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Report on the Situation in the Reception & Identification Center of Moria Lesvos

The four month period which has passed since the major milestone of the joint declaration between the EU and Turkey (03.20.2016 - 07.20.2016), until today, is characterized by constant changes and upheaval¹, on every level, in terms of the reception and support of refugee/migrant population.

The adjustment of all parties involved in this volatile process of hosting and support services, especially NGOs and organizations, is perhaps the greatest challenge for the provision of quality services to effectively meet the needs of the target group.

One could therefore conclude- with a superficial analysis - that this is a situation that appears to be consolidated and gradually normalized, but a more in depth analysis shows that this is an evolutionary diversification of structural features of the support system that surrounds the target group on all levels (legal, social, psychological, medical, etc.).

Considering the above this reports focuses more on the aforementioned analytical approach for the period 06.20.2016 – 07.20.2016 in respect of the Reception and Identification Centre (hereafter RIS) in Moria, a state structure considered as a point of reference in terms of the reception of refugee/migrant population, since the results of its pilot operation seems to be also the starting point for the diffusion of practices to other Hotspots and sites across the territory.

GENERAL OVERVIEW

The lack of substantial information constitutes the most significant barrier to the effectiveness of the support of the target group. Despite the fact that information provided, with regard to the everyday life of refugees in the Centre, has improved to a certain extent and consultations

¹ Another unknown factor that have been added to the difficult equation of the development of refugee phenomenon is the recent political destabilization in Turkey.

with the refugee communities (through focus groups) are always encouraged, nevertheless the lack of due responses in key questions about the legal status, the asylum process and hence the fulfillment of the desire for life (or even survival) in a safe, free and decent environment remains.

Especially on the feeling of security in Moria a substantial progress may have been made, since there has been no widespread violent episode, from the first days of June onwards. However, on the issue of personal freedom the picture is negative. This is mainly due to the fact that in the last few days free entry and exit to the Centre is provided – according to the decision of the Greek Police – only for Third Country Nationals (hereafter TCNs) belonging to a vulnerable group or for those who have completed 25 days period of stay at the Center.

The aforementioned practice raises legal concerns. Although the specific provision (art. 14 L. 4375/2016) provides for the period of 25 days as a maximum time limit for the completion of the first reception procedures and the issuance of the necessary administrative documents, in practice the relevant procedures are completed within a few days. Thus, the prolongment of the restriction on movement inside the camp up to 25 days seems not necessary for the fulfillment of first reception purposes. The increasing provision of legal assistance to the population, after NGO's initiatives, allow optimism so as to apply pressure to the correct interpretation of the law, and thus change the corresponding practice, as well as for the lawful implementation of asylum procedures conducted by the European Asylum Support Office (hereafter EASO) and the Greek Asylum Service.

ACCOMMODATION

With regards to decent living, the partial reduction of the population residing in the Centre due to:

- a) Transfer of asylum seekers (holders of the necessary documents) to Athens, for further examination of their asylum claims,
- b) Transfer to alternative accommodation structures within the island,
- c) Fleeing irregularly to mainland,

has contributed to the decompression of the structures and infrastructure of the Centre and therefore to a slight improvement of conditions of stay. However, significant problems remain.

Many of the approximately 2.400 people still reside within limited space in RHU's, Rub Halls, tents or in makeshift accommodation, with incomplete electricity, water and air conditioning.

WASH

The ratio in toilets remains approximately 1/30. The big problem of the sewage system remains, with a direct environmental impact, but also potential risks to public health, in spite of continued efforts of NGOs, Organizations and Agencies. Lately there is insufficient cleanliness in public spaces due to temporary interruption of the contract between the Army and the private cleaning company.

SITE PLANNING

It is worth noting that in several public areas sunshades and canopies are placed, also benches and tables and tv screens for the provision of information regarding the services available in the Center. There is also an informal space of praying. Furthermore, points of wi-fi access have been created and electronic charging stations have been relocated away from the toilets.

Additionally, there was significant initiative in the replacement of the RHU's improvised cabling by safe wiring for the partial electrification of the accommodation.

FOOD

As for the distribution of food, except for 500 portions prepared by NGOs, there are also 2.400 portions that are provided by a private Catering company contracted by the Army. Episodes and intensities during the food distribution have been reduced lately.

During the last month, 3 episodes of group gastroenteritis (with 15 to 30 patients per episode) have been recorded. The MdM medical team took care of the patients and thoroughly informed the competent authorities. It is emphasized that there is no provision for the "home" storing of food and beverages.

Finally, infant milk powder (for infants that are not breastfed), is available only by MdM, in cooperation with the organization "*Save The Children*".

NFI's – NON FOOD ITEMS

Distribution of NFI's, continues to be implemented largely by MdM, while the distribution of clothing and footwear was covered exclusively by MdM.

PROTECTION

For vulnerable groups such as newborns and disabled that are living in the Centre, specialized infrastructure and facilities remain unfortunately minimal.

Incidents of self-harm and extreme behaviors by TCN's, as a means of expression of insecurity and despair due to uncertainty, remain intact. These include incidents, where prior experiences in countries of origin in conjunction with the existing living conditions, cause suicidal thoughts and behaviors.

With regard to the particularly vulnerable group of unaccompanied minors, despite the increase of places in hosting facilities in Lesvos and the design and development of new appropriate structures at local or central-national level, a large number of children remains in constrained freedom conditions beyond the timeframe of a trimester, while at the same time newly arrived unaccompanied minors are gradually added. The intensification of the efforts made to increase recreational activities, informal education programs, excursions, participation in cultural events, etc., has contributed to the improvement of the staying conditions at the Centre, but this in no way sufficiently mitigates the multilevel negative effects of confinement.

Mental Health & Psychosocial Support (MHPSS)

The Mdm Team still carries the greatest responsibility for the provision of primary health care and psychosocial support to the population.

The contribution of the Mdm team to the medical and psychosocial support and identification of vulnerable cases has been generally acknowledged by all NGO's, Authorities and Organizations operating in the camp of Moria.

Despite the pressure, especially in identifying the vulnerable cases, the medical and psychosocial team was able to distinguish and provide support to specific cases, such as:

- i. Victims of trafficking,
- ii. Shipwreck survivors,
- iii. Victims of physical, sexual and psychological abuse,
- iv. People suffering from post-traumatic stress,

- v. People discriminated because of sexual orientation,
- vi. People suffering from chronic/untreatable diseases,
- vii. Unaccompanied minors and
- viii. Single parent families.

These cases were identified in collaboration with other NGO's and international organizations and have been prioritized during the registration, the medical and psychosocial support processes and ultimately they were released from the center of Moria, when this was feasible.

Considering the above, and given the diversity of needs in terms of medical and psycho-social support of the refugee/migrant population and especially of the vulnerable groups which are stranded on the island for a long period, the adjustment of the supporting services in this the context remains a major challenge. For this reason, the MdM Team continues the mapping of the available specialized support services and structures as well as the systematization of the referral mechanisms by entering in the respective partnerships. Examples include the cooperation with the Therapy Center for Dependent Individuals in Lesvos, in order to offer specialized support to drug addicts.

Finally, emphasis is put on the collaboration with other organizations that are active in the camp of Moria, regardless specialization, as well as on the continuous training of the team members, in order to achieve a more quantitative and qualitative improvement of service.

CHALLENGES IN THE PROVISION OF PSYCHOSOCIAL SUPPORT

Following the EU-Turkey agreement, third-country nationals are forced to stay at the center of Moria for long periods of time, pending the completion of the procedures relating to their asylum request. However, the living conditions in the center of Moria have not improved; therefore they do not meet the needs of the long-term residents and the beneficiaries of the center. This situation, results in additional discomfort and deterioration of their psychological state. The open shelters on the island are few and their availability for new vulnerable groups in need of referral is limited. In such a context, the psychosocial Team of MdM is facing series of challenges, which are summarized as follows:

- Unaccompanied Minors: The time period of stay for the unaccompanied minors at the Reception and Identification Center in Moria-Lesvos, which reaches up to four months for a large number of minors, causes great concern about the state of their mental and physical health. The concern lies in the belief that the prolonged detention of minors is lurking risks worsening their already damaged mental health or even the creation of psychopathology

during the time that they remain in the camp. The need to create new structures of hosting unaccompanied minors on the island is more intense than ever. It is noteworthy that the recently observed gradual increase in mixed refugee/migration flows will result in a proportional increase in the number of unaccompanied minors.

- Escorting of unaccompanied minors: Lately there is an increase of individuals that are presenting themselves primarily as uncles of unaccompanied minors living in the Center of Moria, in order to assume escorting the minors. In these cases, the psychosocial team of Mdm undertakes an assessment related to the relative and emotional links between adults and minors through personalized interviews. The Public Prosecutor Office of First Instance is officially informed about the findings of the aforementioned assessments.

- Shipwreck July 2016: The mental health experts of the Mdm team provided psychosocial support in the six survivors of the shipwreck of 13 July, which took the lives of four people and three still missing. As part of the psychosocial support, necessary arrangements were made, in order for referrals to be done, along with transportation to appropriate accommodation structures. Despite the Psychological First Aid (PFA) services offered and the referral of the survivors to appropriate shelters, they have been temporarily transferred to the open site of Kara Tepe. The shipwreck survivors still remain there, due to lack of places in the hosting facilities for different types of vulnerable groups.

- Victims of Trafficking: First Aid psychological intervention support was provided to victims of trafficking (human trafficking). Following their identification as victims of trafficking due to their background and personal history, referrals for the further protection of the victims were made. The transfer of the victims to appropriate places, where their supervision is available, is an essential part of the process of psychosocial support. However, these victims were transported to the site of Kara Tepe, due to unavailability of shelters in the city of Mytilini. Therefore, the creation of shelters properly designed according to the needs of various vulnerable groups, including victims of trafficking, is necessary.

- Referrals to the psychiatric clinic of the Mytilini Hospital:

One of the objectives of the mental health experts of Mdm is to assess the psychological status of refugees and identify those cases which require their direct referral to the psychiatric clinic of the local public hospital for the provision of medication or hospitalization if necessary. For the time being, the psychiatric clinic of the local Hospital, in relation with the needs that arise, is characterized as understaffed. Furthermore, there is no specific hosting facility for the mentally ill after the stabilization of their condition. Consequently, these cases during their stay in Moria, are monitored by the medical and psychosocial Team of Mdm.

As is apparent from the above, the psychosocial Team of Mdm has the responsibility to identify, support and monitor (follow up) a wide range of vulnerable groups and very diverse cases, which cannot be supported and protected effectively if such structures are not created. Additionally, the need for recruiting other professionals such as psychiatrists to provide more holistic support and services is essential.

ADVOCACY

The Mdm team remains loyal to the dual commitment of the Organization:

- a) to remain in the refugee center of Moria, despite its transformation into a Detention Center (due to the implementation of the joint EU– Turkey statement) in order to provide medical and psychosocial support to refugees whose health was at direct risk and
- b) to report, monitor and document any incident affecting directly or indirectly the human rights of refugees.

As first-line group, the medical and psychosocial team contributed substantially in advocacy terms, in relation to health and protection issues, not only by issuing press releases, compiling references to Competent Authorities but also by informing in detail all those organizations, institutions, Bodies, authorities and the media that have focused their interest in similar issues².

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² See i.e. Press Releases [Reported incident of police violence towards unaccompanied minors at Moria Reception Center in Lesvos](#) (06.28.2016) and [Security issues at the Reception Center of Moria Camp in Lesvos](#) (06.03.2016)