainland :

1. Ensure the continuation of migrants' support activities funded by the EA since 2020 in 4 camps: Mavrovouni Kara Tepe II camp in Lesvos Island, and Malakasa, Ritsona and Serres/Kleidi camps in the mainland.
2. Ensure the continuation of the Multi-functional Centres (MFC) in Athens and Thessaloniki, 5 Unaccompanied Minors Centres in Athens, Volos and Kalavrita, 2 Educational Health Stations (EHSs) in Athens (Ambelokipoi and Kallithea) and the Accompaniment Referrals Programme (ACCREF).
3. Ensure the continuation of the provision of health services through Mobile Health Units (MHU):in migrant camps in mainland Greece and in the islands.
4. Allow to develop a comprehensive programmatic and resourcing strategy to address the protracted nature of the situation.
5. Enable analysis, contingency planning and prepositioning of relief items to anticipate a humanitarian response in relation to the deteriorating humanitarian situation in Afghanistan.
6. Support the livelihoods of the low-income households of the host community in Lesvos Island to cover their basic needs through multipurpose cash grants

The operation is considering different measures to mitigate the risks of COVID-19 transmission, including providing PPEs for the staff and volunteers, respecting physical distancing during the activities as per global standard recommendations.

The **main objectives** for the ongoing needs of the vulnerable refugees, asylum seekers and migrants during COVID-19 evolution are the following

1. **Provide ongoing health/ Wash/MHPSS/Vaccination services services to refugees and migrants through**
  - a. Provide basic services to refugees and migrants at Kara Tepe II camp on Lesvos Provide ongoing health through the mobile HRC health unit,
  - b. Mobile Health Units in the following camps: **Kara Tepe II in Lesvos, New Malakasa, Serres/Kleidi, Ritsona camp**, along with health and hygiene promotion activities, including COVID-19 control and prevention and the distribution of hygiene kits.
  - c. An additional mobile health unit has started operating in **Samos Island** on 20 September (2021) and HRC started health services in the Nea Kavala Camp in October 2021, with the same MHU from Serres/Kleidi
  - d. Two Educational Health Stations as well as a mobile health unit in urban Athens. Educational Health Stations (EHS) are primary health care centres in Attica for refugees and migrants, unaccompanied minors and those without social security. It also assists the local population, including those on low incomes like pensioners.
  - e. PGI awareness and mainstreaming to prevent, mitigate, identify and respond to protection concerns, including safe and timely referrals to specialized services.
  - f. Mainstream basic mental health psychosocial support in the form of psychological first aid provision with all other services, and minimum standards for protection, gender and inclusion.
2. **Sustain and extend well-established core HRC migration activities including**

- a. Two multifunctional centres (MFC) in Athens and Thessaloniki: These centres provide services to those seeking asylum or those under international protection. The main services include psychosocial support, counselling, facilitation, referral to other services, Restoring Family Links (RFL), food and non-food items, interpretation/translation, educational activities, and paralegal support.
  - b. Five accommodation centres for unaccompanied minors (UAM): one in Volos, 3 in Athens and one in Kalavryta.
  - c. The Accompaniment Referrals Programme (ACCREF)
3. **Prepare for a possible future influx of refugees and migrants through** Contingency planning, capacity building and training branches and volunteers, and pre-positioning of relief items (mainly NFI kits).

The recent developments in Afghanistan have raised concerns about possible new arrivals to Greece and put Afghan nationals in Greece under growing pressure. The possibility of an increased number of arrivals has led to a particularly tense atmosphere for Afghan migrants and refugees and host communities in the islands. Action is needed to address the understandable concerns of local communities hosting refugees and migrants to avoid social tensions rising further. IFRC is closely monitoring the situation in Afghanistan and the region, with the view to ensuring appropriate contingency plans are in place to respond to new needs surfacing in Greece. An increased cross-border movement from Afghanistan is a potential scenario which on the medium term can also have an impact on the contexts along the way to Europe, including Greece. At the same time, careful attention to the changing needs of those already in Greece remains a priority.

IFRC Country Delegation in Greece is working closely with the National Society to ensure preparedness measures are in place in the event of a new large-scale migration movement to Greece.

- a. Monitor for a possible future influx of refugees and migrants to neighbouring islands.
- b. Strengthening National Society capacities. The focus is on supporting the Hellenic Red Cross in utilizing its capacity to foster its own National Society Development, with the possibility of undergoing a BOCA exercise.

## TURKEY


In Turkey, this operation was implemented through the following approaches:


- (1) responding to the needs of migrants accumulating in the border with Greece.
- (2) preparedness for responding to the needs in case of accumulation of migrants in the border with Greece; and
- (3) 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 two locations where migrants had gathered in large numbers. These were (1) Pazarkule, and (2) Ipsala in Edirne province in northwest Turkey. TRCS provided food rations and hot meals as well as shelter and household relief items, psychosocial support services, hygiene kits, protection and outreach services. 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 that the Do No Harm principle is observed at all times.

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 maintained contact with the migrants after completion of their quarantine period as they stayed in three cities Malatya, Erzurum and Osmaniye due to travel restriction. TRCS closely monitored their movement afterwards, as well. Pre-positioning of contingency stock was planned in the event of an accumulation of migrants in the border with Greece, and a possible influx over the Turkey-Syria border due to the ongoing conflict. Two vehicles were procured and customized as outreach and mobile soup kitchen as part of preparedness activities. However, funding towards this appeal was low for Turkey, which constrained the implementation of other planned activities for the pre-positioning of contingency stock.

## C/1. DETAILED OPERATIONAL PLAN – Greece operation update

	<b>Shelter</b>
	<b>People reached: 1,440</b>
	Male: 740
	Female: 700
<b>Outcome 1: Migrant families have their basic shelter and household item needs met</b>	
<b>Output 1.1: Migrant families are provided basic short-term shelter and household items</b>	

Indicators:	Target	Actual
# of people who have received emergency shelter assistance	4,440	1,440
<b>Progress towards outcomes</b>		
<p>Following the fire in Moria camp, and as part of the RC response, The German Red Cross provided 500 family tents<sup>10</sup> following a request from authorities managing the new Kara Tepe centre. In the initial phase up of establishing the camp, 240 tents were erected until all needs were covered and the camp reached its full capacity. The tents were upgraded with tailored wooden pallet floor to improve thermal insulation and comfort, and all remain in use. In addition, additional tents were used to replace tents elsewhere in the camp which were damaged by storms and heavy rains, while a small number were used to support other agencies active in the camp.</p> <p>A total of 141 remaining tents were transported to Croatia to support the immediate emergency response following an earthquake on 29 December.</p> <p>Due to dire living conditions in the camp, especially during cold season, and with the accumulated delays in the construction of the new camp, which is estimated now to be open in spring 2022, authorities decided to undergo construction works aiming at improving the infrastructure of the current camp to offer better living conditions for the population that will be there for another winter.</p> <p>In March 2021, the camp management started the rehabilitation works in Kara Tepe II camp, including water access, electricity access, levelling and gravelling of the space, which required the removal of all the tents in the camp. IFRC subcontracted the services of a service provider (Agritelis) and with the support of German RC Wash and Logistics Delegate, supervised the operation of dismantling, cleaning, evaluating their condition and repacking and storing the tents. As a result, 126 complete tents including winterisation kits that were in appropriate conditions to be re-erected have been donated to the Ministry of Migration and Asylum. The damaged tents have been donated to the local NGO Lesvos Solidarity for upcycling purposes (a team of migrant tailors are upcycling the materials of lifesaving vests or other items to design other items like bags).</p> <p>With this, the Shelter activities were concluded in Lesvos as of end of September 2021 with no further plans to continue the support on shelter from IFRC side or with German RC presence in the camp.</p>		
 <p><i>Volunteers from HRC are helping to set up tents for migrants and refugees at Kara Tepe, Photo Credits: IFRC Greece</i></p>		
<b>Challenges/constraints</b>		
<i>Please see needs assessment section above.</i>		

<b>Livelihoods and basic needs</b>		
	<b>People reached:</b>	636
	Male:	305
	Female:	331
<b>Outcome 2: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</b>		
<b>Output 2.5: Households are provided with multipurpose cash grants to address their basic needs</b>		
Indicators:	Target	Actual
# of people from host community who have received multipurpose cash assistance	1,000 people (400 households)	636 people (262 households)
<b>Progress towards outcomes</b>		
<p>Distribution of multipurpose cash grants (MPGs) was planned initially for 400 most vulnerable local households (1,000 people) in the host community in and around Mytilene on Lesvos Island, based on clear selection criteria and in close collaboration with local authorities. The first part of the distribution has been concluded for 262 households (HHs) out of 400 HHs, according to number of applications and the criteria of selection. The transfer value for the MPGs was</p>		

<sup>10</sup> As a bilateral contribution, based on the needs originally identified through the EA

based on the HH size and the amounts (ranging from 150 to 400 euros) have been distributed in three instalments in September, October and November 2021 to cover household costs over the winter months.

The selections for the distribution of multipurpose cash grants (MPGs) to 262 most vulnerable local households (636 individuals) in the host community in and around Mytilene (Lesvos) was based on clear criteria and in close collaboration with local authorities. Lesvos island was selected as the area of implementation taking into consideration the number of migrants and refugees assisted.

For the remaining 138 households, different criteria and location selection will be taken into consideration to address the needs of the most in need.

The objective of the activity is to assist the most vulnerable households to cover basic needs such as a supplementing to the cost of the electricity bill, food items, pharmacy items, communication cost. The modality used is bank transfers. The final selection was based on the following criteria with a clear priority to those with the lowest annual income: Unemployment, households receiving the Social Solidarity Income (Safety Net Programme addressed to households below the poverty line), households paying rental or mortgage for their house, family members with vulnerabilities and protection cases such as single-headed families, people with disabilities or chronic diseases. For the identification of the most vulnerable, the HRC suggested annual income thresholds, as part of the set of criteria, based on the family size.

A total amount of 255,300 euros have been allocated to be distributed in three instalments to cover household costs over the winter months (heating bills, winter clothes, bedding, etc.). The transfer value has been built based on the HH size. The transfer mechanisms being used are bank transfers. The HRC plan for the remaining target of 138 households that were not identified on the island of Lesvos, suggests implementing the remaining target to a different location that a) hosts migrants and refugees in nearby camps and b) the HRC has HR capacity to support the implementation i.e., Thessaloniki (North Greece).

### Challenges/constraints

The main challenges are related to Covid-19 restrictions (digital data collection, no paper used) and the demand of several cross-checks that the verification team needed to do electronically. Additionally, the need of some of the supported people for more personal contact and face to face assistance by the HRC has been highlighted as preferable in some cases. However, the National Society has the chance to modernize its tools and systems and to align with the arising need for digital approaches to secure operational capacity and business continuity during the pandemic.

The project design, taking into consideration the need for social distance and the new measures for restrictions of movement due to Covid-19, had a fully digitalized set-up, which was materialized with the support of the Netherlands Red Cross and the 510 initiatives.

Two registration methods were developed and made available for beneficiaries: a self-registration form for the applicants familiar with similar electronic processes and a remote registration form for those who would prefer to be assisted by the HRC for their registration.

A remote Helpdesk was also available from Monday to Friday 10:00-13:00 via regular telephone line and Viber and via a designated email address.



### Health

**People reached: 27,486**  
 Male: 14,511  
 Female: 12,975

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

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

Indicators:	Target	Actual
# of people supported with first aid and PSS services (including primary health activities, PSS services and FA kits)	30,775	<b>27,486</b>
# migrants who receive primary health care services through mobile health units	18,000	<b>12,728</b>

#### Outcome 2: The psychosocial impacts of the emergency are reduced

##### Output 2.1: Psychosocial support provided to the target population

Indicators:	Target	Actual
-------------	--------	--------

# migrants who are reached with PSS activities	9,000	8,767
--	-------	-------

### Progress towards outcomes

At the request of the authorities the HRC is operating Mobile Health Units (MHUs) in several migration centres on the mainland, including Kleidi/Serres, Malakasa, Korinthos, and Ritsona, as well as in the operational RIC (Reception and Identification Center) of Lesvos, and on the newly Samos MPRIC (Multi-Purpose Reception and identification Center) as of 18<sup>th</sup> of September 2021, to cover the needs of newly arrived migrants.

The HRC MHUs provide general medical services five days a week to all vulnerable migrants. Services typically include a general pathological clinic with a general practitioner and nurses, a nursing station for triage and monitoring of the patients with chronic conditions, a paediatric clinic staffed with a paediatrician and nurses, a gynaecology clinic and a dental clinic. More specifically, In the context of an holistic Primary Health Care, the HRC medical teams are providing medical & nursing consultation, follow up of patients with chronic diseases, medical First Aid and Mental Health First Aid (PFA), Infants and Toddlers' development monitoring, maternity care, vaccinations of children (and adults, if required), gynaecological & sexual health monitoring, prenatal & postnatal care, oral & dental health care, mediation and facilitation of access to the Primary Public Health Units or other NGOs' specialized in sexually transmitted diseases. (17,325 services to 7,875 people).

Additionally, multiple Health & Hygiene Promotion activities, and awareness sessions on Covid-19 protection measures and vaccination are implemented, along with referrals for PSS & Protection issues ((1,235 sessions held & 17,290 people reached).

General primary health care needs of migrants include upper respiratory diseases, gastrointestinal diseases, mild infections, as well as follow-up of patients with chronic diseases, mental disorders, reproductive health care services and monitoring of children's health. Clear protocols have been established with the health department for the referral of more serious or urgent cases to public hospitals and health care services. The MHUs are supported by interpreters in key languages like Arabic, Farsi and French.

On the other hand, the MHU of urban area provides health care services to refugees and migrants living in the urbans of Athens and Piraeus, unaccompanied minors being accommodated in shelters, families housed in apartments under the umbrella of programs such as "HELIOS" or "Filoxenia", etc., refugees and migrants being in a state of homelessness, one-parent families or single women with children hosted in shelters. (416 beneficiaries assisted).

The two **Educational Health Stations in Attica** provide primary health care services to vulnerable people, migrants unaccompanied minors, people without AMKA, in an effort to reduce health inequalities, while empowering people to follow healthy behaviours and hygiene practices. (9,761 services to 4,437 people; EHS Ambelokipi: 3,143 beneficiaries assisted and EHS Kallithea: 1,294 beneficiaries assisted).



*Volunteers have been helping with routine vaccination for almost 5,000 migrants and refugees living in camps and urban areas through MHUs. Photo Credits: HRC*

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. All interventions are carried out following the necessary prevention and protection measures against COVID-19 (remotely wherever possible, relevant equipment for those carried out face to face).

Direct Psychosocial Support (PSS) services in groups and individually have been provided to a total of 14,910 beneficiaries in the MFCs in Athens and Thessaloniki, and the migration centres. Sessions include PFA, case management, information, counselling, directives, psychological support, emotional relief and referrals. All interventions were carried out following the necessary prevention and protection measures against COVID-19 (remotely wherever possible, relevant equipment for those carried out face to face). PSS services are deemed important and much needed considering the increased vulnerability of those already vulnerable due to the pandemic.

A wide range of PSS services is provided also to the total number of unaccompanied minors (527) residing in the five respective Accommodation Centres 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, taking into consideration the increased vulnerability of the beneficiaries both due to the already existing vulnerabilities and the impact of the pandemic to their lives.

*During the COVID-19 pandemic, the ACCREF program supported many hospitals with interpretation services mainly via its hotline. A total of 13,034 migrants were supported in accessing Public Health system through the Accompaniment and Interpretation program (ACCREF) since the beginning of the operation.*

## Challenges/constraints

The COVID-19 pandemic and the related lockdown measures have further exacerbated the situation of migrants living in already difficult conditions, awareness raising and prevention activities in relation to COVID-19 are therefore regularly implemented.

**The main challenges faced by the MHUs at the Migrants Centers:** 1. Limited nursing staff in relation to the increased daily needs 2. Most public hospitals are operating as Covid-19 referral centres, and thus few regular appointments are arranged. 3. Sudden staff resignations and low response to doctors' position announcements 4. Provision of health services inside the MHU vehicle for a period due to lack of space and bad weather conditions 5. Delays in the supply of the MHU's with the medical equipment, consumables, drugs & vaccines, IT equipment, etc. due to the long procurement procedures (pre-approvals, technical approvals, etc.). 6 Technical difficulties in the implementation of e-prescription

**As for the EHSs, the main challenges concerned** 1. the recruitment of a psychiatrist, 2. the inadequate quantity of first line vaccines, 3 deficiencies in dental drugs and consumables, 4. the replacement of clinics worn equipment 5. the insufficient number of nurses providing services due to their implication at the national Covid-19 Vaccination program upon Government request & their rotation at other camps.

**Finally, as for the MUT of urban area (Athens)** a certain decrease observed in the number of visits conducted was related to the Covid19 restriction measures and the nurses' mobilization at the national Covid-19 Vaccination program upon Government request & their rotation at other camps.

## Water, sanitation and hygiene



**People reached: 12,900**  
 Male: 6,900  
 Female: 6,000

### Outcome 1: Good hygiene practices are promoted among migrant families

#### 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
# people who have received a hygiene kit	12,900 <sup>11</sup>	<b>7,057</b>
# of hygiene kits purchased for contingency stock	10,000 <sup>12</sup>	Not started yet

### Outcome 2: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# of litres safe water distributed per person per day	23	<b>30</b>

#### Output 2.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
% of target population with access to an improved water source	100%	<b>100%</b>

#### Output 2.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards)	7,650	<b>7,650</b>

#### Output 2.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
% of facilities that are regularly cleaned and maintained	100%	<b>100%</b>

#### Output 2.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
-------------	--------	--------

<sup>11</sup> Revised from 5,000.

<sup>12</sup> Revised from 30,000.

# people reached directly and indirectly with key messages to promote personal and community hygiene	7,650	7,650
<b>Outcome 3: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase</b>		
<b>Output 3.1: Continuous monitoring and evaluation of water, sanitation, and hygiene situation is carried out in targeted communities</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people with access to improved health conditions	7,650	7,650

**Progress towards outcomes**

HRC together with German and Danish Red Cross provided relief items, hygiene kits and tents to accommodate people in the new camp. HRC deployed a mobile health to provide medical support and immediate first aid to the residents of Kara Tepe as well as a restoring family links team in coordination with ICRC, to assist those affected in communicating with their loved ones.



Hand-washing activity before entering the school at Kara Tepe camp. Photo credits: IFRC Greece

*Water and hygiene provision at Mavrovouni camp, Lesvos*

- An average of 150m3 of cold potable water has been trucked into the camp daily and distributed through 8 distribution points through bladders and roofed tab-stands to supply camp residents with sufficient water. Additional up to 60m3 of water has been supplied to Wash partners that offer containerized shower facilities.
- Up to 60m3 of hot water has been trucked into the camp daily to supply RC shower facilities
- Grey water has been trucked out of the camp daily. The amount varied due to various circumstances, such as weather condition, number of people using the showers etc.
- Four gender segregated shower facilities have been implemented and are operational with a total of 119 Showers. They are managed by 80 camp residents volunteering for the task.
- Hygiene promotion activities have been implemented and are ongoing. Sessions were conducted by camp residents volunteering for the RC.
- Standard hygiene kits donated by German and Danish Red Cross were distributed to 5,148 people, mainly families and single women. Four volunteers from the Lesvos branch and four Samaritans assisted in the distribution which took place over three days in early December. A final distribution targeting single men is planned for mid-February.

Distributions are organised in a staggered schedule as several agencies have contributed hygiene items; there is no need for further Red Cross distributions beyond February 2021. A technical company was contracted to develop 3 Studies for 'water to the camp', 'sewage network onsite' and 'sewage network to the biological treatment plant'.

<i>Red Cross water trucking</i>	
<i>Mavrovouni, Nov-Dec 2020</i>	
Type	m <sup>3</sup>
Cold water	9,390
Hot water	3,600
Grey water	3,833

In Kara Tepe RIC, between 2-4 of December 2020, **1,361** family hygiene kits and **318** hygiene kits for single women were distributed. A similar distribution of **2,038** hygiene kits to single men also took place between 20 and 23 of April 2021 in Lesvos. Additionally, **1,909** people had received relief hygiene kits in the Migration Centers in Northern Greece (Kleidi/Serres) and in New Malakasa in May 2020. Hygiene kits were also accompanied by ongoing general hygiene promotion and awareness for adults and children, as well as COVID-19 related messaging.

*Distribution of hygiene kits*

<i>Location</i>	<i>Men</i>	<i>Women</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
-----------------	------------	--------------	-------------	--------------	--------------

Mavrovouni/Lesvos	1,221	1,527	1,254	1,146	5,148
Mainland					1,909
<b>TOTAL</b>					<b>7,057</b>

- German Red Cross WASH team together with IFRC Delegate were jointly coordinating the WASH interventions in Lesvos to improve the living conditions of the residents until end of March 2021, when works were handed over to other humanitarian actors on the site,
- Water trucking for drinking water and warm water to be trucked into the camp daily, hot shower facilities to support people to overcome the winter, shower facilities for people with special needs, baby bathing in the female and male shower facilities, handwashing stations
- For the shower facility management, up to 104 residents volunteering for the Red Cross were trained to run the shower facilities (providing beneficiaries with basic hygiene products, ensuring the showers are clean and function properly, etc.).
- For the Handwashing stations, 8 residents volunteers were trained to maintain, refill, monitor and run the handwashing stations around the camp and regular handwashing sessions were conducted especially for children.
- For the Hygiene Promotion, up to 30 Camp residents volunteering for the Red Cross were trained as Hygiene Promoters covering the different communities in the camp.
- Red Cross WASH interventions and Hygiene Promotion activities improved significantly the living conditions of the refugee population in Kara Tepe.
- The mobile health unit of the Hellenic Red Cross remain at the camp is continuing to provide its residents with essential primary health services.
- The German Red Cross continued to provide substantial support to the operation on Lesvos through the construction of the pipeline to Kara Tepe II, following the discussions with Greek authorities to construct a permanent water supply in the temporary camp, German Red Cross signed an MoU with the Municipal Water and Sewerage Company of Lesvos to set up water and sewerage connections. The works started in July 2021, The project is estimated to be finalized by the end of 2021.



*WaSH facilities in Kara Tepe*

Although UNICEF was leading the WASH response, GRC/IFRC has been recognised as main WASH actor in Kara Tepe II making significant contributions to the improvement of living conditions in the camp. GRC/IFRC was perceived as a technical innovator in developing WASH solutions and quality HP tools, especially regarding Protection, Gender, Inclusion (PGI) and Community Engagement Accountability (CEA). This strategy of merging PGI and WASH was a successful approach to the needs of PoC. Vulnerable groups were broadly defined as women, adolescents, and girls and the aid provided has been proportionate to the needs as the outcomes and outputs were defined according to local needs, IFRC/GRC needs assessment, EPoA 2020 and UN Humanitarian Response Plans. The objectives were achieved based on the number of people targeted and who received the service, aiming to cover the whole camp.

#### **Challenges/constraints**

- Covid 19 - challenged the team and the entire operation. Due to this fact strict rules amongst the team and onsite had to be implemented.
- The Kara Tepe camp is located on an archaeological site. A lot of the planned interventions were not permitted or needed approvals. Some of the interventions were implemented only on the surface.
- A big number of actors have been active onsite which made coordination challenging and resulted sometimes in unusual cooperation. Regular and strong sector meetings helped to overcome challenges.



## Protection, gender and inclusion

People reached: 21,873  
 Male: 14,443  
 Female: 7,430

### 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.	yes	yes

### 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	yes	yes
Sex, age and disability disaggregated data is collected	yes	yes
# of staff and volunteers trained on minimum standards	50	128

### 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	11,090

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

#### Output 2.1: Support is made available for migrants with urgent specific needs

Indicators:	Target	Actual
# of Unaccompanied minors receiving support in Greece	TBD	278
# of migrants assisted in Multi-functional centres through information or referrals	TBD	21,873

### Progress towards outcomes

The government formally abolished the provisions which allowed unaccompanied minors to be detained in police custody. In addition, all unaccompanied minors on the islands were transferred to safe accommodation structures on the mainland while transfers to other EU countries also continue.

In Lesbos, a comprehensive PGI assessment was conducted in October 2020, including concrete recommendations on integrating PGI safeguards into the various areas of the operation (WASH/hygiene promotion, Health, NFIs). RC delegates have been continuously provided with PGI-related technical support on the treatment of sensitive cases, including the identification, proper response and referral of protection cases and individual requests. Capacity building and awareness raising activities, addressed to RC delegates and community volunteers are currently developed, to be delivered in January - February, with the aim to strengthen capacity of field staff and volunteers on PGI standards, procedures and safeguards. Additionally, the overall protection situation in the new camp is closely monitored, in liaison and through networking with other NGOs and IOs, and recommendations are developed on the improvement of services, with a special focus on the protection of women, children, older persons, persons with disabilities and other vulnerable people at risk.

*Mavrovouni Camp, Lesbos*

Thirty staff members of HRC and IFRC involved in the Cash Transfer Program in northern Greece participated in comprehensive capacity development activities (webinars), covering protection-related issues, including introduction to the IFRC DAPS framework, identification and referrals of vulnerable persons and other people at risk in the field, and PSEA principles and tools.

According to the latest assessments by IFRC and other humanitarian actors, living conditions in the new camps are particularly challenging for vulnerable persons and persons with specific needs, such as children, single women, older persons, persons with serious/chronic illnesses and persons with disabilities. Several MHPSS and SGBV- specialized actors have been suspending admission of new cases as they reached the limits of their capacity. As a result, extremely high numbers of people in need of MHPSS and tailored SGBV-related support remain unsupported.

New arrivals are temporarily placed together in the rub-halls, until their eventual allocation by the Ministry, leaving women and children exposed to physical and verbal harassment. Persons with serious mobility limitations cannot practically move out of their tents, being completely dependent on their relatives. Continuous assessments by IFRC and other organizations highlight that the situation in the camp is particularly substandard for children and especially

girls; menstrual and skin- related infections are significantly prevalent, while the lack of schooling and other age-appropriate activities further contribute to the children exposure to hazards in and around the camp.

There is a need to ensure continued protection efforts across RCRC response programming, including the prevention of violence against children and sexual and gender-based violence, human trafficking, as well as survivor- centered support and referral, where needed. The need for MHPS - including psychiatric- support also requires additional assessment. Additionally, there is a reported need for gynecological and reproductive health support, due to the continuous increase of relevant requests and limited current capacity.

The Hellenic Red Cross continued to provide full-time accommodation and support to unaccompanied migrants through its five accommodation centres. During this year, a total of 278 minors were supported. Following government decisions, all unaccompanied minors on the islands were transferred to safe accommodation structures on the mainland while transfers to other EU countries also continue.

In Ritsona , a comprehensive PGI assessment was conducted in June 2021, including concrete recommendations on integrating PGI safeguards into the various areas of the operation (PSS,CEA,HEALTH). Additionally, the overall protection situation in the new camp Ritsona is closely monitored, in liaison and through networking with other NGOs and IOs, and recommendations are developed on the improvement of services, with a special focus on the protection of women, children, older persons, persons with disabilities and other vulnerable people at risk.

In all HRC programs and activities, staff have been continuously provided with PGI -related technical support on the treatment of sensitive cases, including the identification, proper response and referral of protection cases and individual requests. Capacity building and awareness raising activities, addressed to HRC staff and volunteers, with the aim to strengthen the capacity of field staff and volunteers on PGI standards, procedures and safeguards and PSEA principles and tools.

The overall approach of the MFCs in Athens and Thessaloniki, as well as of the 5 Shelters for the UAMs (3 Athens, 1 Volos, 1 Kalavryta), is to contribute to the reduction of vulnerabilities, the enhancement of the resilience of the refugee population and the shaping of a positive impact on the host society regarding migration. The operation of these Centers is significant as they provide refugees with an opportunity to rebuild a shattered life, reinstall hope and initiative. Meeting multiple and complex needs through their interdisciplinary approach is at the core of their operation. MFCs and Shelters for UAMs provide a holistic range of services and support to third-country nationals to help them being socially included and autonomous by rebuilding skills, resources, encouragement and responsibility. Their overall approach, along with their location in urban areas, provides refugees with a sense of community.

During Covid-19 and the restrictions imposed, the Centers quickly adapted their operation so as no refugee minors and other vulnerable groups be excluded by any needed service. The aim was to maintain safe living conditions and meet the psychosocial needs especially of the most vulnerable within a protected, safe framework.

The Social Services continue to provide case management to minors, people in high risk of homelessness, people malnourished or affected by other vulnerabilities, while ensuring referrals for health and medication for chronic patients.

The Hotline, one important means of communication for the support of the refugee population, is offering:

- Telephone interpretation to Public Health Institutions & Covid-19 Clinics of the mainland and the islands
- Translation for RC services in the mainland and the islands
- Up to date information regarding Covid-19 Vaccination process

The smooth and effective collaboration of both Social Services and the Hotline ensures that all the beneficiaries have the necessary documentation to access services, facilitate the procedure of appointments' booking and provide tele-interpretation during their appointments.

The legal services of the Shelters and the paralegal service of the MFCs keep assisting beneficiaries regarding asylum requests, provide information about their rights and procedures and facilitate family reunification processes under Dublin.

Finally, the implementation of non-formal education and PSS activities (regarding identity, gender, migration, diversity) for unaccompanied minors, children of different group ages and adults have been increased to compensate the lack of outdoor activities due to COVID restrictions. All the activities take place in line with the measures against the pandemic: remotely or face to face following relevant rapid tests.

<b># of people in MFCs assisted since the beginning of the operation</b>	
Male	13,196

Female	6,279
Male below 18	1,247
Female below 18	1,151
<b>TOTAL</b>	<b>21,873</b>

### Challenges/constraints

- In terms of PGI and overall response programming to the support of the most vulnerable among the affected populations, relevant assessments have been highlighting the significant needs in various areas including provision of appropriate shelter, electricity and winterization, provision of targeted health and MHPSS services, NFI and hygiene kits distribution, improvement of WASH facilities with a special focus on hygiene promotion activities,
- Furthermore, PGI -related capacity building and awareness raising activities of RCRC field staff and volunteers are highly essential and should be further systematized in order to enhance their know-how on the identification, response and referral for people seeking assistance and support. RCRC can further intensify their work with the communities, the authorities and other humanitarian actors in the field in addressing, preventing and safely responding to incidents of violence against children and women as well as in strengthening the collaboration and referral systems for the support of the most vulnerable, in respect of the survivor-centered approach.
- The Covid-19 pandemic and the restriction measures had an impact on the increase in violence, especially against women and children. In terms of PGI and overall response programming was focusing on the support of the most vulnerable among the affected populations. HRC intensified the work with the communities, the authorities and other humanitarian actors in the field towards addressing, preventing and safely responding to incidents of violence against children and women as well as in strengthening the collaboration and referral systems for the support of the most vulnerable, based on the survivor-centered approach.
- Due to the COVID-19 prevention and protection guidelines, access to the Centers had to follow specific protocols. Most of the services were provided remotely; classes and PSS Activities for children were held online; Social Service sessions were held via Skype or WhatsApp and beneficiaries were encouraged to communicate via phone in order to receive necessary information. On the other hand, enrollment of children of all ages in the public education system has been challenging mainly due to lack of required documentation and schools' capacity. This resulted in a number of children being excluded from education procedures. As for the children enrolled, access to remote classes was in some case difficult due to the lack of relevant equipment.



*PSS activity for children in MFC at Athens.  
Photo credits: HRC*

The lack of a legal status or delays in the registration process of the Asylum Offices had an impact on beneficiaries' access to public services (i.e. schools, hospitals).



## Migration

<b>People reached:</b>	<b>38,650<sup>13</sup></b>
Male:	21,870
Female:	18,630

**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.**

<sup>13</sup> Targets under Migration sector are overlapping with PGI and Health (services provided through MFCs, ACCREF, UAMs)

**Output 1.2: Awareness raising and advocacy address xenophobia, discrimination and negative perceptions towards migrants are implemented.**

Indicators:	Target	Actual
Dialogue platforms are established, allowing host communities and migrants to engage	yes	N/A

**Output 1.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster**

Indicators:	Target	Actual
% of people seeking RFL services, who are assisted	100%	100%

**Progress towards outcomes**

Community Engagement and Accountability –a way of working that values all community members as equal partners and recognizes their diverse needs, priorities, and preferences– is achieved by integrating meaningful community participation, open and honest communication and feedback mechanisms within HRC programmes in order to ensure high level performance, quality, sustainability and accountability.

For HRC, CEA is regarded as a cross-cutting technical approach and applies to all the EA programs though the implementation of a variety of methods and tools (MFC Athens and Thessaloniki, UAM shelters, Malakasa, Korinthos, Lesvos, Kleidi (Serres), Ritsona camps, EHS in Kallithea and Athens, ACCREF, etc.). Let’s notice that the visits conducted in MFC of Athens & Thessaloniki amount to 48,336 and the calls/requests received by the MFC Helpline to 92,448 until (as of end of August 2021).

In this perspective, it should be mentioned that:

**HRC provides Community Engagement and Accountability (CEA) assistance in Lesvos and Ritsona.** A combined methodology regarding the life-saving information has been developed through 1) face-to-face communication, 2) door-to-door visits, 3) information sessions, 4) group/community meetings, 5) printed material (posters, announcements designed and translated in all the basic spoken languages), and 6) Participatory and engaging activities (e.g recreational activities).

*Approximately 6,000 people-residents of the Kare Tepe RIC have been reached with life-saving information and feedback mechanisms*

- Feedback mechanisms are established as two-way communication channels, that is to say 1) Satisfaction surveys, 2) PDMs, 3) Suggestion Boxes, 4) Questionnaires, 5) KoBo tool, 6) Face-to-face communication and group meetings, and 7) large scale Surveys. HRC has developed a feedback mechanism which is now available as a **standard feedback mechanism** in all Health programmes under this appeal.
- Field and survey reports regarding CEA activities are available; a report regarding the satisfaction level of the HRC delivering services is being conducted in a monthly basis measuring the credibility and the quality of the projects.
- CEA toolkits, documents, guidelines, and SoP’s that enhance CEA approach have been developed; coordination and technical support meetings, trainings and sensitization sessions for HRC staff on CEA issues take place on a weekly basis and once a month in regional level.



*Community volunteers support the activities in MFC at Athens. Photo credits: HRC*

With the decongestion of the camps the needs in urban areas have increased across Greece and the COVID-19 outbreak has required significant readjustments both in terms of programming and duty of care to the people targeted, volunteers and staff. These changes require the Hellenic Red Cross to extend its well-established core migration activities to deal with additional needs and demands.

The two multifunctional centres in Athens and Thessaloniki provide a centrally located and accessible entry point to Red Cross services for migrant communities; these include orientation sessions, help desk, social case work services, support in restoring family links, accompaniment in accessing public services, multi-cultural dialogue and exchange, and language training and employability sessions.

The Hellenic Red Cross manages five accommodation centres for unaccompanied minors between 15 to 18 years old – one in Volos, three in Athens and one in Kalavrita – with a total capacity of 154 spaces. The centres provide accommodation, catering, personal hygiene items, clothing and footwear, as well as access to health and education services, psychosocial support, counselling and legal assistance, remedial teaching, learning Greek, and interpretation.

The Accompaniment Referrals Program (ACCREF) is built around cultural mediators trained on the Greek public health system structure and procedures, health terminology, interpretation and cultural mediation skills and detection of protection cases. They support vulnerable refugees and migrants by guiding them through the relevant processes and navigating access to public services, reducing language barriers, and building self-confidence and independence.

Since the beginning of the operation, a total of 22,400 people (21,873 beneficiaries of the two MFCs and in total 527 beneficiaries of the 5 UAMs) have been assisted, while some 48,336 visits were conducted in the two MFCs of Athens and Thessaloniki, and 92,448 calls/requests were received by the MFC Helpline by the end of September 2021.

HRC RFL Division is covering the needs at entry points and accommodation centers, ad hoc, remotely and with the support of other HRC actors when present. Gender accessibility remains an issue, while on the same time victims of torture that have received international protection approach more and more the Tracing & RFL Division looking for their families.

## Strengthen National Society

**Outcome 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**

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

Indicators:	Target	Actual
% of Red Cross volunteers involved in the operation who are insured	100%	<b>100%</b>

**Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place**

**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	100	160

### **Progress towards outcomes**

The DM Unit of HRC performed trainings on Basic Disaster Management to staff (16) and volunteers (104) of the HRC local branches of Alexandroupolis, Karditsa, Kerkira, Ioannina and Kalamata. It is a basic level training for all HRC's staff and volunteers in which trainees acquire basic knowledge of disaster risk management, disaster response mechanism, the relationship between HRC and civil protection as well as field evaluation tools. The training also consists of risk analysis methods and tools. The trainees learn how to apply them on their local context to classify the risks of their communities and how to find ways to mitigate and prepare to respond to them.

A training of 17 new volunteers in the Nursing Department was also held, covering the thematic units "Disaster Risk Analysis and Management" and "Disaster Management Mechanism" and a training of 85 volunteer trainers (2 cohorts of 45 and 40) of the Volunteering Sector on the sections: "Introduction to Disaster Management - The Strategy of the Movement" and "Field security".

IFRC has been able to influence other as strategic partners by providing new tools, planning, revising indicators and improving programming for migration in the following key areas:

- A Protection roadmap (in the form of a matrix) for 2021-2025 was developed and shared with HRC; the roadmap was developed in line with the HRC Strategy.
- Ad hoc provision of technical advice to MFC and site's CTP on several emerging issues (e.g., data collection and reporting templates, asylum seekers' handing in cash cards to RIS staff for ATM withdrawal, PSEA matters, introduction to the RFL program).
- Development and roll- out of a PGI Pocket Guide for RC Community Volunteers in Lesvos, in the form of a booklet hanged on badges, translated into 5 languages (English, French, Somali, Farsi, Arabic).
- A Review of the Health Operational Portfolio was conducted, and recommendations were shared with the HRC Health teams.
- Training sessions delivered and capacity development initiatives taken: a) a short (1 hour) PGI session addressed to CTP teams in July 2020, b) Two comprehensive one-day trainings on PGI, including identification and referrals and a PSEA session were conducted in September, targeting CTP/MFC staff (30 participants), c) a PGI Induction training was developed and presented to GRC WASH delegates in Lesvos, d) an advanced "Making referrals" training was delivered to selected GRC delegates in Lesvos.
- Review and provision of practical and concrete recommendations on integrating CP Safeguarding and PSEA principles into the CoC of the newly established HRC Volunteering Department.
- Introduction of HRC PRT FP to IFRC PSEA team with the aim to integrate PSEA approach, accountability and commitments into the NS operations and modus operandi; it has been agreed that the PSEA Manual will be translated into Greek by the HRC with the aim to have it rolled- out nationwide.
- Ad hoc provision of technical support and advice on integrating PGI standards and indicators into the whole program planning, design and implementation cycle, through directly liaising with IFRC and HRC relevant focal points.
- Review of and provision of feedback and input to all financial agreements/ Appeals and reports develop and submitted by IFRC or HRC (e.g., Ops 1 and 2, UNHCR reports, IFRC OP).
- Review and provision of recommendations and suggestions on IFRC operational tools and documents, shared by the HQ/RoE (e.g., the PGI Guidance on WASH, the IFRC PGI Strategic Framework 2021-2025).
- Recommendation to make the *Child Protection at IFRC* and the *Protection from Sexual Exploitation and Abuse (PSEA)* courses mandatory to all IFRC Greece staff.

PSEA awareness raising initiatives taken in the operational framework of the CTP in the North (display of UNHCR and IFRC relevant posters in the MFC, development of leaflets on the use of cash cards to be distributed in the sites etc.).

## International Disaster Response

**Outcome S2.1: Effective and coordinated international disaster response is ensured**

**Output S2.1.1: Effective and respected surge capacity mechanism is maintained.**

Indicators:	Target	Actual
% of Surge requests with positive response	80%	100%

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

Indicators:	Target	Actual
# of community feedback systems established	2	1

**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

In the immediate aftermath of the Moria fires in Lesvos, the IFRC mobilized an operations manager as well as a WASH coordinator. In addition, the German Red Cross first deployed a delegate to oversee shelter activities, followed by dedicated WASH team which has gone through several rotations. Additional short-term technical support in-country was also made available by the German Red Cross and Danish Red Cross. German RC provided an in-kind contribution to the IFRC Emergency Appeal through a bilateral coordinated response model between GRC and IFRC, where GRC NHQ was in charge of organizing the deployments of experts for the GRC WASH Team and managing the procurements with local suppliers providing the financial resources. The role of the IFRC was to coordinate the GRC-led response with the Hellenic Red Cross (HRC), public authorities and WASH Cluster and to represent the

RCRC Movement. The planned timeframe for this response was from October 2020 to the end of March 2021. The construction of a water pipeline is ongoing, which implies GRC presence until the end of 2021.

Although UNICEF was leading the WaSH response, GRC/IFRC has been recognised as main WaSH actor in Kara Tepe II making significant contributions to the improvement of living conditions in the camp. GRC/IFRC was perceived as a technical innovator in developing WaSH solutions and quality HP tools, especially regarding Protection, Gender, Inclusion (PGI) and Community Engagement Accountability (CEA). This strategy of merging PGI and WASH was a successful approach to the needs of PoC (People of Concern). However, this complimentary was not implemented since the start of the operation and took three months to include People with Special Needs (PWSN) in the WaSH services provided. Vulnerable groups were broadly defined as women, adolescents, and girls, with no detailed profile before January. The aid provided has been proportionate to the needs as the outcomes and outputs were defined according to local needs, IFRC/GRC needs assessment, EPoA 2020 and UN Humanitarian Response Plans. The objectives were achieved based on the number of people targeted and who received the service, aiming to cover the whole camp.

### Challenges/constraints

Surge deployments were affected by the COVID-19 pandemic to some extent, due to more limited availabilities, global and local travel restrictions, and quarantine requirements. In this situation, fewer but longer rotations are preferable from a practical point of view.

## 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	18

**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	4 <sup>14</sup>	4

**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%	71%

Progress towards outcomes

The IFRC comms officer made several trips to Lesvos to deal with international media, develop web stories, social media messages, audio-visual materials. Updated key messages and other communications materials were produced on a regular basis for use by IFRC and National Societies and shared through the weekly Communications Newswire and Slack.

During 2021, HRC ensured the visibility and communication on the operations using all NS social media channels. Publishing photos, videos and other communication materials like newsletters and Infographics to promote the involvement of the HRC staff and volunteers in assisting the people in need, depicting the image of hope, and letting them know that Red Cross is there to guide and support them, contributing to their success stories.

- Printing newsletters every 3 months and release them to media, Greek Government and to governing bodies, ministries
- Monthly reports about the activities of the ACCREF and of the multifunctional center
- Updating constantly the website
- Uploading social media posts on weekly basis with HRC's actions, photos, and videos.

<sup>14</sup> Revised from 1.

## Effective, credible and accountable IFRC

**Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability**

**Output S4.1.3: Quality management, financial, admin and audit support are provided to ensure an efficient operation**

**Output S4.1.4: Staff security is prioritized in all IFRC activities**

Indicators:	Target	Actual
<i># of Host NSs that have security SOPs in place covering activities in the operation</i>	2	2

### **Progress towards outcomes**

The IFRC country team in Greece worked closely with the Hellenic Red Cross finance team to streamline financial tracking and reporting. Additional national staff in areas such as finance, administration and human resources were made available to support the operation.

Importantly, the Hellenic Red Cross worked closely with an external audit company to clear its backlog, leading to the successful completion of its audited annual statements for previous years. Annual financial statements for the financial years 2018 and 2019 are now available on the HRC public website.

Specific security regulations were developed for operations on Lesvos by an experienced German Red Cross security delegate. This was based on a comprehensive risk and context analysis, taking into account both general security and COVID-19 related risks.

### **Challenges/constraints**

While there have been no major security incidents during the reporting period, these have been isolated incidents of petty theft in some of the camps, including basic medical equipment and materials. In addition, the situation in some of the camps can remain volatile particularly in view of movement and other restrictions. The Hellenic RC is in regular dialogue with the authorities to address security risks while also reviewing additional measures to ensure the safety of staff at all times.

## C/2. DETAILED OPERATIONAL PLAN – Final report for Turkey



### Shelter

People reached: 3,525

Male: N/A

Female: N/A

**Outcome 1: Migrant families have their basic shelter and household item needs met**

**Output 1.1: Migrant families are provided basic short-term shelter and household items**

Indicators:	Target	Actual
# of people whose shelter and household items needs are met	5,500	3,525

#### Narrative description of achievements

In March 2020, before the evacuation of the target population from the border areas due to COVID-19, TRCS distributed 44,698 clothing items, 3,885 pairs of shoes and 3,525 blankets to the migrant population at the Turkey-Greece border.

Plans towards procuring 100,000 blankets, 50,000 mattresses, and 10,000 winterized tents in preparation for a possible influx of people across the Turkey-Syria border did not materialize due to lack of funding.



#### Challenges

- Planning for definitive numbers was difficult as the target population was highly mobile, and constantly shifting.
- The onset of the COVID-19 pandemic which resulted in the evacuation of the target population reduced numbers of people at the border, thereby requiring further modification in original planning.
- Funding towards this component of the appeal was low, which constrained the implementation of planned activities for the pre-positioning of contingency stock.

#### Lessons Learned

- Clothing items and blankets were the crucial support during this emergency due to the winter season and cold weather. Logistics preparedness is advised to be in place for similar crises in the future.
- Warehouses provided by the Government Hydraulic Works were useful for storing the in-kind aids as well as for having planning meetings. This type of facilities and support can be explored during any future operation.
- Staff were the key actors of this operation. Their qualifications were very critical while dividing into teams and deciding the interventions of affected people needs in the villages; and their connection and exchange of phone numbers with mukhtars helped to dispatch the assistance in the respective villages from the nearest point.
- Follow up actions include the development of strategies for irregular migration situations and sensitize the staff through trainings and/or workshops. To prepare for such incidents, written procedures/preparedness plan have been proposed to be in place including staff to be involved, steps to be followed, and risk analysis and management especially related to protection needs in the field. These guidance documents also need to include awareness and precautions related to pandemics.



## Livelihoods and basic needs

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	1,500	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	1,000 per week	3,000 people per week
# of infants provided with baby food per week	500 per week	500 infants/week
# of mobile catering units available for food distribution	1	1

### Narrative description of achievements

In March 2020, before the evacuation of the target population from the border areas due to COVID-19, 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.



Mobile catering unit in action

The procurement of a vehicle to serve as a mobile catering unit was completed. After the necessary customization for hot meal distribution, the fully equipped vehicle was delivered to TRC premises on 22 January 2021. This vehicle was procured as part of preparedness activities and will be put in use in the event of movements at the migratory routes and/or for other future emergencies as needed.

### Challenges

- Planning for definitive numbers was difficult as the target population was highly mobile, and constantly shifting.
- The onset of the COVID-19 pandemic which resulted in the evacuation of the target population reduced numbers of people at the border, thereby requiring further modification in original planning. 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.

### Lessons Learned

- There were some preparedness in place such as contingency food stocks, which proved instrumental in quick response to this crisis. Operational costs need to be considered beforehand for such emergencies, for which financial sustainability is important. Contingency funds should be secured before the emergencies take place.
- Overseeing the assistance provided by other NGOs was important because the teams sometimes encountered inappropriate and spoiled food distributed to people.
- Follow up actions include strategies to be developed for irregular migration situations and sensitize the staff through trainings and/or workshops. To prepare for such incidents, written procedures/preparedness plan have been proposed to be in place including staff to be involved, steps to be followed and risk analysis and management especially related to protection *needs in the field*. These guidance documents also need to include awareness and precautions related to pandemics.



## Health

People reached: 6,401

Male: N/A

Female: N/A

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

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

Indicators:	Target	Actual <sup>15</sup>
# of families reached with improved health care on a weekly basis for 9 months (previous target: 2,000)	Target: 3,571	N/A
# of sessions held per day to orientate migrants in first aid in three locations (previous target: 4)	Target: 4	N/A
# of migrants receiving first aid kits after orientation (previous target: 48,000)	Target: 2,000	N/A

**Outcome 2: The psychosocial impacts of the emergency are reduced**

**Output 2.1: Psychosocial support provided to the target population**

Indicators:	Target	Actual
# of migrants supported with PSS services (previous target: 36,000)	Revised target: 5,000	5,260
# of migrant children, who are supported with PSS services through mobile child-friendly spaces (previous target: 24,000)	Revised target: 5,000	1,141

### Narrative description of achievements



Mobile Child-friendly space operated by TRCS

In March 2020, before the evacuation of the target population from the border areas due to COVID-19, a mobile child-friendly space (CFS) was set up at the Pazarkule border crossing and served children with activities, including games, painting and music activities. Also, PSS sessions were held in support of the migrant population requiring PSS services.

Plans towards procuring first aid kits as a contingency stock did not materialize due to lack of funding.

### Challenges

- The onset of the COVID-19 pandemic which resulted in the evacuation of the target population reduced numbers of people at the border, thereby requiring further modification in original planning.
- Funding towards this appeal was low, which constrained the implementation of planned activities for the pre-positioning of contingency stock (first aid kits).

### Lessons Learned

- In case of pandemic situation some staff members need to be assigned with the role to understand and inform the wider team about the health risks and vaccination status regarding migrants from different nationalities. There should also be a dedicated team for health screenings.
- Follow up actions include the development of strategies for irregular migration situations and sensitize the staff through trainings and/or workshops. To prepare for such incidents, written procedures/preparedness plan have been proposed to be in place including staff to be involved, steps to be followed and risk analysis and management especially related to protection needs in the field. These guidance documents also need to include awareness and precautions related to pandemics.

<sup>15</sup> Due to the change in the operational context, i.e. removal of the target population from the border areas, as well as lack of funding, targets were not applicable.



## Water, sanitation and hygiene

People reached: 1,800 (≈ 355 families)

Male: N/A

Female: N/A

### Outcome 1: Good hygiene practices are promoted among migrant families

#### 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 (previous target: 3,000)	Target: 1,000	355 families
# of hygiene kits procured as contingency stock	Target: 10,000	NA

#### Narrative description of achievements



TRCS team transporting hygiene items to be distributed

In March 2020, before the evacuation of the target population from the border areas due to COVID-19, TRCS distributed 2,956 hygiene kits to 355 migrant families (approximately 1,800 individuals) weekly at the Turkey-Greece border.

Plans towards procuring hygiene kits as a contingency stock did not materialize due to lack of funding.

#### Challenges

- The onset of the COVID-19 pandemic which resulted in the evacuation of the target population reduced numbers of people at the border, thereby requiring further modification in original planning.
- Funding towards this appeal was low, which constrained the implementation of planned activities for the pre-positioning of contingency stock (hygiene kits).

#### Lessons Learned

- It was a unique experience for TRCS to deliver and distribute the hygiene kits during this emergency within an irregular population movement setting. TRCS coordinated with local authorities and advocated with international organizations such as IFRC and UNHCR to mobilize them to meet the needs on the ground. TRCS should use this experience related to irregular migration intervention in the future population movement related response.
- With the climate change and evolving of the world, pandemics are now a clear threat that humanitarian organizations should take into consideration while planning for preparedness or response. To deal with such multi-crises in the future, steps need to be taken to ensure maximum hygiene in the field with the distribution of hygiene kits including masks and disinfectants and possibly mobile baths.
- Follow up actions include the development to strategies for irregular migration situations and sensitize the staff through trainings and/or workshops. To prepare for such incidents, written procedures/preparedness plan have been proposed to be in place including staff to be involved, steps to be followed and risk analysis and management especially related to protection needs in the field. These guidance documents also need to include awareness and precautions related to pandemics.



## Protection Gender and Inclusion

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 is made available for migrants with urgent specific needs**

### Narrative description of achievements



During March 2020, before the evacuation of the target population from the border areas due to COVID-19, 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 to information services in support of protection concerns.

The procurement process was also completed for a vehicle to serve as a mobile protection unit for outreach activities. After the necessary customization, the fully-equipped vehicle was delivered on 5 February 2021. This vehicle was procured as part of preparedness activities and will be put in use in the event of movements at the migratory routes and/or for future emergencies as needed.

*Charging stations provided by TRCS*

### Challenges

- Planning for definitive numbers was difficult as the target population was highly mobile, and constantly shifting.
- The onset of the COVID-19 pandemic which resulted in the evacuation of the target population reduced numbers of people at the border, thereby requiring further modification in original planning.

### Lessons Learned

- People were lined up to provide the phone charging assistance. However, there was tension between different nationalities which caused disruption and issues in the service provision. Teams coordinated with the Gendarmerie forces to maintain the order. People were then given a paper with their name on it and invited one by one for 15-minute charging to prevent overusing the service and prevent tension. Regular communication with the staff was maintained to ensure staff security.
- Increased use of communication kits / energy provision should be considered as a priority when responding to similar future crises as this was one of the primary needs on the ground.
- Follow up actions include strategies to be developed for irregular migration situations and sensitize the staff through trainings and/or workshops. To prepare for such incidents, written procedures/preparedness plan have been proposed to be in place including staff to be involved, steps to be followed and risk analysis and management especially related to protection needs in the field. These guidance documents also need to include awareness and precautions related to pandemics.



## Migration

People reached: 110 (RFL)

Male: N/A

Female: N/A

<b>Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)</b>		
<b>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</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
% of people seeking RFL services, who are assisted (target: 100%)	100%	100%
<b>Narrative description of achievements</b>		
<p>During March 2020, before the evacuation of the target population from the border areas due to COVID-19, 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.</p> <p>TRCS call centre has been active for communities to reach out in case of urgent needs, queries and feedback related to the services provided. Since the last reporting cut-off data, i.e. December 2020, logistical requirements of the call centre including salary payments were met through the funding from this Appeal.</p>		
<b>Challenges</b>		
<p>Given that the migrants at the Turkey-Greece border were evacuated, the original interventions under the original EPOA to address migration concerns required a complete change according to the emerging context towards preparatory activities rather than response.</p>		
<b>Lessons Learned</b>		
<ul style="list-style-type: none"> <li>As the crisis happened suddenly and the teams were mobilized in a day, establishing the initial coordination with TRCS` Kırklareli Disaster Management Directorship - who are experienced and knowledgeable on the area - was key for an effective intervention.</li> <li>As there were many NGOs responding to the crisis, situation got complicated and chaotic quickly. TRCS being assigned with the coordination task proved useful in terms of organizing the interventions and mobilizing teams from different organizations in a systematic manner.</li> <li>Follow up actions include strategies to be developed for irregular migration situations and sensitize the staff through trainings and/or workshops. To prepare for such incidents, written procedures/preparedness plan have been proposed to be in place including staff to be involved, steps to be followed and risk analysis and management especially related to protection needs in the field. These guidance documents also need to include awareness and precautions related to pandemics.</li> </ul>		

<b>Strengthen National Society</b>		
<b>Outcome 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</b>		
<b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>		
<b>Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place</b>		
<b>Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened</b>		
<b>Narrative description of achievements</b>		
<p>TRCS staff were trained or provided refresher training by the Public Health and Psychosocial Services department to enhance service delivery to people requiring PSS services.</p>		
<b>Challenges</b>		
N/A		
<b>Lessons Learned</b>		
<ul style="list-style-type: none"> <li>Staff should receive trainings to have a multi-dimensional and holistic approach towards such crises. Exercises on irregular migration and emergencies focusing on preparedness are required, as well.</li> <li>There is a need for capacity improvement in the border areas in an inclusive manner, meaning both in terms of TRCS units and public institutions and other organizations because such crises require all stakeholders to be involved. All parties need to be aware and understand international conventions related to irregular migration and act in accordance with these conventions.</li> </ul>		

- RCRC trainings and basic hygiene trainings that were provided to staff earlier proved instrumental in this response, and this should continue in the future as well to minimize the risks. Future trainings should include hygiene precautions related to pandemics according to field conditions.
- Follow up actions include strategies to be developed for irregular migration situations and sensitize the staff through trainings and/or workshops. To prepare for such incidents, written procedures/preparedness plan have been proposed to be in place including staff to be involved, steps to be followed and risk analysis and management especially related to protection needs in the field. These guidance documents also need to include awareness and precautions related to pandemics.

## International Disaster Response

**Outcome S2.1: Effective and coordinated international disaster response is ensured**

**Output S2.1.1: Effective and respected surge capacity mechanism is maintained.**

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

**Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards**

### **Narrative description of achievements**

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 COVID-19 situation. They also interacted with community leaders to raise awareness of the situation.

### **Challenges**

N/A

### **Lessons Learned**

N/A

## 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**

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

**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**

### **Narrative description of achievements**

The Turkish Red Crescent published regular and timely information materials on the border situation and the assistance they provided 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.

### **Challenges**

N/A

### **Lessons Learned**

N/A

## Effective, credible and accountable IFRC

**Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability**

**Output S4.1.3: Quality management, financial, admin and audit support are provided to ensure an efficient operation**

**Output S4.1.4: Staff security is prioritized in all IFRC activities**

<b>Narrative description of achievements</b>
IFRC Turkey Delegation supported overall TRCS interventions related to the population movement and specifically the implementation of this operation directly and indirectly through technical, coordination, financial, administrative and donor reporting support. IFRC Regional Office for Europe in Budapest also supported this population movement operation through its global and regional response tools for implementation, and through appeal mechanism for funding. IFRC Delegation regularly attended various in-country coordination meetings including migration related ones, and followed related media content to help keep TRCS abreast of the situation in the border areas. IFRC Delegation was involved in TRCS` procurement processes to ensure these were carried out according to the rules and regulations, and in a transparent manner. Security regulations and relevant SoPs were in place to ensure its implementation. TRCS also coordinated its work with security authorities and other relevant agencies as and when required.
<b>Challenges</b>
N/A
<b>Lessons Learned</b>
N/A

## D. FINANCIAL REPORT

Please [click here](#) to see the interim financial report (*discrepancy in funding coverage percentage in the financial report is due to the report reflecting funding requirements as of 30 September, before the revision, and the closure of the Turkey component*).

<p>Reference documents</p> <p>Click here for:</p> <ul style="list-style-type: none"> <li>• <a href="#">Revised Emergency Appeal</a></li> <li>• Revised Emergency Plan of action upon request</li> </ul>	<p><b>For further information specifically related to this operation please contact:</b></p> <p><b>IFRC Regional Office for Europe, Hungary</b></p> <ul style="list-style-type: none"> <li>• Alma Alsayed, Operations coordinator, Regional Office for Europe, M +36 70 430 6511 , <a href="mailto:alma.alsayed@ifrc.org">alma.alsayed@ifrc.org</a></li> </ul> <p><b>IFRC Country Delegation, Turkey</b></p> <ul style="list-style-type: none"> <li>• Ruben Cano, Head of Office, <a href="mailto:ruben.cano@ifrc.org">ruben.cano@ifrc.org</a></li> <li>• Shafiquzzaman Rabbani, Programme Coordinator, M +90 537 395 2845, <a href="mailto:shafiquzzaman.rabbani@ifrc.org">shafiquzzaman.rabbani@ifrc.org</a></li> </ul> <p><b>IFRC Country Delegation, Greece</b></p> <ul style="list-style-type: none"> <li>• <b>Jessie Catherine Thomson</b>, Head of Country Office, M: + 30 6957508929, <a href="mailto:jessie.thomson@ifrc.org">jessie.thomson@ifrc.org</a></li> <li>• <b>Lorenzo Violante</b>, Programme Coordinator, M: +30 694793 8583, <a href="mailto:lorenzo.violante@ifrc.org">lorenzo.violante@ifrc.org</a></li> </ul> <p><b>IFRC Geneva:</b></p> <ul style="list-style-type: none"> <li>• Antoine Belair, Senior Officer – Shelter Cluster Coordination, M +41-79-708 3149 <a href="mailto:antoine.belair@ifrc.org">antoine.belair@ifrc.org</a></li> </ul> <p><b>For contact with the National Society related to this operation please contact:</b></p> <p><b>Hellenic Red Cross Society</b></p> <ul style="list-style-type: none"> <li>• Angelica Fanaki, Head Director, HRC International Cooperation, Organisational Development &amp; Programs Sector, M + 30 6936695925, <a href="mailto:angelica.fanaki@redcross.gr">angelica.fanaki@redcross.gr</a></li> </ul> <p><b>Turkish Red Crescent Society</b></p> <ul style="list-style-type: none"> <li>• Kamil Erdem Güler, Programme Coordinator, Community-based Migration Programme, M +90 312 293 6033, <a href="mailto:kamil.guler@kizilay.org.tr">kamil.guler@kizilay.org.tr</a></li> </ul> <p><b>For Resource Mobilization:</b></p> <p><b>IFRC Regional Office for Europe</b></p> <ul style="list-style-type: none"> <li>• Andrej Naricyn, Head of Partnerships and Resource Development, M +447522486952, <a href="mailto:andrej.naricyn@ifrc.org">andrej.naricyn@ifrc.org</a></li> </ul> <p><b>For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)</b></p> <ul style="list-style-type: none"> <li>• David Kohlmann, PMER Manager a.i., <a href="mailto:David.KOHLMANN@ifrc.org">David.KOHLMANN@ifrc.org</a></li> </ul>
---	---

## 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.

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/03-2021/09	Operation	MDR65003
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 16 Dec 2021

All figures are in Swiss Francs (CHF)

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

Operating Timeframe: 13 Mar 2020 to 30 Sep 2022; appeal launch date: 13 Mar 2020

## I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	2,385,000
AOF3 - Livelihoods and basic needs	420,000
AOF4 - Health	2,300,000
AOF5 - Water, sanitation and hygiene	3,000,000
AOF6 - Protection, Gender & Inclusion	285,000
AOF7 - Migration	1,750,000
SFI1 - Strengthen National Societies	380,000
SFI2 - Effective international disaster management	200,000
SFI3 - Influence others as leading strategic partners	135,000
SFI4 - Ensure a strong IFRC	145,000
<b>Total Funding Requirements</b>	<b>11,000,000</b>
<b>Donor Response* as per 16 Dec 2021</b>	<b>5,611,025</b>
<b>Appeal Coverage</b>	<b>51.01%</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	363,365	373,001	-9,635
AOF3 - Livelihoods and basic needs	236,856	0	236,856
AOF4 - Health	2,012,504	804,108	1,208,396
AOF5 - Water, sanitation and hygiene	0	54,838	-54,838
AOF6 - Protection, Gender & Inclusion	1,277,857	928,927	348,930
AOF7 - Migration	1,207,029	194,287	1,012,741
SFI1 - Strengthen National Societies	266,987	32,165	234,821
SFI2 - Effective international disaster management	0	100,978	-100,978
SFI3 - Influence others as leading strategic partners	7,995	31,416	-23,421
SFI4 - Ensure a strong IFRC	11,833	15,675	-3,842
<b>Grand Total</b>	<b>5,384,426</b>	<b>2,535,395</b>	<b>2,849,031</b>

## III. Operating Movement & Closing Balance per 2021/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	5,414,641
Expenditure	-2,535,395
<b>Closing Balance</b>	<b>2,879,246</b>
Deferred Income	0
Funds Available	2,879,246

## IV. DREF Loan

* not included in Donor Response	Loan :	500,000	Reimbursed :	500,000	<b>Outstanding :</b>	<b>0</b>
----------------------------------	--------	---------	--------------	---------	----------------------	----------

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/03-2021/09	Operation	MDR65003
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 16 Dec 2021

All figures are in Swiss Francs (CHF)

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

Operating Timeframe: 13 Mar 2020 to 30 Sep 2022; 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	
Austrian Red Cross	45,950		19,523		65,473		
Austrian Red Cross (from Austrian Government*)	919,011				919,011		
Austrian Red Cross (from Austria - Private Donors*)	228,460				228,460		
British Red Cross	169,600				169,600		
Danish Red Cross	36,192				36,192		
Finnish Red Cross	105,664				105,664		
German Red Cross	214,739				214,739		
German Red Cross (from Siemens AG*)	714,829				714,829		
German Red Cross (from Volkswagen Group*)	714,829				714,829		
Iraqi Red Crescent Society	891				891		
Italian Red Cross	120,337				120,337		
Japanese Red Cross Society	89,295				89,295		
Norwegian Red Cross	280,347				280,347		
On Line donations	1,941				1,941		
Other	75				75		
Red Cross of Monaco	52,553				52,553		
Spanish Red Cross (from Spain - Private Donors*)	106,882				106,882		
Swedish Red Cross	95,451				95,451		
Swiss Government	600,000				600,000		
Swiss Red Cross	100,000				100,000		
The Netherlands Red Cross (from Netherlands Govern	798,073				798,073		
<b>Total Contributions and Other Income</b>	<b>5,395,119</b>	<b>0</b>	<b>19,523</b>	<b>0</b>	<b>5,414,641</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>5,414,641</b>	<b>0</b>	