

Emergency appeal n° MDR65003¹ Operation Update n° 4	GLIDE n° CE-2020-000036-GRC
Date of issue: 19 May 2022	Timeframe covered by this update: 13 March 2020 – 31 March 2022
Operation start date: 28 February 2020 Emergency Appeal issued: 13 March 2020	Operation timeframe: 30 months Operation end date: 30 September 2022
Funding requirements²: CHF 11.4 million	DREF amount initially allocated: CHF 500,000 (Hellenic RC)
N° of people being assisted: approx. 116,815	Funding coverage as of May 2022: 62%

Red Cross Red Crescent Movement partners currently actively involved in the operation:

IFRC, ICRC, Austrian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Iraqi Red Crescent, Italian Red Cross, Japanese Red Cross, Monaco Red Cross, Netherlands Red Cross, Norwegian Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross.

Other partner organizations actively involved in the operation:

UNHCR, IOM, UNICEF, WHO, AFAD, International Rescue Committee, Watershed, Starfish Foundation, Refugee 4 Refugees, Remar, EuroRelief, Swiss Humanitarian Aid SHA.

Other donors to this operation:

An updated list with details of all donor contributions to this EA can be found [here](#).

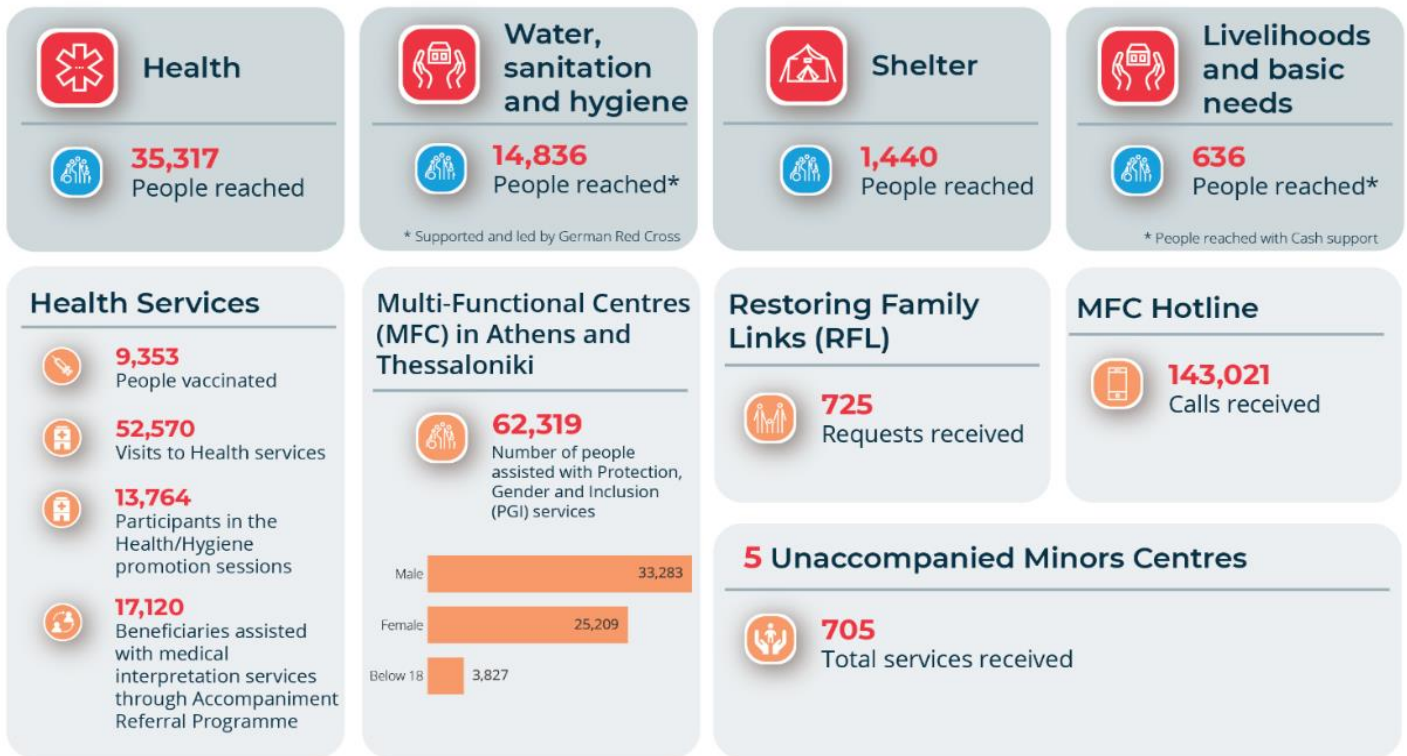
In addition to the National Societies referred to above, we are also very grateful for the support of the Regional Governments of Austria (Governments of Burgenland, Lower Austria, Upper Austria, Styria, Tyrol, Vorarlberg – via Austrian RC), the Netherlands Government (via the Netherlands RC), the Swiss Government (Swiss Development Agency and the State Secretariat for Migration), as well as to corporates (Siemens AG and Volkswagen Group – via German RC) and other private and online donors.



Hygiene Item Distribution - Kara Tepe II Center. Photo Credit: Hellenic Red Cross

¹ 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".

² Funding requirement and emergency appeal coverage figure refers to Greece component of the operation, after [closing the Turkey component](#) in 2021.



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 31 March 2022.

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 has been strengthened and will continue to operate until the temporary Kara Tepe II Reception and Identification Centre (hereafter, Kara Tepe II Centre, also known as Mavrovouni) is closed and migrants are transferred to either the newly planned facility in the island or elsewhere (construction of the new facility with accumulated delays, is expected to open at some point during 2022).
- A new MHU started providing primary health services in Ritsona Open Accommodation Site (hereafter, referred to as Site), since the second quarter of 2021, upon the request of the MoMA and soon the HRC developed a full team to cover the increased needs.
- An additional MHU operated in the new Closed Controlled-Access Centre (hereafter, Samos Centre) in Samos Island (from 18th of September to December 2021), upon the request of the Ministry of Migration and Asylum (hereafter, MoMA).
- The MHU operating in Kleidi Site conducted an assessment to consider operating and providing similar services in the Nea Kavala Site, after a request from MoMA. Based on the assessment, the MHU of Kleidi Site provided health services three times a week in the Nea Kavala Site.
- The MHU operating in Nea Malakasa Site since 19th November 2021, stopped its provision of services, as the Site closed down for a few months for renovation work (electrical and sewage infrastructure and installation of containers). According to MoMA, the work is expected to be completed by May 2022.
- The MHU for Urban Athens continues to provide services in Accommodation Sites in Athens and in Unaccompanied Minor (UAM) Centres upon request by both HRC programmes and other agencies working with migrants.

- Long-term support services to migrants, refugees and asylum seekers, are being provided through the Multi-Functional Centres (MFC), accommodation centres for UAM, Educational Health Stations (EHS), and the Accompanied Referrals programme (ACCREF).
- Reinforced preparedness and contingency planning activities were considered to anticipate a humanitarian response in relation to the deteriorating humanitarian situation in Afghanistan.
- Since the beginning of the war in Ukraine and a new wave of refugees arriving to Greece, HRC has been working closely with the MoMA to respond to the needs of the new arrivals, as they arise, including reception, information provision and primary health services. The situation is rapidly changing and the HRC is continuing to monitor the developments and assessing the needs with the support of IFRC.

A. SITUATION ANALYSIS

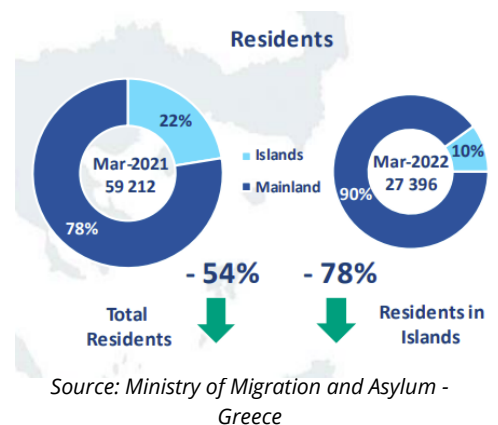
Description of the crisis

Migration trends

For years, Greece has hosted large numbers of asylum seekers and refugees fleeing conflict. As of March 2022, there are 25 official migrant-hosting centres operating under the management of the MoMA.

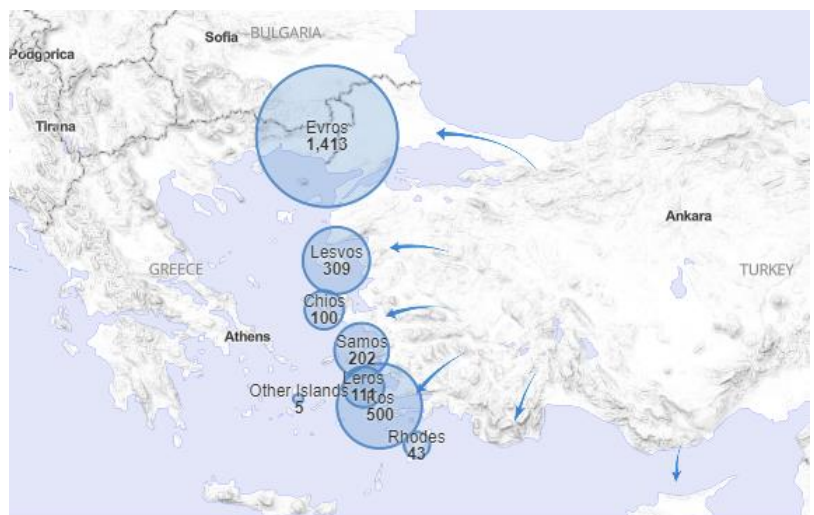
Greece has seen a significant decrease in the total number of arrivals. According to the report by MoMA, the total number of residents in official migrant-hosting centres decreased by 54% in March 2022 compared to the corresponding month in 2021: from 59,212 to 27,396 people³.

This trend is due to a reduction of arrivals to Greece as well as an increase of returns, deportations, relocations and transfers, an acceleration of asylum procedures and a reduction of pending actions, which has led to a significant decongestion of the Aegean islands and site population on the mainland, as illustrated by MoMA⁴.



Total land and sea arrivals:

Due to a combination of factors, including strengthened border controls, the ongoing impact of the COVID-19 movement restrictions and the allegations of widespread push-backs practices, there has been a huge reduction in arrivals to Greece. According to the latest UNHCR data, 9157 new arrivals were recorded in 2021. This represents a drop in arrivals compared to previous years (16,000 in 2020 and more than 75,000 in 2019). While the deterioration of the situation in the Islamic Republic of Afghanistan in 2021, has suggested⁵ that the number of displaced may rise over 2022, the number of arrivals to Greece including Afghans, remains low. IFRC will continue preparedness efforts to respond to new spikes in arrivals and ever evolving and changing needs.



Source: UNHCR Mediterranean Situation Update 2022 (until May 2022) - Greece

³ https://migration.gov.gr/wp-content/uploads/2022/04/Report_A_March-2022_International-Protection.pdf

⁴ <https://www.scribd.com/document/492317547/MoMa-Report-December-2020>

⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/20211026_acaps_global_risk_analysis_october_2021.pdf

Previous years	Sea arrivals	Land arrivals	Dead and missing
2021	4,331	4,826	53
2020	9,714	5,982	102
2019	59,726	14,887	71

Source: UNHCR Mediterranean Situation Update – Greece

This trend can also be explained by the acceleration of asylum procedures in Greece, reflected by a record number of decisions at second or higher instances, nearly 24,000 or 10% of the EU+ total [in 2020] and almost twice as many as in 2019. This trend is due to a number of legislative developments in Greek Asylum law in 2020, which shortened delays in the asylum applications for asylum seekers which arrived after 2020⁶. However, this rise actually reflected an increase in negative decisions, which represented 94% of all decisions issued. Furthermore, returns to Turkey in the

framework of the EU-Turkey agreement were suspended in March 2020 due to the COVID-19 pandemic⁷, and a subsequent Joint Ministerial Decision (JMD) in June 2021. The JMD increased in the number of nationalities considered “safe third countries” for Turkey and has meant that an increasing number of asylum seekers whose cases were considered inadmissible have been waiting in limbo⁸. This could be as long as 3-4 years wait either in the island or the mainland, causing distress and mental health issues to those seeking safety.

At the same time, the expansion of the list of "safe third countries" in the last three years has brought several returns of migrants to their homelands, resulting in the number of residents decreasing drastically. It is noted that in relation to December 31, 2019, reductions of more than 70% are recorded.

Free legal aid is normally provided in Greece by state-paid lawyers in the Registry of Lawyers in appeal procedures, while legal aid in the first instance procedure is usually covered by civil society organisations. NGOs reported that legal assistance was unavailable to asylum applicants on multiple occasions and, consequently, hindered access to an appeal. This situation was caused by the limited number of state-paid lawyers who were unable to cope with the actual needs of asylum applicants.

Civil society organisations in Greece observed significant delays in the issuance of residence permits for beneficiaries of international protection, especially in the areas of Athens and Thessaloniki. DRC (Danish Refugee Council) Greece noted additional delays as many beneficiaries’ personal details were incorrectly registered by the asylum authority and they had to first request that the errors were rectified before they could proceed with the residence permit request⁹.

In addition, with a drop in arrivals, attention has turned to the reception conditions and integration of refugees and migrants within Greece’s territory. Decongestion of the islands remained a priority for the Greek government and the population in the RICs has dropped significantly. Although RICs are operating below capacity, real concerns about the living conditions of their residents remain. The hot spot approach¹⁰ has been reinforced through the approach outlined in the EU’s proposed new Asylum and Migration Pact and has led to the introduction of the new concept of Closed Controlled Access Centres in Greece with the first of such centres inaugurated in Samos at the end of September 2021. Humanitarian actors remain concerned about the human cost of the new ‘closed sites’ and the impact that these Centres 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 Centres also hinders access to livelihoods, goods and services.

In 2021, the needs of migrants in Greece remained significant including: shelter and winterization, health services, and Water, Sanitation, and Hygiene (WASH) (e.g., provision of drinking water in the Sites, lack of showers, latrines and handwashing facilities, and proper sewage management). Additionally, mental health services continue to be considered necessary, particularly as limited Psychosocial Support (PSS) activities or facilities are available. So far, the Greek government has set out reforms to help recognized refugees access to livelihoods, but still the workforce participation by refugees in Greece remains low. In addition, access to identification documents remains very complex. Furthermore, the economic inclusion indicator measured by the United Nation 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

⁶ <https://ecre.org/wp-content/uploads/2021/06/ECRE-Legal-Note-9-on-Asylum-in-Greece-A-Situation-Beyond-Judicial-Control-June-2021.pdf>

⁷ <https://migration.gov.gr/en/aitima-gia-enarksi-epistrofon-se-toyrkia/>

⁸ <https://www.unhcr.org/gr/en/22885-unhcrs-position-and-recommendations-on-the-safe-third-country-declaration-by-greece.html>

⁹ <https://migration.gov.gr/wp-content/uploads/2021/07/EASO-Asylum-Report-2021.pdf>

¹⁰ 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

staying in sites where food is provided. In addition, in the second quarter of 2021, changes in the migrant's reception framework led to the closure of five sites and the termination of the emergency hotel accommodation programmes for asylum seekers. The 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. From September 2021, Greek government took over the cash assistance programme from UNHCR.

COVID-19 Trends

In Greece, from 26 February 2020 – when the first case in Greece was confirmed – until end of March 2022, there have been over 3 million confirmed cases of COVID-19 with about 29,000 deaths according to WHO. As of 23 April 2022, a total of 20,879,072 vaccine doses have been administered with 72% intake with 2 doses and 54% with booster doses that became available since 14 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 and retail outlets, but virus cases continued their rapid growth reaching 3,215 on 9th March 2021. Local lockdowns were imposed in more and more local districts. On 4th March, new measures were taken, including placing all of Greece in the highest level of measures. On 5th 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 3rd May 2021, the lockdown ended, and measures eased and on 14th May, Greece including the islands, opened for tourists from several countries.

The COVID-19 pandemic continued to have a major impact over the year of 2021 on migration flows and access to services. Ensuring an effective response operation during the COVID-19 pandemic has required significant programme 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 effects of COVID-19 lockdowns disproportionately affected migrant populations in Greece, further isolating them by challenging their access to services such as asylum and education as well as limiting their freedom of movement. Specifically in Lesvos, even after the easing of the restriction on 3 May 2021 and again in March 2022, residents of Kara Tepe II Centre, continued having their freedom of movement outside of the site limited by exit lists, issued weekly by site authorities.

Summary of response

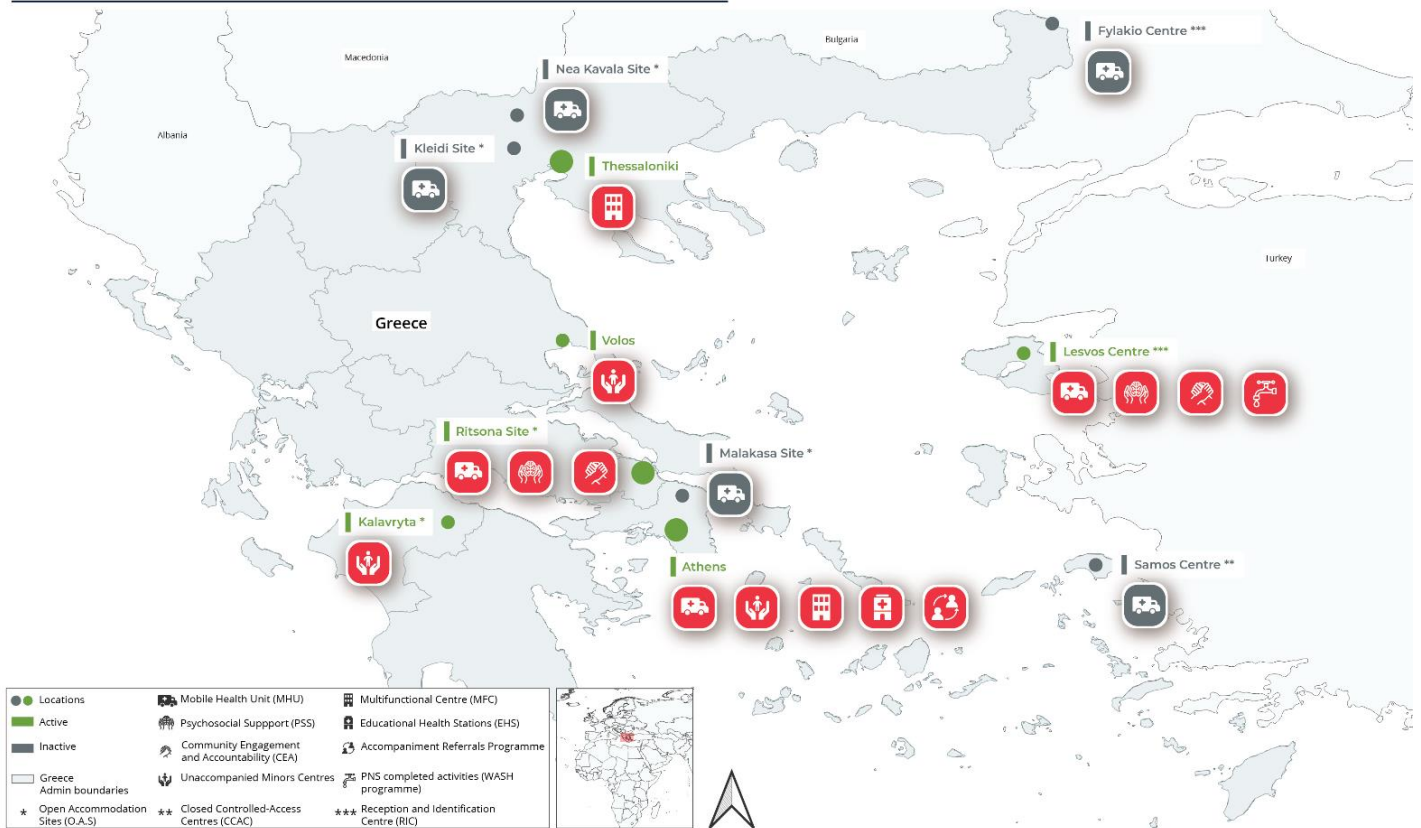
Overview of the host National Society and ongoing response

Established in 1877, HRC is the largest humanitarian organization in Greece, with 86 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. On March 2020, 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.

At the beginning of the Population Movement operation, the **HRC** set up three **MHU** at Fylakio Centre, near the Kastanies border in Evros, to provide first aid and health-related services during the initial phase of the operation in March 2020. During the 24 month of this operation, HRC's MHU has been present in different sites around mainland Greece and the islands. Currently there are MHUs operating at Kara Tepe II Centre in Lesvos, Ritsona and Nea Kavala Sites, providing general medical services and adequate medicines on a daily basis to all vulnerable refugees and migrants. On March 2022, HRC extended its services to Nea Kavala Site, with the same MHU due to increased needs and the sudden transfer of its population to from Kleidi Site to accommodate Ukraine refugees.

The MHU 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 in some location, like New Malakasa Site, it used to run 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.

Services provided by Hellenic Red Cross Greece | Population Movement



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Data sources: OCHA FISS, Humanitarian Data Exchange, Hellenic Red Cross, IFRC.
Produced by Information Management team - IFRC Europe.

The main health concerns are upper respiratory symptoms, acute abdominal pains, mild infections, as well as follow-up of patients with chronic diseases, mental disorders, reproductive health care which includes prenatal, post-natal and Family Planning 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 sites 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 MHU and two **Educational Health Stations (EHS)** for urban refugees and migrants in Athens area (in Ambelokipoi and Kallithea), two **Multifunctional Centres (MFC)** in Athens and Thessaloniki. The two MFCs 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. MFCs provide up-to-date information, guidance, support and advice in their mother language for asylum procedure, residence permit, legal issues and more.



Mobile Health Unit of Hellenic Red Cross
Photo Credit: IFRC Greece

Furthermore, there are five **Accommodation Centres for UAMS**: three in Athens, one in Volos and one in Kalavryta 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.



Photo Credit: IFRC Greece

And lastly, the **Accompaniment Referrals Programme (ACCREF)**, providing 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, supporting the refugees and migrants by accompanying them to their medical appointments, guiding them through the relevant processes, reducing language barriers and building self-confidence and independence. The ACCREF Service of the Health Division also adapted its operation to the new needs of the pandemic with the provision of telephone interpretation to the hospitalized refugees and migrants (approx. 20% of the total cases), and interpretation with physical presence at the hospitals (over 80% of the cases). 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 (secondary & primary health care units) and individuals. Farsi/Dari, Arabic, French and Kurmanji.

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.



HRC Accompaniment Referrals Programme (ACCREF) - Athens
Photo Credit: IFRC Greece

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.

HRC is running in total three **EHS** in Athens area, out of which two of them located at Ambelokipoi & Kallithea are operating under the current appeal. EHSs are primary health care centres that aim 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, including unaccompanied minors and migrants without social security number (such as AMKA or PSSHCN - Provisional Social Security and Health Care Number - giving full access to an individual to the public health system), as well as Greeks who are unemployed or with low income (such as pensioners and people living on social benefits). Their services include routine vaccinations, medical consultations with a GP, paediatrician, gynaecologist and dentist, nursing consultations, mother and childcare (covering also maternity care, pregnancy monitoring, child development monitoring), provision of medicines, referrals to medical specialists and facilitation of access to health care units. Moreover, educational activities are held daily that include training mothers on how to care for their infants and babies, training women how to perform self-examination for breast cancer and a variety of interactive sessions on health and hygiene promotion issues to children, women and men. The educational activities were adapted to the COVID-19 context, so included sessions on personal protection measures, recognition of COVID-19 symptoms, COVID-19 vaccination awareness and protocols to access health services. In addition, different delivery modalities were used based on the national health authorities' respective guidelines, like holding sessions only for family members or very small groups taking all necessary precaution measures and ensuring time for disinfection between appointments. EHS also provides information to migrants and refugees on the health system in Greece, as well as on the available health resources in the urban area of Attica. Cultural mediators facilitate communication with migrants and refugees in their mother language during all service delivery interactions (medical, educational, informative).



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

ACCREF as well as MFCs implemented COVID-19 related topics in their information they provide (e.g. the precaution measures and the protocols in accessing public services, where to have rapid diagnostic tests and how to get vaccinated, etc). Similarly, they adapted their service delivery to respective national protocols, so they employed different modalities such as e-learning, e-tutoring, e-training and Hotline service.



Kara Tepe II Centre / Lesbos - March 2022. Photo: IFRC Greece

Following the devastating fire that ripped through the Moria Site, on the island of Lesbos in September 2020, Greek authorities set up a new temporary site for refugees and migrants at Kara Tepe. Red Cross intervention in the site 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 site. HRC deployed a mobile health team to provide medical support and immediate first aid to the residents of Kara Tepe II Centre as well as a **Restoring Family Links (RFL)** 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 significantly improved the living conditions of the refugee population in Kara Tepe II Centre. The WASH and Shelter activities have been handed over to other humanitarian actors active in the site at the end of March 2021. The mobile health unit of the Hellenic Red Cross remained at the site and 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 II Centre. The project was finalized at the end of 2021.

Additionally, vulnerable households from the host community surrounding the site on Lesbos were targeted to receive multipurpose cash assistance, for the three months during September, October and November 2021. Individuals were selected according to strict criteria by HRC which included low-income, long-term unemployed individuals, single parents, large families, people with disabilities and with chronic diseases.

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, operating in RICs and Sites. This process is conducted through daily rapid testing by our fully operational HRC Health sector staff. 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 daily updating of the National Health statistical databases for COVID-19 situation. From May 2021 to May 2022, the HRC, upon request from the Ministry of Health, has supported COVID-19 vaccination centres in urban Athens, including the co-management of three of these centres with the competent authorities. The HRC is expected to expand these vaccination services to third country nationals, migrants and people under international protection, through its EHS.



HRC team in Kara Tepe II Centre, providing first aid, medical assistance and COVID-19 testing. Photo Source: HRC

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. Prior to August and September 2021, IFRC office had 40 staff in total, consisting of 37 national staff, 2 International and 1 staff on loan who provided remote technical and management support to the Cash Transfer Programme (CTP) in North Greece. As the CTP came to an end, by the end of December 2021, the IFRC office had 10 staff in total consisting of 7 national, 2 international and 1 staff on loan.

German Red Cross mobilised a WASH team and a relief delegate to support the response operations following the Moria Site fire 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. German Red Cross ended its operation in Greece at the end of 2021.

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 Partner National Society (PNS), interested in thematic areas such as Migration, via a Migration Working Group, that was established and functional since the beginning of 2022.



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

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 MoMA. Throughout this programme, IFRC and HRC have strengthened the collaboration with the MoMA, 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. And at the operational level, activities in most sites are closely coordinated with IOM, which is supporting the Greek authorities in providing site management support with several partner organizations.

In addition, formal and informal sector coordination meetings are organised with the support of major humanitarian actors active in each sector. 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 sites where HRC is operational.

In addition, there has been a close cooperation with UNHCR, especially in the framework the cash programme across all sites in Northern Greece and urban Thessaloniki that 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 including the Catholic Relief Services (CRS), METAdrasi, the Danish Refugee Council (DRC), the International Rescue Committee (IRC) and UNICEF among others.

Needs analysis

The situation in Evros border area evolved and the makeshift site (from the Turkish side) was dismantled at the end of March 2020, while refugees and migrants on the Evros border were 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 1st March 2020, 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 sites 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, essential medicines and basic relief items.

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 sites, 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 sites. 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 Centre, Lesvos), the main concern remains for the new model of Closed Controlled Access Facilities (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 sites also hinder 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 sites located in the mainland. People are hosted in overcrowding conditions, (Elaionas and Malakasa) isolated from the local communities (Ritsona, Koutsohero Sites), 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 II Centre. Another observation was the length of time some migrants were spending in the island, some for 3-4 years, still waiting to receive their final decision from the Ministry of Migration. During this time, their cash support was stopped, and they were suffering from mental health issues.

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 II Centre. 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 Protection, Gender, Inclusion (PGI) and Community Engagement and Accountability (CEA) advisors from the Hellenic Red Cross and IFRC country office - and other humanitarian actors show that living conditions in Kara Tepe II Centre are particularly challenging for persons with specific needs, such as persons with serious/chronic illnesses, persons with impairments and disabilities.

Operation Risk Assessment

Potential risk	Probability	Mitigation measures
Influx of Ukrainian migrants into Greece due to the historical and cultural ties between Greece and Ukraine	High	Dialogue with Government authorities and key line ministries, and other actors in Greece. Contingency planning update, with HRC to support Greek government's actions in support of Ukrainian refugee population.
The COVID-19 pandemic continues to spread (including through new variants), and as a result, movement of people is further curbed by authorities	Medium	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.

Increase of irregular migration in the coming year, particularly from Afghanistan and its neighbouring countries	Medium	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.
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.

B. OPERATIONAL STRATEGY

Implemented strategy

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 6 sites: Kara Tepe II Centre in Lesvos Island, Ritsona, Nea Malakasa, Korinthos, Kleidi and Nea Kavala Sites in the mainland.
2. Ensure the continuation of the MFCs in Athens and Thessaloniki, 2 Educational Health Stations (EHSs) in Athens (Ambelokipoi and Kallithea) and the Accompaniment Referrals Programme (ACCREF).
3. Ensure the support of 5 HRC Unaccompanied Minors Centres in Athens, Volos and Kalavryta,
4. Ensure the continuation of the provision of health services through Mobile Health Units (MHU): in migrant sites in mainland Greece and in the islands as well as in the urban setting in Attica region.
5. Allow to develop a comprehensive programmatic and resourcing strategy to address the protracted nature of the situation.
6. Enable analysis, contingency planning and prepositioning of relief items to anticipate a humanitarian response in relation to the deteriorating humanitarian situation in Afghanistan and recently in Ukraine.
7. Support the livelihoods of the low-income households of the host community in Lesvos Island to cover their basic needs through multipurpose cash grants
8. Ensure the continuation of the provision of PSS services through the operation of PSS Units in Lesvos/ Kara Tepe II Centre as well as in Ritsona Site.
9. Ensure the continuity and strengthening of the range of different key services on PGI and CEA provided in all operational sites around the country.

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 assistance to vulnerable refugees, asylum seekers and migrants are the following:

1. **Provide ongoing health/ WASH/MHPSS/Vaccination services to refugees and migrants**
 - a. Provide basic services to refugees and migrants at Kara Tepe II Centre in Lesvos: WASH, health and hygiene promotion, psychosocial support and ongoing health through the HRC MHU.
 - b. Mobile Health Units in the following sites: **Korinthos, Kara Tepe II Centre, Nea Malakasa, Kleidi, and Ritsona Sites**, along with health and hygiene promotion activities, including COVID-19 control and prevention and the distribution of hygiene kits.
 - c. Respond to MoMA's (Ministry of Migration and Asylum) urgent request for support. Additional locations needed provision of health services for which HRC responded by deploying or recruiting HRC staff according to the needs such as a MHU in **Samos Island**, for a short period of time (mid-September to December 2021), since the opening of the new Reception and Identification Centre in the site. Later in 2022, HRC extended the provision of health services from Kleidi site to include Nea Kavala site introducing the model of a roving mobile health team. As part of this set-up, in March 2022, the HRC started covering 2 sites in Northern Greece, based on a weekly schedule using the same resources.
 - 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. They also assist the local population, including those on low incomes like pensioners. The HRC EHS provide regular children vaccination as part of their basic set of activities. Following the HRC

active support to the Greek Governments' national COVID-19 vaccination programme through HRC nurses' deployments and relevant discussions with the Ministry of Health, the EHSs of the HRC are expected to actively participate in the COVID-19 vaccination programme for asylum seekers, refugees and migrants in Greece in the 2nd quarter of 2022.

- 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.
- g. Reinforce and establish core CEA mechanisms in all operational areas, including the implementation of relevant feedback mechanisms, PDM surveys, focus group discussions, trainings of staff & volunteers etc.

2. Sustain and support well-established core HRC migration activities including

- a. The MFCs 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 HRC accommodation centres for unaccompanied minors (UAM): one in Volos, 3 in Athens and one in Kalavryta.
- c. The Accompaniment Referrals Programme (ACCREP). A team of cultural mediators who accompany refugees and migrants to medical appointments. The accompanying service is offered mainly 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 remote areas.

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).

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 Branch Organisational Capacity Assessment (BOCA) exercise.

C. DETAILED OPERATIONAL REPORT



Shelter, Housing and Settlements

People reached: 1,440
 Male: 740
 Female: 700

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 who have received emergency shelter assistance	4,440	1,440

Progress towards outcomes

Following the fire in Moria site, and as part of the RC response, The German Red Cross (GRC) provided 500 family tents¹¹ following a request from authorities managing the new Kara Tepe II Centre. In the initial phase of establishing the site, 240 tents were erected until all needs were covered and the site reached its full capacity. Due to the evolving needs at that time, support for shelters were covered by both GRC and UNHCR tents after MoMa's request and relevant prior commitments. The Red Cross tents were upgraded with tailored wooden pallet floor to improve thermal insulation and comfort, and all remain in use. In addition, 19 additional tents were used to replace tents elsewhere in the site which were damaged by storms and heavy rains, while a small number were used to support other agencies active in the site.

¹¹ As a bilateral contribution, based on the needs originally identified through the EA

A total of 141 remaining tents were transported to Croatia to support the immediate emergency response following an earthquake on 29 December.

Due to dire living conditions in the site, especially during cold season, and with the accumulated delays in the construction of the new site, which is estimated now to be open in 2022, authorities decided to undergo construction works aiming at improving the infrastructure of the current site to offer better living conditions for the population that will be there for another winter.

In March 2021, the site management started the rehabilitation works in Kara Tepe II Centre, including water access, electricity access, levelling and gravelling of the space, which required the removal of all the tents in the site. 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).



Volunteers from HRC are helping to set up tents for migrants and refugees at Kara Tepe II, Photo Credits: IFRC Greece

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 site.

Challenges/constraints

Evolving situation and needs in the field affected the coordination and the communication among all involved stakeholders (including between MoMA and the Movement), impacting the implementation of planned activities. As a result, the initial set target for the programme was not reached.



Livelihoods

People reached: 636
Male: 305
Female: 331

Outcome 2: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Output 2.5: Households are provided with multipurpose cash grants to address their basic needs

Indicators:	Target	Actual
# of people from host community who have received multipurpose cash assistance	1,000 people (400 households)	636 people (262 households)

Progress towards outcomes

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 the Lesvos Island, based on clear selection 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.

The cash assistance project has been concluded for 262 households / 636 individuals, out of 400 HHs, according to number of applications received and the selection criteria. The initiative was announced in locations on the island. The transfer value was built based on the HH size and the amounts (ranging from 120 to 320 euros) have been distributed in three instalments in September, October and November 2021. The total amount of the cash grants was 149.670 euros.

The objective of the activity was to assist the most vulnerable households to cover basic needs such as supplementing to the cost of the electricity bill, food items, pharmacy items, communication cost and at the same time assist them to overcome the socio-economic impact of the COVID-19 pandemic. 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: Unemployed, 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.

The HRC conducted a Post Distribution Monitoring (PDM) survey after the completion of the project to assess the results of the cash assistance intervention and to use the beneficiaries' feedback for future improvements. Based on the responses received by 73 beneficiaries of the cash program in Lesvos, that participated in the PDM survey conducted (28% of the caseload) some of the key results showed the following: 1) all responders were satisfied with the cash assistance program: 85% responded to be totally satisfied and 15% enough satisfied, 2) the main needs that the cash assistance covered were food (39%) and electricity (32%), followed by rent (11%) and medical expenses (7%).

Regarding the remaining target of 138 households that were not identified on the island of Lesvos, the HRC initially planned this to be implemented at a different location that: a) hosts migrants and refugees in nearby sites and b) the HRC has HR capacity to support with the implementation e.g., Thessaloniki (North Greece). Nevertheless, due to inadequate funds to undertake the cash assistance programme in another location, it was agreed the remaining amount to be reallocated to cover other services provided under the migration Emergency Appeal operation.

Challenges/constraints

The main challenges were 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. Despite this, HRC has highlighted the need for the face-to-face assistance as a preferred option in some cases.

The project design, taking into consideration the need for social distancing and the new COVID-19 restriction of movement measures (local lockdowns), implemented a fully digitalized set-up. This was materialized with the support of the Netherlands Red Cross and the 510 initiative.

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 remotely.

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 & Care

People reached: 35,317
 Male: 20,913
 Female: 14,404

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	35,317
# migrants who receive primary health care services through mobile health units & <i>Educational Health Stations</i>	18,000	16,092

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	19,225

Progress towards outcomes

At the request of the authorities the HRC is operating MHUs in several migration sites on the mainland, including Kleidi (ended), Nea Malakasa (ended), Korinthos, Ritsona and Nea Kavala sites from March 2022, as well as Kara Tepe II Centre, and on the newly Samos Centre from 18 of September to December 2021, to cover the needs of newly arrived migrants. To respond to the health needs of migrants in the urban setting, an urban MUH operated in Attica region.



*Medical Health Unit – Nea Kavala Site
Photo Credits: IFRC*

Services typically include a 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 in some sites a dental clinic. More specifically, in the context of a holistic Primary Health Care, the HRC medical teams are providing medical & nursing consultation, follow up of the patients with chronic diseases, medical first aid in medical emergencies and psychosocial 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 & secondary public health care units or other NGOs' specialized in sexually transmitted diseases. 10,476 migrants (unique beneficiaries) made 37,554 visits to the HRC MHU clinics and received 73,188 services (consultation, tests, medicine administration, etc.). The

breakdown of the migrants received health services by the MHUs is: 37% men, 26% women, 21% boys and 16% girls. In addition, 3,911 people were provided routine vaccination with first line vaccines and 614 student cards (ADYM card) were issued for children to be able to attend school.

Additionally, multiple health and hygiene promotion activities were implemented tailored to the age and gender of the participants, as well as the specific health needs of the population. The topics include prevention and management of scabies, protection from heatwave/cold, family planning, healthy habits, menstrual hygiene, handwashing, oral and dental hygiene, prevention of breast cancer, smoking and alcohol consumption and sexually transmittable diseases. There were also awareness sessions on COVID-19 personal protection measures and vaccination implemented, along with referrals for PSS and protection issues. 800 sessions were held by the MHU nurses with various targeted health and hygiene topics, having reached 8,468 people (of which 33% were men, 32% were women, 21% were boys and 14% were girls).

General primary health care needs of migrants include upper and lower respiratory tract infections, gastrointestinal diseases, mild infections and injuries, as well as follow-up of patients with chronic diseases (diabetes, hypertension, epilepsy, heart and kidney problems), 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 areas provide health care services to refugees and migrants living in the urban areas of Athens and Piraeus (Attica region), unaccompanied minors being accommodated in shelters, families housed in apartments under the umbrella of programmes such as "HELIOS" or "Filoxenia", refugees and migrants being in a state of homelessness, one-parent families or single women with children hosted in shelters. The MHU urban alone offered health services to 624 unique beneficiaries and received 2,071 visits. Moreover, 1,076 doses of vaccines were administered, and 273 student cards (ADYM card) were issued to enable children's school attendance.

The two **Educational Health Stations (EHS) in Attica** provide primary health care services to vulnerable people, migrants with or without AMKA/PAAYP/PSHCN (social security numbers) and unaccompanied minors, in an effort to reduce health inequalities, while empowering people to follow healthy behaviours and hygiene practices. The two EHSs offered health services (medical and nursing consultations, tests, vaccination and medicines administration) to a total of 5,616 migrants (unique beneficiaries) who made 15,016 visits. The breakdown of the migrants received health services is: 19% men, 34% women, 27% boys and 20% girls. Moreover, 5,442 people were vaccinated with 6,077 doses of first line vaccines and 439 student cards (ADYM cards) were issued. In addition, 1,523 sessions of health and hygiene promotion were held reaching 5,296 people (94,3% of the total beneficiaries).



MHU volunteers assisting with vaccination in Sites and urban areas. Photo Credits: HRC

The table below provides an overview of the health services provided:

	# of unique beneficiaries received health services	# of visits	# of participants in the health/hygiene Promotion sessions	# of health/hygiene promotion sessions held	# of people vaccinated	# of student cards issued
MHUs	10,476	37,554	8,468	800	3,911	614
EHSs	5,616	15,016	5,296	1,523	5,442	439
TOTAL	16,092	52,570	13,764	2,323	9,353	1,053

Information provision, guidance, PFA, case management and individual sessions were focused on stress management, including stress due to the quarantine, anger management, as well as on emotional relief and resilience building. All interventions are carried out following the necessary prevention and protection measures against COVID-19 (remotely, wherever possible).

Direct Psychosocial Support (PSS) services in groups and individually have been provided to a total of 19,225 beneficiaries in the MFCs in Athens and Thessaloniki, the 5 UAM centres and the migration centres (sites & RICs). The beneficiaries were 41% men, 31% women, 23% boys and 5% girls. Sessions include counselling, psychological support, emotional relief, information provision, directives, case management and referrals. A total number of 118 referrals were made to agencies with specialised PSS services. 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.

Specifically, regarding the minors hosted in the five respective Unaccompanied Minors' Centres of the HRC located in Athens, Volos & Kalavryta, a wide range of PSS services were provided to a total number of 705 unaccompanied minors. While the total capacity of the shelters is 160 minors, the number indicates the total minors who have lived and left the centres over the period of the operation. In addition, 637 visits were made by children to the child friendly spaces in the social areas of the two MFCs (in Athens & Thessaloniki) and in Kara Tepe II Centre, where children were offered recreational and creative activities, as part of PSS interventions. 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.

Furthermore, a total number of 166,362 Psychological First Aid services were provided to migrants in the sites, the UAM Centres and through the MFC hotline. Moreover, 21 PSS sessions were held for the psychological wellbeing of the HRC staff and volunteers involved in the operation.

The ACCREF supported many hospitals and primary health care units with interpretation services. A total of 17,120 migrants were directly supported in accessing public health system with the provision of interpretation services through the ACCREF program since the beginning of the operation. The services were provided to migrants mainly during their regular medical appointments with various specialties in the outpatient department of hospitals and in health centres and sometimes during visits as an emergency case. A respective number of 17,120 requests were received, of which 15,261 (89%) were for accompaniment interpretation and 1,859 (11%) for telephone interpretation. The requests were made by the medical staff of the public health care units and the migrants themselves, as well as the HRC health staff of the MHUs. In addition, 32 training sessions were held for 1,313 people (professional cultural mediators, nursing staff and university post graduate nursing students) on the following training courses: 1) Introduction to Intercultural communication, 2) Intercultural competence & Professional management of Diversity and 3) Cultural Mediation & interpretation services. The aim of the trainings for health staff is to promote intercultural competences among members of the staff of health care institutions in order to overcome cultural barriers, recognizing social diversity and promoting equality in the public health system. Similarly, the aim of training professional interpreters is for them to acquire knowledge and to develop skills in successful cultural mediation and escort of immigrants/ refugees to public services, with particular emphasis on the health sector and the skills on medical related interpretation services.

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 Centres: 1. Shortages of medical and nursing staff in relation to the daily needs, due to low response to related recruitment announcements, especially for the medical staff, sudden resignations of contracted staff, as well as due to the deployment of HRC nurses to support the national COVID-19 vaccination operation, following official request from MoH 2. Difficulties in referring patients and booking appointments to hospitals due to most public hospitals operating as COVID-19 referral centres, and thus few regular

appointments can be arranged. 3. 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.), as well as the overall disturbance of the supply chain for the market and the increased demands due to the COVID-19 pandemic. 4. Technical difficulties in the implementation of e-prescription due to delays for the Government in issuing social security number (AMKA, PAAYPA or PSSHCN) for migrants, as well as due to problems related to internet access.

As for the EHSs, the main challenges concerned 1. inadequate quantity of first line vaccines and the deficiencies in dental drugs and consumables, due to supply delays (as explained above). 2. insufficient number of nurses providing services due to their implication at the national COVID-19 vaccination program upon Government request & their rotation at other sites. 3. restrictions imposed by the national COVID-19 protocols for the mitigation of the virus spread, that resulted to booking less appointments, 4. the recruitment of a psychiatrist.

Regarding the MUT of urban area (Athens) a certain decrease observed in the number of visits conducted was related to the COVID-19 restriction measures and the nurses' mobilization at the national COVID-19 vaccination program upon government request & their rotation at other sites.

Finally, as for the PSS services, challenges concerned the unwillingness of the unaccompanied minors to regularly attend to their scheduled PSS appointments, as they seemed more preoccupied with their legal issues and the application process.



Water, Sanitation and Hygiene

People reached: 14,836
 Male: 7,402
 Female: 7,434

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 ¹²	7,186
# of hygiene kits purchased for contingency stock	10,000 ¹³	Cancelled

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	30

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%	100%

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	7,650

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%	100%

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
-------------	--------	--------

¹² Revised from 5,000.

¹³ Revised from 30,000.

# people reached directly and indirectly with key messages to promote personal and community hygiene	7,650	7,650
Outcome 3: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase		
Output 3.1: Continuous monitoring and evaluation of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators:	Target	Actual
# 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 site. HRC deployed a mobile health team to provide medical support and immediate first aid to the residents of Kara Tepe II as well as a Restoring Family Links (RFL) 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 II Centre. Photo credits: IFRC Greece

Water and hygiene provision at Kara Tepe II Centre:

- An average of 150m³ of cold potable water has been trucked into the site daily and distributed through 8 distribution points through bladders and roofed tab-stands to supply site 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 site daily to supply RC shower facilities
- Grey water has been trucked out of the site 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 site residents volunteering for the task.
- Hygiene promotion activities have been implemented and are ongoing. Sessions were conducted by site 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 was done on April 2021.

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

<i>Red Cross water trucking</i>	
<i>Kara Tepe II Centre, Nov-Dec 2020</i>	
Type	m ³
Cold water	9,390
Hot water	3,600
Grey water	3,833

In Kara Tepe II 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 Centres in Northern Greece (Kleidi) 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

Location	Men	Women	Boys	Girls	Total
Kara Tepe II	1,350	1,527	1,254	1,146	5,277
Lesvos					
Mainland	981	928			1,909
TOTAL					7,186

German Red Cross WASH team together with IFRC Delegates were jointly coordinating the WASH interventions in Lesvos to improve the living conditions of the residents until the 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 trunked into the site 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 site and regular handwashing sessions were conducted especially for children.
- For the hygiene promotion, up to 30 site residents volunteering for the Red Cross were trained as hygiene promoters covering the different communities in the site.
- Red Cross WASH interventions and hygiene promotion activities significantly improved the living conditions of the refugee population in Kara Tepe II Centre.
- The mobile health unit of the Hellenic Red Cross remain at the site 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 Centre, following the discussions with Greek authorities to construct a permanent water supply in the temporary site, 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 II Centre

Although UNICEF was leading the WASH response, IFRC/GRC has been recognized as main WASH actor in Kara Tepe II Centre, making significant contributions to the improvement of living conditions in the site. GRC/IFRC was perceived as a technical innovator in developing WASH solutions and quality HP tools, especially regarding PGI and 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 site.

The initial plan to purchase 10,000 hygiene kits for contingency was cancelled due to new operational needs (to increase the number of staff/specialities in the MUHs based on health needs and of the MUHs to cover new sites –in

Samos & Lesvos,) and restricted funding. Thus, decision was taken to reallocate the amount for the hygiene kits to respond to these needs.

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 II Centre 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: **63,024**

Male: 35,910

Female: 27,114

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	524

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	63,024

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	705
# of migrants assisted in Multi-functional centres through information or referrals	TBD	62,319

Progress towards outcomes

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

In Lesvos, 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, delivered in January – February 2021, 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 site 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.

Thirty staff members of HRC and IFRC involved in the Cash Transfer Programme for asylum seekers and eligible refugees under the UNHCR 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 sites 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 sub-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 site 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 site.

There is a need to ensure continued protection efforts across RC/RC response programming, including the prevention of violence against children and sexual and gender-based violence, human trafficking, as well as survivor-centred 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 UAM accommodation centres. During the two years of the operation, a total of 705 minors were supported through a variety of services including: shelter, clothing, facilitating access to school and educational activities, counselling, health care, information, social support, legal advice, booking and accompaniment to appointments for medical and legal services, etc.

In Ritsona Site, 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 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. All HRC field coordinators in sites, including in Ritsona Site, attend the on-site protection meetings held with all relevant actors to identify and address protection issues.

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. For this purpose, 524 HRC staff & volunteers (187 staff, 337 volunteers) trained on the IFRC minimum standards for PGI in emergencies, and 15 SGBV trainings were delivered to 198 HRC staff and volunteers. In addition, 275 supervise and technical support sessions were held by the HRC Protection coordinator on a regular basis, approximately every two months, and on an ad hoc basis, whenever a staff member needed guidance on managing a SGBV/protection case. Moreover, a guide for first-line practitioners on how to support survivors of Gender-Based Violence has been distributed to the staff of all HRC Services and programs.

The overall approach of the MFCs in Athens and Thessaloniki, as well as of the 5 centres for the UAMs (3 in Athens, 1 in Volos, 1 in Kalavryta), is to provide services and guidance to support refugees on their journey to more effectively integrate into Greek society, 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 approach of the services provided by the MFC aims to empower them to reassess their individual needs and make their own choices; in order to regain their own autonomy in everyday life. The operation of these centres 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 UAM Centres 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. A total of 62,319 people were assisted by the services of the MFCs, of which 53% were men, 40% were women, 3% were boys and 3% were girls.

During COVID-19 and the restrictions imposed, the UAM Centres and the MFCs 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 MFC Hotline, one important means of communication for the support of the refugee population, received a total of 143,121 calls. The services offering are:

- Mediation and facilitation of the communication between refugees and authorities/non-governmental organizations/public services (through telephone interpretation), legal support, information and facilitation regarding family reunification issues
- Up to date information on the current refugee situation and their rights, on issues concerning material support, housing, medical issues, including regarding the COVID-19 precaution protocols and Vaccination process, and on the Cash Transfer Program
- 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

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 compromise 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.

# of people assisted since the beginning of the operation with PGI services		
	# of people assisted in MFCs	# of UAMs assisted
Male	33,283	
Female	25,209	
Male below 18	1,922	705
Female below 18	1,905	
TOTAL	62,319	705
GRAND TOTAL ASSISTED	63,024	

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-centred approach.



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

- 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-centred approach.
- Due to the COVID-19 prevention and protection guidelines, access to the Centres 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 cases difficult due to the lack of relevant equipment.

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

People reached: 80,260

Male: 44,244

Female: 36,016

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.

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 through the implementation of a variety of methods and tools at locations such as MFC Athens and Thessaloniki, Korinthos, UAM Centres, Lesvos, Samos, Kleidi, Ritsona Sites, EHS in Kallithea and Athens and ACCREF. From the beginning of the operation until the end of March 2022 the total visits conducted to MUH clinics amount to 37,554, to EHS of Ambelokipoi & Kallithea to 15,016, to MFC of Athens & Thessaloniki to 54,644, the total calls received by the MFC Helpline amount to 143,021 and the total requests received by the ACCREF to 17,120.

In this perspective, it should be mentioned that:

HRC provides Community Engagement and Accountability (CEA) assistance in Lesvos Centre and Ritsona Site. 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 II Centre 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.

With the decongestion of the sites 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 Kalavryta – with a total capacity of 160 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.

ACCREF offers an accompanying interpretation service and is built around a team of experienced interpreters/cultural mediators trained on the Greek public health system structure and procedures, health terminology, interpretation and cultural mediation skills and detection of protection cases. The interpreters/cultural mediators escort and facilitate the access of refugees and migrants to public health services. 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 80,260 people (62,319 beneficiaries of the two MFCs, 705 beneficiaries in total of the 5 UAMs, 17,120 beneficiaries of the ACCREF services and 725 beneficiaries of the RFL services) have been assisted, while some 54,644 visits were conducted in the two MFCs of Athens and Thessaloniki, 143,021 calls/requests were received by the MFC Helpline, 17,120 requests were received by ACCREF and 725 RFL request were received by the Tracing and RFL Division).

HRC Tracing & RFL Division is covering the needs at entry points and accommodation centres, 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. A total of 725 RFL requests were received by the HRC Division for tracing 2,232 people (in



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



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

Greece and abroad) and 6 Reunification requests concerning family members who have already been living abroad. Out of the 725 RFL requests, 500 people were located: 489 persons located alive and were reconnected to their family and 11 persons were located deceased. In addition, a total of 2,068 persons maintained contact with their family, including 1,048 migrants in Karatepe II Centre, in Lesvos, through the distribution of phone cards, 3-minute phone calls and Wi-Fi access. The direct beneficiaries of the Division were 725 people (56% men, 29% women, 14% boys and 1% girls).



National Society Strengthening

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%	100%

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.).



Coordination and Partnerships

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 fire in Lesbos, 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 was completed by GRC in 2021.

Although UNICEF was leading the WaSH response, GRC/IFRC has been recognized as main WaSH actor in Kara Tepe II Centre making significant contributions to the improvement of living conditions in the site. GRC/IFRC was perceived as a technical innovator in developing WaSH solutions and quality HP tools, especially regarding PGI and 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 site.

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.

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 ¹⁴	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 and 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.

A Migration and Displacement Assessment is planned jointly with IFRC in April/May 2022 with the aim of identifying core areas of strength, programmatic priorities, as well as identifying ways in which the National Society can leverage its auxiliary role, offer insights into programmatic strategic direction and support resource mobilisation efforts with key donors.

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 MFCs
- Updating constantly the website
- Uploading social media posts on weekly basis with HRC's actions, photos, and videos.



Secretariat Services

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
# of Host NSs that have security SOPs in place covering activities in the operation	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.

¹⁴ Revised from 1.

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 sites, including basic medical equipment and materials. In addition, the situation in some of the sites 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.

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*).

Reference documents

Click here for:

- [Revised Emergency Appeal](#)
- Revised Emergency Plan of action upon request

For further information specifically related to this operation please contact:

IFRC Regional Office for Europe, Hungary

- Juergen Hoegl, Coordinator, Emergency Operations (a.i.), Regional Office for Europe, jurgen.hoegl@ifrc.org

IFRC Country Delegation, Greece

- **Jessie Catherine Thomson**, Head of Country Office, M: + 30 6957508929, jessie.thomson@ifrc.org
- **Alma Alsayed**, Programme Coordinator, M: +30 694793 8583, alma.alsayed@ifrc.org

IFRC Geneva:

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

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

Hellenic Red Cross Society

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

For Resource Mobilization:

IFRC Regional Office for Europe

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

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

- David Kohlmann, Regional Head of PMER and Quality Assurance a.i., David.KOHLMANN@ifrc.org

How we work

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

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/3-2022/3	Operation	MDR65003
Budget Timeframe	2020/3-2022/12	Budget	APPROVED

Prepared on 18 May 2022

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	1,000,000
AOF3 - Livelihoods and basic needs	310,000
AOF4 - Health	3,900,000
AOF5 - Water, sanitation and hygiene	3,000,000
AOF6 - Protection, Gender & Inclusion	150,000
AOF7 - Migration	2,100,000
SFI1 - Strengthen National Societies	700,000
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	220,000
SFI4 - Ensure a strong IFRC	620,000
Total Funding Requirements	12,000,000
Donor Response* as per 18 May 2022	5,611,255
Appeal Coverage	46.76%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	343,281	171,285	171,996
AOF4 - Health	3,370,033	1,787,249	1,582,785
AOF5 - Water, sanitation and hygiene	0	145,122	-145,122
AOF6 - Protection, Gender & Inclusion	1,396,086	1,248,832	147,254
AOF7 - Migration	1,638,268	740,112	898,156
SFI1 - Strengthen National Societies	433,718	306,851	126,867
SFI2 - Effective international disaster management	0	126,452	-126,452
SFI3 - Influence others as leading strategic partners	29,495	88,361	-58,866
SFI4 - Ensure a strong IFRC	0	3,842	-3,842
Grand Total	7,210,881	4,618,106	2,592,776

III. Operating Movement & Closing Balance per 2022/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	5,313,677
Expenditure	-4,618,106
Closing Balance	695,571
Deferred Income	0
Funds Available	695,571

IV. DREF Loan

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

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/3-2022/3	Operation	MDR65003
Budget Timeframe	2020/3-2022/12	Budget	APPROVED

Prepared on 18 May 2022

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		30,145		76,095		
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		
COFRA Foundation	100				100		
Danish Red Cross	36,192				36,192		
Finnish Red Cross	52,821				52,821		
German Red Cross	214,739				214,739		
German Red Cross (from Siemens AG*)	812,864				812,864		
German Red Cross (from Volkswagen Group*)	812,864				812,864		
Google	188				188		
Iraqi Red Crescent Society	446				446		
Italian Red Cross	120,337				120,337		
Japanese Red Cross Society	44,647				44,647		
Marsh & McLennan Companies, Inc.	238				238		
Norwegian Red Cross	280,347				280,347		
Other	75		80,765		80,840		
Red Cross of Monaco	26,276				26,276		
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	535,260				535,260		
Western Union Foundation	18				18		
Total Contributions and Other Income	5,202,766	0	110,910	0	5,313,677	0	
Total Income and Deferred Income					5,313,677	0	