



Εθνικό και Καποδιστριακό Πανεπιστήμιο Αθήνα - Ιατρική Σχολή
Μεταπτυχιακό πρόγραμμα σπουδών «Διεθνής Ιατρική-Διαχείριση Κρίσεων Υγείας»

Θέμα: *«Μετανάστευση στην Ελλάδα μετά το κλείσιμο της βαλκανικής οδού τον Μάρτιο του 2016.
Κριτική ανάλυση της απόκρισης στις ανάγκες υγείας και της προστασίας μεταναστών και προσφύγων
- Πρωτογενής Έρευνα»*

Πτυχιακή Εργασία

Φοιτητές

Λιανδρή Μαρία

A.M: 20160139

Μέρος Α' - Κριτική ανασκόπηση

Καραγιάννης Γιώργος

A.M: 20160128

Μέρος Β' – Πρωτογενής Έρευνα

Αθήνα

Ημερομηνία κατάθεσης : 01.06.2018



National Kapodistrian University of Athens
MSC -Department of Medicine
‘International Medicine and Health Crises Management’

«Immigration in Greece following the closure of the Balkan route in March 2018. A critical review of the response in Health and Protection needs of refugees and migrants - Research»

Study

Postgraduate students

Liandri Maria

A.M: 20160139

Part A – Critical Review

Karagiannis Georgios

A.M: 20160128

Part B – Research

Athens

Submitted on : 01.06.2018

ΠΡΑΚΤΙΚΟ ΚΡΙΣΕΩΣ
ΤΗΣ ΣΥΝΕΔΡΙΑΣΗΣ ΤΗΣ ΤΡΙΜΕΛΟΥΣ ΕΞΕΤΑΣΤΙΚΗΣ ΕΠΙΤΡΟΠΗΣ ΓΙΑ ΤΗΝ
ΑΞΙΟΛΟΓΗΣΗ ΤΗΣ ΔΙΠΛΩΜΑΤΙΚΗΣ ΕΡΓΑΣΙΑΣ
Του Μεταπτυχιακού Φοιτητή Καραγιάννη Γεωργίου

Εξεταστική Επιτροπή

- ☐, Επιβλέπων
- ☐, Μέλος
- ☐, Μέλος

Η Τριμελής Εξεταστική Επιτροπή η οποία ορίστηκε απο την ΓΣΕΣ της Ιατρικής Σχολής του Παν. Αθηνών Συνεδρίαση τηςης 20... για την αξιολόγηση και εξέταση του υποψηφίου κ... .., συνεδρίασε σήμερα .../.../....

Η Επιτροπή **διαπίστωσε** ότι η Διπλωματική Εργασία τ. Κου Καραγιάννη Γεωργίου με τίτλο:

«Μετανάστευση στην Ελλάδα μετά το κλείσιμο της βαλκανικής οδού τον Μάρτιο του 2016. Κριτική ανάλυση της απόκρισης στις ανάγκες υγείας και της προστασίας μεταναστών και προσφύγων

- *Πρωτογενής Έρευνα»* είναι πρωτότυπη, επιστημονικά και τεχνικά άρτια και η βιβλιογραφική πληροφορία ολοκληρωμένη και εμπεριστατωμένη.

Η εξεταστική επιτροπή αφού έλαβε υπ' όψιν το περιεχόμενο της εργασίας και τη συμβολή της στην επιστήμη, με ψήφους προτείνει την απονομή στον παραπάνω Μεταπτυχιακό Φοιτητή την απονομή του Μεταπτυχιακού Διπλώματος Ειδίκευσης (Master's).

Στην ψηφοφορία για την βαθμολογία ο υποψήφιος έλαβε για τον βαθμό «ΑΡΙΣΤΑ» ψήφους, για τον βαθμό «ΛΙΑΝ ΚΑΛΩΣ» ψήφους, και για τον βαθμό «ΚΑΛΩΣ» ψήφους Κατά συνέπεια, απονέμεται ο βαθμός «(Αριστα/Λίαν Καλώς/Καλώς)& (Βαθμός).....».

Τα Μέλη της Εξεταστικής Επιτροπής

-, Επιβλέπων (Υπογραφή)
-, Μέλος (Υπογραφή)
-, Μέλος (Υπογραφή)

Περίληψη

Ερευνητική Υπόθεση : Το επίπεδο αποτελεσματικότητας της απόκρισης στις ανάγκες των προσφύγων και μεταναστών κατά την περίοδο Μαρτίου 2016 – Νοεμβρίου 2017 δεν εγγυήθηκε την προστασία και τη βασική φροντίδα υγείας για τον συγκεκριμένο πληθυσμό.

Για την πραγματοποίησή της έρευνας ορίστηκε το νόημα βασικών όρων, μεταξύ των οποίων η έννοια της «απόκρισης». Τέσσερις βασικές παράμετροι θεωρήθηκαν ότι καθορίζουν την απόκριση (και ελέγχθηκαν): Σχεδιασμός, Επιτυχής Εφαρμογή Δράσεων, Πρόσβαση (στην προσφερόμενη βοήθεια) και Προσαρμοστικότητα των Προγραμμάτων. Συμμετείχαν 58 άτομα και χρησιμοποιήθηκε ευρύ φάσμα εργαλείων και τεχνικών για τη συλλογή στοιχείων.

Τα αποτελέσματα καταδεικνύουν ένα επίπεδο απόκρισης που δεν βρίσκεται σε αναλογία με τις ανάγκες του πληθυσμού, προβλήματα συντονισμού και παράλληλες δράσεις που επαναλαμβάνονταν. Οι συμμετέχοντες έχουν την εικόνα ότι η δράση υλοποιήθηκε κυρίως από τις ΜΚΟ, ενώ αναγνωρίζεται και αναμένεται ο κυρίαρχος ρόλος της κυβέρνησης. Τα κυρίως αποτελέσματα θέτουν ζητήματα σχεδιασμού και μη προσαρμοστικότητας των προγραμμάτων, ενώ η απόκριση δεν ακολούθησε τις ανάγκες αλλά κυρίως την πρόθεση της Ευρώπης να ελέγξει τις προσφυγικές ροές .

Λεξεις-κλειδιά:

Αποτελεσματικότητα, κριτική ανάλυση απόκρισης, κλείσιμο βαλκανικής

Abstract

Research Hypotheses: The effectiveness level on the response deployed for the refugees and migrants needs (within the examined period : March 2016- November 2017) didn't ensure protection and basic healthcare for the target population.

Some basic definitions were made in the protocol of the study, defining "key terms and amongst them the "Response" . 4 parameters were primarily checked: Planning, Accomplishment, Access, and Adaptability.

The Survey in which participated 58 persons had a wide methodology and tools.

The results show effectiveness not linear to the needs and overlapping along with problems in coordination. The general response was perceived as carried out mainly by NGOs rather than Government, which should play key role. A non-relevant planning and the non-adaptability of the programs combined with a response developed not following the needs evolution but the European intention to handle the influx of refugees, were key findings.

Keywords:

Effectiveness, review response , Closure Balkan route

There is a relevant abstract in each of the 2 parts of the Study.

Special thanks to all participants in the survey and particularly to the beneficiaries of the programs for our discussions, patience and their critical approach which allowed me understand essential dimensions of the delivered aid. Particular thanks to Mrs Eirini Vlachou (Lawyer) for her valuable assistance in the understanding of the legal framework and Mrs Kakalou (Supervisor of the study) for her trust and offered autonomy for having this study concluded.

Last but not least I would like to thank Maria Liandri, for our collaboration as we had intensively worked in parallel for this study, challenging and feeding each other's approach. The research will not be carried out without a constant interaction with her and info she provided through her review.

| | |
|---|----|
| Index / List of contents | 6 |
| <i>Introduction</i> | 7 |
| <i>Main Part- Research</i> | |
| <i>Chapter 1: Essential of Humanitarian Response (Int,l and in Greece)</i> | 12 |
| <i>1.1 Essentials on building a response</i> | 12 |
| <i>1.2 Realities and Challenges in Greece1</i> | 14 |
| <i>Chapter 2: Research</i> | |
| <i>2.1 Background and Methodology</i> | 20 |
| <i>2.2 Checking the parameters of the response effectiveness –</i> | 22 |
| Effectiveness analysis based on quantitative and qualitative data | |
| ▪ <i>Planning (relevant to basic needs) of Protection and Health Care for the population</i> | 23 |
| ▪ <i>Aim accomplishment</i> | 25 |
| ▪ <i>Access of target population to the aid available</i> | 26 |
| ▪ <i>Adaptability of the planned projects to the challenges and the main Health and Protection Issues</i> | 27 |
| ▪ <i>Brief presentation of the limitation in the deployed response</i> | 27 |
| <i>Chapter 3: Analysis of the main findings of the Research</i> | 28 |
| <i>Conclusions</i> | 30 |
| <i>Bibliography</i> | 32 |
| <i>Appendix</i> | |

Introduction

Throughout time, the global and perplexed phenomenon of migration holds a significant role in shaping the world the way we know it. Indispensable part of human history and civilization since the very beginning, migration encompasses all kinds of movement of people from their habitual place to a new settlement, whatever its length, composition and causes.

In recent era, ongoing wars and persecutions, inadequacy of protection systems and violation of human rights, statelessness, poverty, climate change, environmental degradation and disasters keep people on the move, while the geographical distance arrays between countries of destination and origin have tremendously increased and diverse, leading migrants from Africa, the Mid-East and Asia in distant Europe [1].

Being away from their homes and families, in countries where they do not speak the language and might not understand the culture, lacking a community support mechanism, migrants are by definition vulnerable. Unable to always enter legally, a lot of migrants try irregular ways and are smuggled to host countries. Coming from war torn countries, having suffered abuses and/or having been forced to travel exhausting and fatal migratory routes they are further traumatized. Migrants are often exposed to unfriendly, hostile environments, marginalization and detention, discrimination and xenophobia, exploitation, trafficking and criminal networks with little access to rights and assistance [2].

Addressing the needs of migrants on one hand, and managing migration on the other, are two major concerns on national and international level. Interconnectivity and interdependence of States and societies call for international cooperation and coordination to balance and equally share the burden of migration and on the same time improve response to the needs of migrants. While global and regional cooperation gives great potential to common problem solving and international assistance, international interdependence has a huge impact on domestic affairs. Common policies and agreements, financing and solidarity influence national planning and enable a variety of international actors to act in a country's territory affecting decision making, allocation of resources, capacity and flexibility to adapt. The case of migration in Greece in the last years is a perfect example of that.

For almost a decade now Europe receives immense inflows of migrants; that has put extra pressure on its structures challenging its resilience. Migration to Greece is interconnected to migration in

Europe both because of its key geographical position on one of the three main entrances to the European Union (EU) and also because management and response to migration is interdependent to common policies and strategies on EU level. In March 2016, the Western Balkan route from Greece to other European countries closed and the route between Turkey and Greece on the East Mediterranean corridor to Europe largely shut by an agreement between Turkey and EU, known as the Turkey-EU deal. [3]. A year and a half later, in October 2017, close to 62.000 remained stranded in Greece. Despite the fact that the number of migrants had tremendously decreased and Greece with the assistance of the EU and other actors had invested a lot of resources on relative response, migrants had limited access to legal rights and assistance, while a big proportion was living under bad conditions in overcrowded Hot Spots on the Greek islands.

The study thesis in consideration examines immigration in Greece in the period following the Turkey-EU Agreement and the closure of the Western Balkan route in March 2016 and up to November 2017, and attempts a critical analysis on the relative response. The main target of the study therefore, is irregular migration and humanitarian assistance in the EU framework. The scope of the study is to evaluate the level and the efficiency of response to migrant needs, having as a measure the right of all humans to dignity and focusing on health and protection, as well as to reveal the political, legal and economic implications involved in the relative humanitarian response. The space of the study by no means allows for an in depth analysis of the migratory phenomenon in Greece, while answering migration is beyond the aims of its authors. It however, tackles key issues and draw useful conclusions in regards to migration response in Greece that might contribute in the synthesis of realistic proposals for the improvement in this field.

Overview of the study

The study is organized in two parts for academic reasons. It compiles however, the results of a critical review, a qualitative research and field observations to which both authors have contributed, while introduction and conclusions had been commonly prepared.

- ***Introduction (authors: Maria Liandri & Georgios Karagiannis)***
- ***Main Part - Critical Review (author: Maria Liandri)***

International Migration

International migration in the 21st Century – Facts and realities

Migrant categories – marginalization and vulnerabilities

Internalization and sharing of responsibility – an EU perspective

Migration in Greece - a Eurocentric approach

The reaction of the EU to the humanitarian emergency
The impact of the changes on EU approach on migration
Migration policy in Greece - Developments and challenges
Response to migration in Greece in 2016-2017
A multi speed approach – Funding and actors
Main protection and health concerns
Commenting on the response

- ***Main Part - Research (author: Georgios Karagiannis)***

Essential of Humanitarian Response (Int,l and in Greece)

Essentials on building a response

Realities and Challenges in Greece

- ***Research***

Background and Methodology

Checking the parameters of the report effectiveness –

Effectiveness analysis based on quantitative and qualitative data

- ***Analysis of the main findings of the Research***
- ***Conclusions***

Limitations

The first conclusion of the study is the need for further research, as lack of reliable and updated resources had been a major limitation. Bibliography for the period under examination is restricted. The main sources of information are data published by actors, such as public authorities and international and non-governmental organizations, specific portfolio reports, and a highly politicized think tank including mass and social media and immense volumes of grey literature revealing the obvious tragedy of migrants. Even in this case, information for 2017 had been limited within the period defined initially for the bibliographic review and inevitably time frame had been extended to early 2018[4], when most organizations and State issue reports for the previous year.

Information on context specific funding and human resources is both limited and fragmented by donor or actor, while the reliability of relevant comments in various sources is questionable as they are often copy pasted. It is too difficult thus, to figure out the actual amount and the efficiency of the investment involved [5].making the need for transparency and accountability another important outcome of the study.

Another key limitation is the authors themselves, both being long employed in the humanitarian sector in different posts and organizations and having been professionally active in migration response in Greece since the very beginning, they have good knowledge of the environment, good analytical skills and easy access to different sources of information; it comes however, hand in hand with solid -although not always identical- perspectives on migration that might be linked to bias of attribution and also constitute a subjective bias to observation. As a consequence, many information and analysis in the study is anecdotal coming from empirical experience and also the parameter of failure is already included in the initial hypothesis of the research about the response to health and protection needs for migrants, being obviously the result of the challenges observed during the field visits. In this regard, authors have chosen to be two, to filter and verify each other's input. As a result, although separated in to distinct parts, the study as a whole is the result of a mutual cooperation.

To eliminate subjectivity bias many different and conflicting opinions on the subject have been examined. In this regard, the spectrum of the research subjects has been enlarged to include different categories of people: humanitarian professionals actively involved in migration, beneficiaries and simple citizens and used a demanding variety of research tools.

A main challenge for the study was that all material from questioners to semi-structured interviews and observational tables had to be crafted from scratch. Moreover, defining and accessing samples for the research had been very demanding due to the need to ensure neutrality and data protection, respect the will of beneficiaries and avoid bias consents due to the professional roles of the researchers.

The sample size of professionals is small to enable to withdraw significant relationships form statistical analysis; however the level of response and its, so the sample has been carefully targeted on basis of professional experience and posts during the period in consideration, to ensure representation of diverse key sources and to avoid the bias of organizational mentalities and lobbying. The majority of professionals in the samples had been long working with migrants in Greece and there might be a bias of telescoping (confusing periods of response) and attribution as they might value differently the projects to which they have been involved than other. Same, for the sample of citizens there is the bias of selective memory as their opinion might be influenced by mass media or other sources and exaggeration. In both samples anonymity enabled for free unbiased expression, however there is little capability to validate opinions exposed. Exaggeration and selective memory could be a bias also for the beneficiaries, although they had been organized in

focus groups to bring on the table different opinions and to avoid the bias of re-directing the discussion to personal issues.

Disclaimer: It is difficult to measure irregular migration, as people prefer to stay on the shadow. Any fluctuations or inconsistencies among the numbers of people and trends are due to the variety of sources used. As authors have no the means to verify available data chose to relay on information provided by sources with an official role in regards to migration.

Important Note: Although the term immigration is used in the subject, the group of interest of the study is actually non-documented non-EU nationals who migrate irregularly to the EU.

In the Study was extensively used grey literature , Factsheets and updates from UNHCR, Minutes of Meetings and Accommodation Updates .

Main Part- Research

Chapter 1: Essentials of Humanitarian Response (International and in Greece)

1.1 Essentials on building a response

Value of Relevant Operations is a challenge in all stages of Interventions Worldwide; from the entry phase of assessing the needs and planning an action to the implementation, monitoring up to the evaluation phase. Carrying properly this exercise through a context of crisis is an additional, but coexistence challenge in most of the times and, therefore, there are 2 cornerstones for relevant operations, the proper needs analysis and the understanding of context.

The better we analyse the needs, the stronger is our planning capacity and more relevant are our operational choices in regards to focus, time and strategy of work. In other terms, understanding the needs and the context fast, shall make us deliver aid to those mostly in need and make the best optimal use of resources we have, avoiding delays, duplications, manage the risks and prevent failures; shall also help us to disengage and cause a positive change and – sometimes – ensure a short or long term sustainability.

Acknowledging those 2 challenges, tenths of tools, practices, guidelines algorithms have been developed from different Organizations, Movements, NGOs, National or International Entities. Those modalities have been developed not only to systemize a constructive preparation and execution of plans, but also to create a common language amongst the managers and leaders of different teams; a necessary step for an efficient cooperation in a field that is primarily needed.

Owner of Effort: Mandate, Identity and Scope

The nature and scope of the Actor set the frame of the planned action and restricts the flexibility of what could be planned no matter the range of needs. Donor Organizations are reviewing plans and invite proposals of a big range while Medical Organizations have specific mandate, do certain things in a crisis (e.g MSF focus to Lifesaving Medical Action), others (e.g ICRC) perform mainly in Protection Sphere, some are financially independent, others are having an implementation mechanism, work on partnerships or alone, have a worldwide strategy are less or more flexible. In any case involvement in specific Sphere of Action (Health Care, Protection, Development, Livelihood or other) is decided by the owner of the Operational Plans , meaning the Organization Itself and it's mandate and not by the occasional need in the field or the volume of crisis. There is of

course a space for maneuvering and certain flexibility in all Actors to develop plans beyond their mandate but this is generally an exceptional approach

The Needs Assessment and Context Understanding

Needs are everywhere but selecting the more acute needs in a Crisis- suitable to the capacity of Actor - and the ones less addressed by others sets the second level frame making more specific the idea of what exactly an Actor should focus on ; but this is not a methodological view to stand alone, disengaged by the context. Some “patterns” are not applicable to the time and place of a specific context crisis. Improvising, innovating and adapting is often required after we are sure what is the need and that we can cover all or part of it. Targeted Needs are transformed to Objectives and to anticipated results while patterns and strategies are often transformed to traditional or innovative actions plans. One way or another, each effort requires a proper assessment phase, usually by a small team of experts or based to Data gathered in the field by similar and trustful to the Actor Organizations. Ignoring this step or underestimating its value is a mistake that would directly reflect to a less reliable analysis and – consequently – to less relevant conclusions, increasing the risk of focusing the actions to a need that either is not so acute or could be managed in a different way

Proper Construction of deployed programs

Problem Analysis

Many toolkits and guidelines [6] consider this step essential while others analyse directly the needs and the objectives related to those. In other terms, some practices elaborate around the existence of need. Was it always present? What is connected with, how was created and what could reverse the effects, minimize duration and consequences of the observed needs or problems. This analysis helps many organizations look deeper than the Emergency Response to Sustainable Solutions.

Non Existence of Evidence Based Data: In most of the Humanitarian Context – where a crisis is ongoing , escalating or even in the post emergency phase – is difficult to find and on time elaborate reliable – relevant and recent data referring to the same issue that Project/Intervention wants to address. If such data exist though many of the basic components of a planning are already clear. There are simple choices to make where a team want to focus and then based to the data is easy to calculate the required time and efforts, the working hours, the equipment and – generally- the resources needed. The planning exercise is based to a given reality and a recent experience because this is what evidence based data represent after all. Assuming: making and educated guess

Exit Strategy and Evaluation

Attempting to provide meaningful aid and ensure as much possible the sustainability of the solution is essential to have a clear strategy of disengagement from the situation , choices for hand overing the system created or bring results in such scale that the intervention will not be any more needed (either because the need is treated or the local capacity is increased significantly as to treat the needs). Exit Strategy requires a good need assessment and relevant planning but also evaluation of impact and the situation as it evolves.

Implementing – Monitoring -Evaluating

The Implementation Phase always reaffirms the initial planning or re-orientates it's focus but keeping the overall goal and the primary objectives in the center of the Action. By Monitoring through Observation, close follow up of the activities and reporting the Leaders of Projects make a real time evaluation and- if necessary – increase, decrease investments, adapt to operational environment changes or entirely leave parts or the entire project. Flexibility and Adaptation of Humanitarian Projects, especially to the ones deployed in Crisis environment are to be reviewed in Evaluation Phase. In a way a Proper Management is doing real time evaluation but this complex exercise it often requires presence of experts specifically assigned to evaluate impact of Actions after operations have been deployed

1.2 Realities and Challenges in Greece

The volume of the reception crisis was unexpected and not according to the deployed governmental capacity. From January 1st until end of October 2016 , 172.465 people arrived in the islands and 2.810 through the land borders. After the EU Turkey Agreements applied in April (until October 2016) 20.164 people landed [7], mainly from Syria (46%) and Afghanistan (24%). The needs of a population moving were significantly different from the needs of a stranded population after the borders closed in April 2016.

Underestimated complexity of the Context

Handling a Refugee Crisis within a European Context/Soil, where all the legal previews of European Community apply, under responsibility of a European Country is not a typical context for the International Humanitarian Actors, as well as for the European Commission (which exceptionally previewed ECHO Funding for Greece). United Nations and their implementing partners had to deploy operations next to a European Government and their “traditional modus operandi” had to be modified to adapt in European Laws, Court Decisions, and strong European

States political decisions [4], [8]. That unavoidably led to complicity not known to the Actors, considerable time and energy required. Usually the context analysis in new operational environment is something that needs to be learnt by Implementing Actors and the specificity of the European Context had been proven much more complicated than expected; especially as Greece gives the impression of a well-structured Governmental Set up with fully functioning operating mechanisms. Underestimating the complexity of the context is a very common approach which often results to develop actions irrelevant to context needs, too expensive, less efficient or too complicated for the teams to handle. At some point all managers and decision makers acknowledge that this is unavoidable , but being conscious for that , it can be also limited through proper assessing and devoting time and expertise to the analysis even if the conclusions seem obvious.

Limited Capacity to Improvise, innovate, adapt (due to funding specificities, due to mandate ecc)

Level of funding is mobilized by European Commission, UN, and Government and /or Civil Society is difficult to estimate as there are controversial figures. Nevertheless it is commonly accepted that more than hundreds of million euros had been given to UN and finally NGOs (as implementing partners) to manage the humanitarian consequences of the Refugee Crisis[9], [10].. As always happens the funds are allocated to Actors, following a specific call for submission of proposals that often limited the nature of the Project or the beneficiary's profile. This had as a result most of the deployed projects in Greece to target Relocation Candidates (People of Concern for the EU-Turkey Agreement) while a big part of population were people that were either recognized refugees or people never applied (or informed to apply) for Asylum. This is an example how funding specificities could lead to a discrimination to the availability of Aid as many programs (majority of the ones developed in 2016) targeted specific population groups (Syrians, Relocation Candidates or people in Asylum Application process) while others were left with less care or without programs targeting properly their needs[9], [10].

Few International Organizations not improvised or adapted their plans complementing the funding with own financial commitment and investment as to cover this gap , while majority followed the funding. Such operational choice or inflexibility prevented aid to considerable part of refugee population

Political Decisions and Response Generated Needs

As 7 Greek NGOs stated in a common conference in March 2017 (MdM, Greek Council for Refugees, MSF [11] , Solidarity Now ecc) the impact was significantly worse for the health (mental

health particularly worsened) and the Protection of the Population due to issues, restrictions and limited aid which came as a result of the Agreement.

Overcappacity reported in most of the Structures hosting temporary refugees in the period 2015-2016-2017 and especially after the EU Agreement being in force on 20/03/2016. As MSF Report stated (*MSF Greece 2017*^[11]), the Refugee Population Living in inadequate and dangerous conditions on the islands, their vulnerability was increased and their Mental Health Condition was significantly worse following an agreement that forced them to be stranded.

Anticipated Leadership

Big NGOs and UN Agencies anticipated leadership moves from Greek Authorities. Greek Authorities anticipated political solution from EU and EU trusted the management of the humanitarian consequences to the International and Local Non-Governmental Organizations and Movement, using financial resources allocated for that purpose. United Nations coordination role was strengthened (as in all crises) but it is true that many of the efforts moved within the frame of a political intermediate solution as this was drafted in 20th of March 2016 EU-Turkey Agreement. The agreement of course had the primary objective to reduce the migration flows and not to resolved the humanitarian consequences of the Refugee flow (close to 1 000 000 people in 2015 alone landed in the region).

Duplication

Many of identical programs focusing to Mental Health, Child Protection were and still function (by the time this report is written) in parallel, focusing to a small range of needs. Most of the actors targeted Coordination and Advocacy as field of their expertise or capacity building in a situation that financial resources for different services (e.g Legal Aid, Secondary Health Care etc.) and logistic support was primarily needed for the Camps, “Hot Spots” , or unofficial gathering spots of refugees and migrants.

Increased Need for Atypical projects and intervention by the Actors

Proper and well related to needs Planning of Humanitarian Responses is a cornerstone of any relevant and meaningful operation delivering aid to those in need and reversing the acute consequences to the concerned population. In all case context and problem analysis is fundamental but within the specific context that was proven exceptionally important.

- Operational Environment and Local Capacity to respond had changed dramatically (EU-Turkey Agreement, Accelerated Financial Crisis- Capital Controls, Capacity of Local NGOs) as the Crisis was accelerated.
- Complexity of the Problems and Response Generated Needs had – in parallel – grown

- That required an exceptional adaptability capacity by the Actors and tested to maximum the Quality of Planning in the initial phase and the deep understanding of context; an exercise that was proven very challenging for most of the Actors who were used to operate in developing countries and not to the European Soil, where political interventions and role is much more active , influencing or even framing the operational challenges. The administrative and legal barriers in Greece are much more powerful and difficult to overcome, especially when underestimated in the planning exercise; at the same time the Risks, Assumptions Area required deep and elaborated analysis.
- Proximity of Crisis in the European Donors and European Authorities (EU, Governments) gave the impression of a well-structured system of response in place, something that was not at all the case; not only due to the nature and the volume of the crisis but as well due to the contradictory views inside European Community – as some countries wanted to prevent further influx of Refugees in Central Europe and keep the challenges in the peripheral countries (Greece and Italy) , underestimating of course the middle term humanitarian consequences while the countries of first acceptance of refugees flows had invested a lot in a political solution which had to be decided in central level , by a drastic common decision that came only in March 2016 . Even then , the political decision had just addressed the flow volume and not the real humanitarian concerns and challenges which had been grown massively within 2015.

An Expensive Intervention for a minimal impact

Following a proper analysis, proper planning could lead effectively each and every program developed in Greece maximizing impact while limiting significantly the probability of failure , irrelevance, publication , delay or any other threat formed by all the above mentioned complicacies. Even now, lessons learnt from EU Refugee Crisis in 2015-2016 could act as a base for efficient operations in the country in similar crises or responses formed to deal with the post crisis phase .

Although millions of money were spent in Greece the results were not linear . May sites, articles , reports refer to 654 million of Euros given by DG ECHO and DG Home . Most of it through UNHCR Office in Greece to the implementing partners but as well to different International Organizations as to implement directly aid programs.

In the process, it became on of the most expensive humanitarian responses (some articles and publications clearly claim this crisis as the most expensive one) considering the cost per beneficiary [9-10].

The freezing conditions in Oreokastro or in Elliniko Camp (January 2017) were actually indicative samples from an accommodation planning that really never worked out.

Distinction between the theoretical access and practical access to aid

That was an important obstacle while speaking for effectiveness. The access of population was restricted due to external factors such as administrative complicity, lack of support by cultural mediators or supportive structures and lack of adaptability to the needs for a population always on the move and forced to move and adapt regularly the plans of a journey. In theory, many offices of protection and aid were present (even in municipalities, state facilities operating in the region or agencies entitled to offer protection or health aid). That of course didn't lead to delivered aid as in most of the cases the essentials (Communication, awareness of service and unproblematic access to it) was not the case.

Declared intentions to provide assistance and Assistance delivered to the field

Many of the programs deployed were interrupted or not properly staffed with the required resources to offer on time and relevant aid to the population. In many cases NGOs or even governmental efforts (Asylum Service, KEELPNO) had announced interventions that delayed so much to be implemented that the urgent needs remained uncovered for the population moved in the meantime. Another side effect is that such announcements (especially by big known actors) prevented other Actors to plan and deploy similar programs in the meantime.

Not in depth aid to the complex cases (phenomenon of referrals circle)

Cases requiring holistic and in depth legal –social and medical care (as Victims of Torture, Sexual Violence Cases , survivors of shipwrecks or people with special needs) were often referred from Actor to Actor anticipating a comprehensive and on time response that in only few cases was given. The complex cases were subject of continuous referrals amongst actors and different places with fragmented interventions of NGOs, UN Bodies, Governmental (Asylum Service, Ministries) and Private or Civil Society initiatives.

Challenges

Protection

1. EU-Turkey Deal and a. Turkey a safe country b. tensions in Greek-Turkish relations

2. Access to Asylum fragmented; skype difficult for migrants, = delays with protection concerns. [12-13].
Overloaded asylum service, the role of EASO, limited legal assistance [10],[14].
3. Dignity, proper accommodation and access to basics, food and clean water. The situation in overloaded camps on chios, samos and Lesvos were far exceeded capacity caused many tensions, among migrants and with local society[11]..
4. No adequate screening – problem in identifying vulnerabilities and limited referral possibilities if identified.
5. Fragmented and problematic access to Asylum.
6. SGVB underreported. Women in danger and afraid.
7. Trafficking is a big consideration but how much assistance do victims of trafficking receive – sex market for young adults and underage children.
8. Family reunification delayed.
9. Low relocation not enough places, more voluntary returns.
10. Detention.
11. Reported push-backs (mass push backs).

Health

1. Overwhelming for the national health system in the framework of urgent approach – supported by NGO- clinics.
2. People do not know how to access intercultural difficulties/ access to services need of accompaniment.
3. Health certificates needed for Asylum reasons and how to receive them
4. People exposed to bad living conditions – pressure and aggressiveness, tensions.
5. High Morbidity in Mental Health [11].
6. SGBV underreported but noted by organizations.

Chapter 2: Research

2.1 Background and Methodology

Background and Definitions of the key parameters

The current Research is a part of a full protocol separated in a) Bibliography Review (*conducted by Maria Liandri and presented in part 1*) and to the Primary Research (*presented analytically below*).

The general scope of the research methodology was to reflect the trends of concerns of the participants to an extend that could be combined with the review done and give more legitimacy to the overall conclusions.in the end of the study. Therefore the following results shouldn't be read as indicative trends. Confirmed overall conclusions will be clear in the end of the document

Research Hypothèses : The effectiveness level on the response deployed for the refugees and migrants needs (within the examined period : March 016- November 2017)didn't ensure protection and basic healthcare for the target population.

As to proceed to a research some basic definitions were made in the protocol of the study (*see appendix 1*) , defining “Protection” , “Health” , “Migrants” as essential terms of the study but as well defining the meaning of “Response” (*see appendix definitions*) . We have concluded that response lies on 4 key parameters which were examined in the study:

1. Planning
2. Accomplishment-successful delivery
3. Access to aid and
4. Adaptability of programs deployed)

Based on the different sources of information (Survey to professionals, focus groups with beneficiaries, observations but as well interviews with citizens and structured interviews we combined the findings with the bibliography review which followed the same approach in terms and definitions (analytically presented in the protocol)

In the research participated overall 58 Persons: 35 Professionals, 15 Citizens (10 in entry points and 5 in the mainland) and 8 beneficiaries via the Focus Groups.

35 People 35 filled the questionnaire. Amongst them 10 the extension to an interview as described in the research protocol. Of course the distribution amongst the NGOs profiled was not entirely to

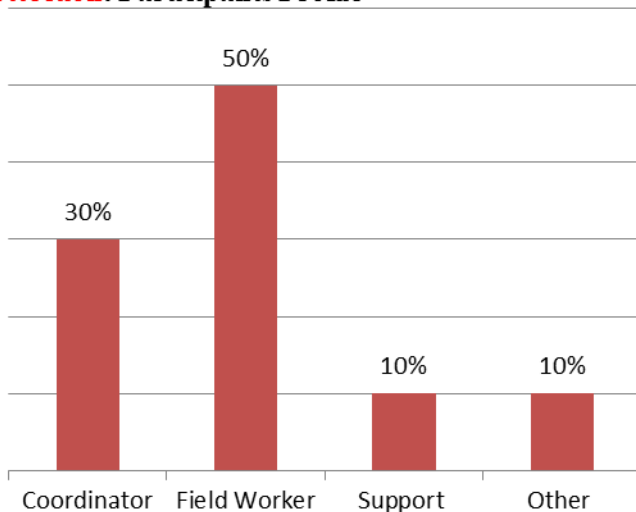
the planned but modified slightly as some employees felt uncomfortable to answer.

The focus groups were splinted in 2 groups of 4 and were all asked for their experience in Protection and Health Programs. There were mainly people working as interpreters for NGOs , spitted equally in numbers per gender (4 men -4 women) . They were asked freely to comment about the 4 parameters of the study , after the key terms was explained to them (Planning, relevance, accomplishment etc.) . Then the facilitators asked 1 clarification question according to the first round of comments.

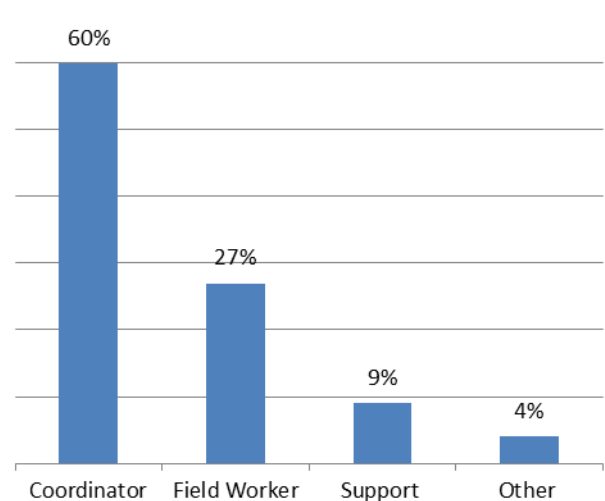
35 Professionals were the main target group of the research and their distribution according to their profile is reflected to the graphics below.

15 out of them worked in Protection and 20 in Health Sector .Many participants (especially the ones having coordination positions, engaged to the deployment of both areas (Health and Protection) but answered only one questionnaire (Health or Protection)

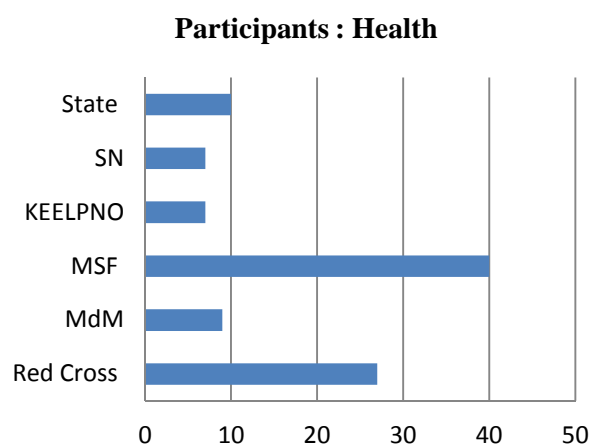
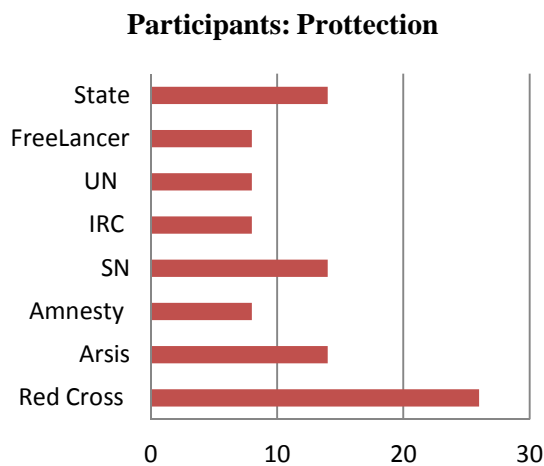
Protection: Participants Profile



Health: Participants Profile



Active NGOs within the period under study were all contacted as reflected in the Graphic below.



The focus groups were done with a free discussion following the opening questions of the Interview (reflecting to the parameters of the Study: *Planning (relevant to basic needs) of Protection and Health Care for the population, Aim accomplishment, Access of target population to the aid available, Adaptability of the planned projects to the challenges and the main Health and Protection Issues.*

The Interviews for the Citizens were open discussions and cannot be considered following a specific format. We tried to motivate a free discussion and note the most significant messages how they perceived the management of the Refugees Issue, the response and the effect to their lives.

2.2 Checking the parameters of the response effectiveness –

Effectiveness analysis based on quantitative and qualitative data

All results presented here are based on the Questionnaires and interviews . In each category there are complementing comments raised during a free discussion with beneficiaries via focus groups.

In Health

Care for Pregnant; care for people with Special Needs, Mental Health and PHC were equally marked as the most acute in rate between 63-72% of the answers. The participants believe the same for the needs both while population arrived in the entry points (Camps, Reception Centers) and for the Mainland .

Most Acute needs were reported the Chronic Diseases (72%) but the response was considered reaching the minimum by 40%.

Care for Mother and Child and Violence – Trauma (including Sexual Violence) was the second acute need, in which less than 40% considers that the minimum response was the case.

It is extremely interesting that the participants considered that in Mental Health the response exceeded the minimum response expected. This is an exception.

When it comes to Identification of need and who is responsible to develop health programs responding to those needs, the 63% of answers show that needs were identified by NGOs and International Organizations and only the 20% acknowledges that need identification was done by Greek or European authorities. When it comes to the reasons of a non-identification of needs, the lack of willingness to recognize and acknowledge the need (reported as first by 50 %) and the non capacity of Actors (50%) were equally reported .

Clearly responsible to acknowledge and deal with the needs was considered the State (63%).

In protection

In regards to the needs 75 % of the answers indicated living conditions and the violation of legal Rights (unnecessary detention) as the most acute while the issues connected with Aylum Process was reported to the 66% of the answers.

Once coming to the question if the response reached at least the minimum in regards to the observed needs the participants predominant responses were as following:

Trafficking, Violation of Legal Rights and exposure to risk were reported primary concerns in a rate between 60-66% of the answers.

When it comes to identification of need and who is responsible to develop Protection programs responding to those needs the 90% of answers show that the needs were identified by NGOs and International Organizations and only the 45% acknowledges that need identification was done by Greek or European authorities. When it comes to the reasons of a non-identification of needs , the low visibility of needs (75%) and the non-clear responsibilities of Actors (25%) were reported.

Clearly responsible to acknowledge and deal with the needs was reported the State (75%).

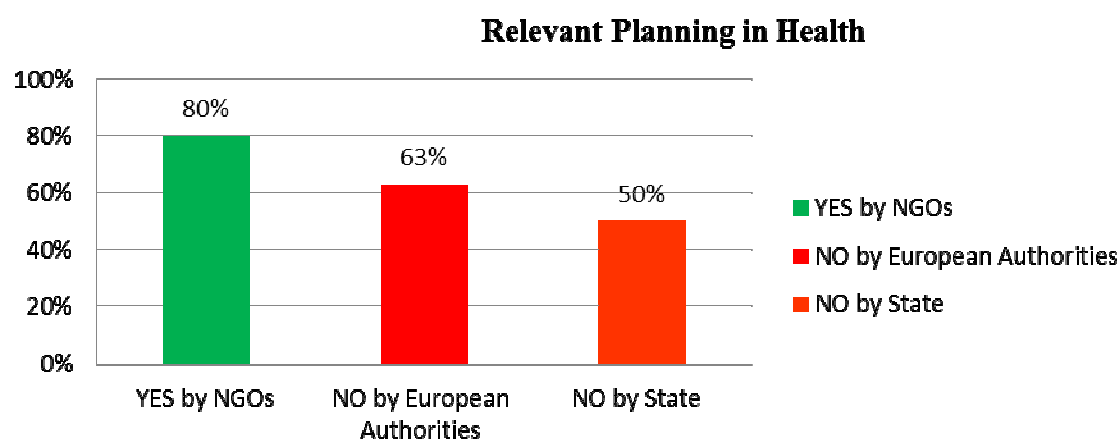
- ***Planning (relevant to basic needs) of Protection and Health Care for the population***

Relevance (see appendix definitions)

The participants were asked to rate the key actors in position to plan (participants were asked of course to rate separately the planning in Health and Protection).

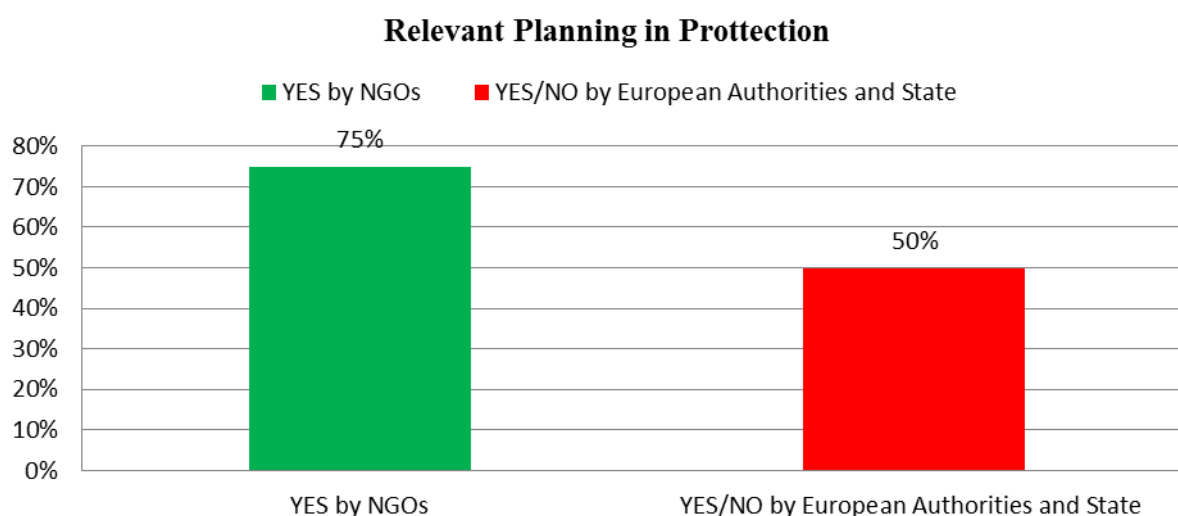
(Q: 'To your opinion, how relevant was the planning for organized response to acute migrant/refugee Health Needs? Please rate the following Actors involved')

Health



As reflected in the graphs, the confidence of participants for State and European and Authorities is from neutral to negative both in Health and Protection, while for NGOs moves across 75%-80%. That follows following as the trend recorded above that most of people consider that neither the identification of need was done by State

Protection



Participant considered non relevant the planning were specifically asked to explain the reason from a checklist of given categories

(Q: "If your answer was not relevant and completely irrelevant, what you believe was the reason?")

In regards to planning for Health Programs the reasons predominantly reported was the willingness (81%) and the capacity (63%). In Protection the answers were also shared between those 2 factors (equally 50-50%) . It is impressive that audience thinks that the failure for a relevant planning is mainly for internal reasons and not connected with environment (capacity and willingness).

Focus Groups complementary results : *The focus groups reported that programs were relevant. Carried out mainly by NGOs. Few people raised concerns about the deployment delay of programs.*

▪ ***Aim accomplishment (more than 80% of the set target)***

In the humanitarian sectors is highly considered that the successful delivery of a project or program is highly related to reaching or exceeding the quantitative indicators by 80%. This is a system followed by many Actors Funding a humanitarian response program as to consider it successful or not. Of course this is only one, but key, component of the success of a program. The participants in the survey were asked to refer to the accomplishment of the programs targets they were aware off, after this explanation was given to them shortly.

Successful delivery of programs in Health

Participants asked to refer to successful number of programs they are aware about . The answers were shared equally (less than 5 successful programs mentioned the 55% and more than 5 the 45%). Is is interesting thought what were the reasons for the ones considered not successful; the planning and the external coordination mentioned by 60%. In a following question the referral system across the programs was considered good only from 27% (as basic was considered by 60%).

Successful deliver of programs in Protection

In protection area the participants mentioned more than 5-10 programs as successful only by 75% ; as for the reasons of the non-successful ones Capacity and External Coordination was

mentioned as the first reasons for not being able to deliver successfully the targets by the high majority (75%) . The referral system was considered basic by 75% (good only from the 40%).

Focus Groups complementary results: *The focus groups participants mentioned that are unaware for the success of programs as were unaware of targets. Still most think that few were successful (unjustified).*

▪ ***Access of target population to the aid available***

Based on the feedback by focus groups but as well by the interviews with citizens and the observations the access to services was highlighted as a problem in all cases. More specifically Administrative barriers (lack of required or proper documentations, registrations, taxation numbers or AMKA).

Absence of Cultural Mediators or limited access to them in key points of provision of aid such as Hospitals, Administrative Authorities, Registration Desks, Info Points or even in NGOs Premises The Access of population was not continuous to services that required long duration services or repeated visits due to:

- a) programs project cycle (interrupted funding, programme stopped or restarted with a significant time break).*
- b) Mobility of the population an shift on their plans.*

Especially while in focus groups discussion, the access to services it was a common issue raised and discussed analytically as all participants reported that they didn't have sufficient knowledge on the availability of aid (even if proximal to them), not proper explanation on the importance of some services (such as legal and asylum) and practical difficulty to access them .

The distinction between the theoretical access and practical access was something mentioned several times throughout the discussions.

Focus Groups complementary results: *The focus groups participants unanimously mentioned problematic access due to language and administrative barriers (Important registration numbers such as AMKA , legal papers ecc) and lack of understanding of the offered services . Majority reported being unaware for the programs details and how this would help them (comment for*

Protection , Asylum and Legal Aid programs). Some mentioned that many programs were interrupted, stopped suddenly especially in Protection.

- ***Adaptability of the planned projects to the challenges and the main Health and Protection Issues***

45% of the participants considered flexible and adaptable less than half of the developed programs
63% of the answers reported the programs overlapped or duplicating 26% as conflicting with each other.

As Flexible in Health considered the half of the known programs.

When participants asked for the reasons Program Restrictions due to agreements and administrative barriers As a second reason mentioned the capacity of the staff.

80% of the participants considered flexible and adaptable less than half of the developed programs
67% of the answers reported the programs overlapped or duplicating 26% as conflicting with each other.

In Protection flexible were considered the 20% of the known programs.

When participants asked for the reasons the legal and administrative constraints prevailed.

Participants seem having a better confidence to the success and the adaptability to health programs close to 55%, while in Protection this moves between 20-30%.

Focus Groups complementary results: *The focus groups participants unanimously mentioned that adaptability was the challenge for majority of projects. Some mentioned that the programs were inflexible to treat or serve beneficiaries out of their scope. All agreed that individual (aid workers) made the difference and recalled many exceptions.*

- **Brief presentation of the limitation in the deployed response**

In Health: 63 % of the participants mentioned not enough knowledge of the support network and Miscommunication with other Actors.

In Health the deployment of aid was considered overlapping by 63% and complementing only by 36%.

In Protection: 80 % of the participants mentioned not enough knowledge of the support network and 60% absence of relevant Actors.

In Protection overlapping duplicating mentioned through 66% of the answers.

It remains clear that the limitation for proper response was not only due to needs assessments, the operational environment but also to the actual implementation that often the support network and referral system remained unused, unknown and the aid overlapping or duplicating. Professionals view on that is rather clear.

Chapter 3: Analysis of the main findings of the Research

In regards to the Research Hypothesis

Research Hypotheses : The effectiveness level on the response deployed for the refugees and migrants needs (within the examined period : March 016- November 2017) didn't ensure protection and basic healthcare for the target population.

- *True*

Based on the different sources of information (Survey to professionals, focus groups with beneficiaries, observations but as well interviews with citizens and structured interviews with citizens the opinion of audience tends to conclude that the hypothesis of the research is true) The answers on the four parameters examined (Planning, Accomplishment-successful delivery, Access to aid and adaptability of programs deployed) do not form an opinion of audience for an effective response. That research conclusion is further confirmed by the study and the bibliographic review done within the scope of this exercise The review done was based on the available data, publications and the shift in the operational environment (legal ,operational) and the funding deployed. .

- **The effectiveness level was not linear to the needs of the refugees and migrants.**

Needs not addressed: Most of the answers tend to conclude that in Protection the Living Conditions and the Violation of legal rights were acute needs not addressed. In regards to Health (and with this significance of order) the chronic Diseases , the care for vulnerable and especially for the people suffering from Violence and Trauma were the main concerns. Only the 40% believes that at least the minimum was the case while coming to coverage of those needs

- **Needs response not evenly distributed:** It is extremely interesting that the participants considered that in Mental Health the response exceeded the minimum response expected.

This is an exception possibly explained by the numerous programs developed from many actors as to address a mental health issues (including Psychosocial Support)

- ***The response when it comes to the deployment of humanitarian aid in the areas of health and protection was overlapping.***

Is clear that the audience feels that programs deployment was overlapping and duplicating similar efforts in both areas examined. In Health the deployment of aid was considered overlapping by 63% and complementing only by 36%. In Protection overlapping duplicating mentioned through 66% of the answers .

- ***The response when it comes to activation of all actors was mainly based to NGOs, where most of participants have more confidence***

For the participants is clear that the response although was done by the NGOs and International Organizations in practice, the State and European Authorities had the responsibility to identify and treat the needs –respond. 75% believe so in regards to the Health Issues and 63% in regards to Protection.

The confidence of participants for State and European and Authorities is from neutral to negative both in Health and Protection. They think that despite to their obligation to early detect and respond to the need, this in fact happened by NGOs.

Participants seem having a better confidence to the success and the adaptability to health programs (close to 55%), while in Protection this moves between 20-30% . The reasons referred are the Legal and Administrative barriers.

It is impressive that audience thinks that the failure for a relevant planning is mainly for internal reasons and not connected with environment (capacity and willingness).To this the exception is the protection programs which in most of the questionnaires and interviews responses seem to be influenced by the environment (Legal and Administrative Barriers-Framework) but as well by the non-continuity or interruption of the deployed programs.

- ***Not effective response was linked to the limitation of relevant planning and oon time deployment , but as well as to the non-adaptability of the programs deployed , lack of coordination – problematic communication and duplications of efforts.***

There was not enough knowledge and use of the support networks and high duplications of the efforts (e.g Mental Health), miscommunication and lack of coordination.

- *The response was not developed according to the need as emerged, formulated and evolved across the crisis, nor in national (Greece) or regional level (islands, mainland). The response was rather reflecting the European intentions to handle the crisis in a specific way managing the influx and securing the borders of Europe. Funds were used in a specific way and as to support this strategy.*

The planning , deployments , monitoring and middle phase evaluation of programs had not considered primarily the needs of people in Health and Protection) but the provision of a minimum package of health and protection as to empower the NGOs and Governmental Actors facilitating the political intention to handle the influx.

Conclusions

Research

1. The effectiveness level was not linear to the needs of the refugees and migrants.
2. The effectiveness level was expensive
3. The effectiveness was heavily influenced by the legal environment
4. The response when it comes to the deployment of humanitarian aid in the areas of health and protection was overlapping
5. The response when it comes to activation of all actors was mainly based to NGOs, where most of participants have more confidence
6. Not effective response was linked to the limitation of relevant planning and on time deployment , but as well as to the non-adaptability of the programs deployed , lack of coordination – problematic communication and duplications of efforts
7. The response was not developed according to the need as emerged , formulated and evolved across the crisis , nor in national (Greece) or regional level (islands, mainland). The response was rather reflecting the European intentions to handle the crisis in a specific way managing the influx and securing the borders of Europe. Funds were used in a specific way and as to support this strategy.

Overall conclusions / Recommendations

Rather than answering the needs of people, response in Greece actually reflected EU perspective in migration, while administrative burden had probably been the second most important factor for response ineffectiveness. A research targeted on the overall effectiveness of the response to protection and health needs of migrants conducted both among actors and beneficiaries revealed what had already been well observed: the response had been lower than the needs of migrants and not effective in regards to needs of people. The effectiveness level of the response was not linear to the needs of the refugees and migrants, while deployment of humanitarian aid in the areas of health and protection had been overlapping. Moreover, response was not developed according to the need as emerged; neither was updated according to the needs as evolved in national (Greece) and regional level (islands, mainland). Furthermore, response was mainly based to NGOs that were better trusted by participants of the research. In majority response was linked to the limitation of relevant planning and on time deployment, but as well as to the non-adaptability of the programs deployed, lack of coordination – problematic communication and duplications of efforts.

Considering the difficulty to figure out the actual amount and the efficiency of the investment involved making the need for transparency and accountability (for all Actors) another important outcome of the study.

While Greece needs to work on a migration strategy stemming from the needs of migrants and in consolidation to all actors involved, the EU has to re-activate its humanitarian reflexes and adapt EU migration governance, because as States pledged in 2030 Agenda, nobody should be left behind.

Bibliography

1. UNHCR Global Trends - Forced displacement in 2016 [Internet]. UNHCR Global Trends - Forced displacement in 2016. 2018 [cited 29 May 2018]. Available from: <http://www.unhcr.org/globaltrends2016/>
2. World Migration Report 2018 [Internet]. International Organization for Migration. 2018 [cited 29 May 2018]. Available from: <https://www.iom.int/wmr/world-migration-report-2018>
3. Desperate Journeys - January 2017 to March 2018 [Internet]. Data2.unhcr.org. 2018 [cited 29 May 2018]. Available from: <https://data2.unhcr.org/en/documents/details/63039>
4. Statistics on enforcement of immigration legislation - Statistics Explained [Internet]. Bing.com. 2018 [cited 29 May 2018]. Available from: http://www.bing.com/cr?IG=FB14896CBFA74F88915C342E1E479717&CID=3C415D97116F6F4C3EC4566910926E77&rd=1&h=rZhHAGajcQBTvkat-7Efe1FLHCVXvdAKbcl0g5-M96g&v=1&r=http%3a%2f%2fec.europa.eu%2feurostat%2fstatistics-explained%2findex.php%2fStatistics_on_enforcement_of_immigration_legislation&p=DevEx.LB.1.5529.1
5. Overview of funding programs [Internet]. European Commission - European Commission. 2018 [cited 29 May 2018]. Available from: https://ec.europa.eu/info/funding-tenders/funding-opportunities/funding-programmes/overview-funding-programmes_en
6. ICRC. *Programmed/project management: The results-based approach*. Geneva , 2008 May
7. UNHCR, Refugees and Migrants Arrivals to Europe in 2017, available at: <https://data2.unhcr.org/en/documents/download/62023>
8. Ministry (MoMp)Two Years since common statement between the EU and Turkey
9. Humanitarian response in Greece: A system not fit for purpose (parts of this piece were edited and published in irinnews.org and ekathimerini.gr in December 2016) [Internet]. Refugees and migrants in Greece, 2015-2017. 2018 [cited 30 May 2018]. Available from: <https://fotinirantsiou.com/2016/12/23/humanitarian-response-in-greece-a-system-not-fit-for-purpose-parts-of-this-piece-were-edited-and-published-in-irinnews-org-and-ekathimerini-gr/>
10. Howden D, Fotiadis A. The Refugee Archipelago: The Inside Story of What Went Wrong in Greece [Internet]. Refugees Deeply. 2017 [cited 28 May 2018]. Available from: <https://www.newsdeeply.com/refugees/articles/2017/03/06/the-refugee-archipelago-the-inside-story-of-what-went-wrong-in-greecehttp://www.cnn.gr/news/ellada/story/86584/den-yparxoy-n-theseis-filoxenias-gia-ta-thymata-vasanistirion-kindineyoyn-na-epistrepsoyn-stin-toyrkia>
11. MSF Greece, *One Year on from EU-Turkey Deal: Challenging the EU's Alternative Facts*, Athens, 2017 March
12. AITIMA NGO, Asylum seekers on hold : Aspects of the asylum procedure in Greece, April 2017, available at : <http://www.aitima.gr/images/pdf/onholdenglishreport.pdf>
13. ΠΟΥΛΑΡΑΚΗΣ Σ, ΠΟΥΛΑΡΑΚΗΣ Σ, προφίλ Π. Η έννοια της ευαλωτότητας στις ευρωπαϊκές διαδικασίες ασύλου [Internet]. Immigration.gr. 2018 [cited 29 May 2018]. Available from: http://www.immigration.gr/2017/10/blog-post_3.html
14. Asylum Service, 'The work of the Asylum Service in 2017', 25 January 2018, available at: <http://bit.ly/2BsCDGd>
15. Missing Migrants Project [Internet]. Missingmigrants.iom.int. 2018 [cited 30 May 2018]. Available from: <http://missingmigrants.iom.int/mixed-migration-routes-europe>
16. Eurostat, 'Asylum in the EU Member States', 47/2018, 20 March 2018, available at: <https://bit.ly/2u9hZMU>
17. Eastern Mediterranean Route [Internet]. Frontex.europa.eu. 2018 [cited 30 May 2018]. Available from: <https://frontex.europa.eu/along-eu-borders/migratory-routes/eastern-mediterranean-route>
18. IFRC Operational Update
19. Refugees U. The 1951 Refugee Convention [Internet]. UNHCR. 2017 [cited 8 April 2017]. Available from: <http://www.unhcr.org/1951-refugee-convention.html>
20. United Nations Peacekeeping [Internet]. United Nations Peacekeeping. 2017 [cited 29 May 2018]. Available from: <https://peacekeeping.un.org/en>
21. EUstat Newsrelease 47/2018 -20 March 2018
22. [Internet]. Astynomia.gr. 2018 [cited 30 May 2018]. Available from: http://www.astynomia.gr/index.php?option=ozo_content&lang=%27.%27&perform=view&id=70776&Itemid=1240&lang=
23. [Internet]. Government.gov.gr. 2018 [cited 30 May 2018]. Available from: https://government.gov.gr/wp-content/uploads/2017/04/gr_fact_sheet_refugee_print_19_01_2017-2.pdf

24. AIDA Country Report Greece 2017, available at: <http://www.asylumineurope.org/reports/country/greece>
25. www.statewatch.org eu-com-hotspots
26. PHILOS Greece [Internet]. PHILOS Greece. 2018 [cited 29 May 2018]. Available from: <https://philosgreece.eu/el/home/about>
27. Glossary of Humanitarian Terms -reliefweb_aug2008
28. ΕΣΤΙΑ [Internet]. ESTIA. 2018 [cited 29 May 2018]. Available from: http://estia.unhcr.gr/el/home_page/
29. UNHCR Greece Cash Assistance (December 2017) [Internet]. ReliefWeb. 2018 [cited 30 May 2018]. Available from: <https://reliefweb.int/report/greece/unhcr-greece-cash-assistance-december-2017>

Appendix

1. Definitions

Response: As response we have defined as group of actions answering the needs , actions seeking to restore health and alleviate suffering of a crisis affected Population.

Effective Response : In the methodology the response effectiveness was checked according to 4 key parameters Planning, Accomplishment , Access to services and Adaptability of the deployed programs of aid.

Relevance: As relevance (in programs) has been defined the applicable, adapted form of aid following the need observed .

2. Attachments –Annexes

1. Synopsis of current Study in Greek language
2. Research Protocol and Progress Report (Εκθεση Προόδου)
3. Chronogram of Actions. Appendix (Παράρτημα Διπλωματικής Εργασίας)
4. Questionnaire Protection
5. Questionnaire Health
6. Interview Skeleton Protection
7. Interview Skeleton Health



Συνοψη Δ. Εργασίας
Γ.Καραγιάννης Ιούνι



Εκθεση Προόδου
15.01.2017



Παράρτημα
Διπλωματική



Protection
Questionnaire F.pdf



Health Questionnaire
F.pdf



Health Interview
F.pdf



Protection Interview
F.pdf