



Grant Report, June 2017

# Médecins Sans Frontières

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# **1 Médecins Sans Frontières – our mission**

Médecins Sans Frontières (MSF) is an international, medical humanitarian organisation that delivers emergency assistance to people affected by armed conflict, natural disasters, epidemics or exclusion from healthcare.

We offer assistance to people based on need, irrespective of race, religion, gender or political affiliation. Our actions are guided by medical ethics and the principles of neutrality and impartiality.

We offer basic healthcare, perform surgery, fight epidemics, rehabilitate and run hospitals and clinics, carry out vaccination campaigns, operate nutrition centres, and provide mental healthcare.

Our activities include treatment of injuries and diseases, maternal care and provision of humanitarian aid. Where necessary, we set up sanitation systems, supply safe drinking water, and distribute relief to assist survival.

## **1.1 When we intervene**

MSF's interventions involve medical teams addressing the most urgent health needs of people in crisis.

Our teams conduct independent evaluations to determine medical needs before deciding to open a programme. We analyse what assistance we can potentially bring, and we regularly question the pertinence of our presence or absence. We retain continuous and direct control over the management and delivery of our assistance for the duration of our activities.

### **1.1.1 Armed conflict**

People caught up in armed conflict may be subject to harassment, displacement, violent attacks, rape or murder. In such situations comprehensive medical and humanitarian support is vital, but health services are often scarce.

When hospitals and clinics are destroyed or overwhelmed, MSF provides healthcare and support. Teams set up operating theatres, clinics, public hygiene assistance, nutrition programmes, epidemic control and mental health services to people displaced by fighting or living in conflict zones.

### **1.1.2 Natural disasters**

People affected by a natural disaster require an immediate medical response. Many may be injured or cut off from health services. Many more may have lost family, friends, their homes or belongings.

Needs must be quickly identified, but accessing a disaster area can be complex. MSF keeps pre-packaged kits so that teams can offer rapid lifesaving assistance. The teams can provide surgery, psychosocial support, nutritional support and relief items such as blankets, tents, and cooking and washing materials.

We also take preventive action to help control the risk of epidemics, setting up safe water supplies, sanitation systems and conducting vaccination campaigns.

### 1.1.3 Endemic and epidemic diseases

Outbreaks of cholera, measles and meningitis can spread rapidly, and are particular risks where living conditions are poor. Malaria is endemic in more than 100 countries. Millions are living with HIV/AIDS and tuberculosis, and hundreds of thousands of people are infected with lesser-known but no less serious diseases such as kala azar, sleeping sickness and Chagas. Viral haemorrhagic diseases such as Ebola or Marburg are rarer, but potentially fatal.

When local health centres and hospitals are stretched beyond capacity, MSF can bring support. Collaboration with local governments and authorities enables more rapid responses to urgent crises. We work in existing medical centres or set up new structures if needed, providing treatment and developing prevention programmes for the most vulnerable.

During outbreaks of highly contagious diseases like measles and meningitis, prevention often means vaccination. Awareness-raising is also important so that people know about the risks of the disease and how to help prevent its spread. We conduct community health education programmes and offer training to local staff.

### 1.1.4 Social violence and healthcare exclusion

Many people are unable to access healthcare simply because of who they are. They may be afraid to seek help, or the healthcare system may deliberately exclude them.

MSF teams provide medical, psychological and social support to people cut off from health services. Our work also involves drawing attention to the obstacles our patients face in accessing healthcare. We push local authorities and civil society organisations to improve access to services and increase social acceptance.



**A young child is lifted from a boat containing approximately 650 people during a rescue in the Mediterranean Sea by the Bourbon Argos.  
Photo: Francesco Zizola/MSF**

## 2 The Akelius effect

The Akelius Foundation doubled all the donations that MSF Sweden received during December 2016. The campaign generated over SEK 260 000 000 of which SEK 130 523 863 was a donation from the foundation, earmarked to six MSF projects in Europe.

With help from the Akelius Foundation we could save lives and alleviate suffering in the Mediterranean and the Aegean Sea, in Greece and in Serbia. Our teams worked day and night to provide medical care and psychosocial support to refugees and migrants.

The Akelius Foundation funded 28 percent of all MSF operations in Europe during 2016. Without our combined efforts, more people would have lost their lives at sea, died of diseases that easily could have been prevented and been left without basic and essential medical care.

### **South Serbia/ Preševo (EU211)**

**Contribution: SEK 1 465 020**

MSF teams in Serbia provided medical care and psychosocial support to refugees and migrants at the main entry point in Preševo and in Šid, the exit point to Croatia. With funds from the Akelius Foundation we provided primary health care, shelter and distributed food and other necessities. In Preševo we conducted a total of 26 249 outpatient consultations during the first two quarters of 2016. The foundation funded 48 percent of the project during 2016, which equals approximately 12 523 medical consultations.

### **North Greece/Idomeni (EU114)**

**Contribution: SEK 62 856 400**

From January to June 2016 our teams provided medical care and psychosocial support to refugees and migrants stranded in Idomeni, Greece. The Akelius Foundation made it possible for us to vaccinate 3 031 children to prevent the spread of communicable diseases. We also provided shelter for 4 000- 5 000 people in the camp. The foundation funded 76 percent of the project during 2016, funds that were used to fight the main morbidities: respiratory tract infections (associated with inadequate shelter) and gastrointestinal pathologies (associated with inadequate access to hygiene facilities).

### **Bourbon Argos (IT145)**

**Contribution: SEK 22 789 200**

Our search and rescue vessel, Bourbon Argos, operated the Mediterranean Sea from May to November 2016. The mission was to assist people trying to reach Europe by sea in a bid to escape war, persecution and poverty. The Akelius Foundation funded 44,5 percent of the project which equals three months of search and rescue activities. Approximately 4 464 people were rescued and assisted by our teams during this time. In 2016 a total of 10 415 people were rescued by our vessel and medical care was provided on board.

### **Dodecanese Islands Migrants Reception (EU 105)**

**Contribution: SEK 7 523 863**

During 2016 our teams provided medical care in Leros and Kos focusing on primary health care and mental healthcare. On both islands sheltering was provided. With funds from the Akelius Foundation our teams provided 1 352 outpatient consultations in Kos and 1 978 consultations in Leros. A total of 157 individual mental health consultations and 298 group sessions were conducted, with a total of 1 625 participants.

### **Lesbos Migrant Reception (EU108)**

**Contribution: SEK 27 672 600**

Before the implementation of the EU-Turkey deal on March 20 2016, migrants and refugees were transiting through Lesbos. Since then most people are stranded on the island. With help from the Akelius Foundation we provided 12 892 outpatient consultations and conducted 766 mental health consultations. We performed 653 consultations for non-communicable diseases and 438 consultations related to sexual and reproductive health. The Akelius Foundation funded 69 percent of the project, money that was spent on medical aid to people in urgent need of care.

### **Search and Rescue Lesbos (EU115)**

**Contribution: SEK 8 216 780**

MSF and Greenpeace collaborated to assist people that risked their lives when crossing the sea between Turkey and Greece to reach Europe. Based on the northern coast of Lesbos, we used rigid-hulled inflatable boats and MSF medical teams were on standby at landing sites to provide emergency care for people in critical condition. From October 2015 until September 2016 more than 18 000 refugees and migrants were assisted by MSF/Greenpeace boats. With help from the Akelius Foundation we provided 1 971 outpatient consultations during 2016.

## **3 Vulnerable People at Europe's Doorstep**

Restrictive entry policies have not stopped refugees and migrants from knocking at European doors in search of refuge, protection or better living conditions. However, these policies have forced people to take more risks to reach Europe with negative consequences for their physical and mental health.

The fact that we, as an international humanitarian medical organisation, needs to be present at the entry points to Europe is a telling indication of the lack of adequate medical assistance currently available for these vulnerable populations. Since 2000, MSF have provided emergency medical aid, medical screenings, and mental healthcare to refugees and migrants who reach European shores by boat. Over the past years, our medical teams have noted that more and more of these refugees and migrants need medical assistance. Many arrive in a desperate state, suffering from shock, hypothermia, and skin burns as a result of the harsh conditions endured during long journeys at sea. Others might not even survive the journey.

MSF teams in Southern Europe meet people daily who have fled conflict, widespread violations of human rights, or harsh socio-economic conditions. They travel, live and work in precarious conditions, with limited or no access to health care. They are often marginalised and face huge uncertainty about their future when they finally arrive in Europe.

To respond to the health needs of refugees and migrants, we run emergency medical programs on the border shores of several countries, including Malta, Italy, and Greece. At the same time, MSF calls for minimum standards in the reception, as set out in European legislation and international law. We denounce the systematic detention of asylum seekers and other vulnerable groups such as pregnant women, children, and the seriously ill. People coming from countries at war or with widespread human rights violations should be considered as potential asylum seekers and access to asylum procedures must be provided upon their arrival.

Refugees and migrants are running away from war, violence, hunger, and extreme hardship. Often, they have faced major difficulties on their way to Europe, and in Europe they are likely to be further

excluded from society. As a medical humanitarian organisation, we are helping these people at Europe's doorstep and advocating for their humane treatment.

## 4 South Serbia/Preševo (EU211)



Refugees and migrants queue outside a MSF mobile clinic at a temporary refugee camp in Belgrade, Serbia.

Photo: Alessandro Penso/ MSF

### 4.1 Background

In early 2016, Serbia was considered a transit country which many refugees and migrants passed on their way to Germany. From June 2015 until February 2016, 639 152 refugees and migrants crossed the border to Serbia. In the beginning of 2016 progressive restrictions on border crossing following the EU-Turkey deal led to an increase of smuggling through Serbia into Hungary. In the meantime, authorities started to change the transit set up into a long-term system, unfortunately incapable to respond to the needs of the people stranded.

During the spring, reduced arrivals to Greece resulted in a decrease of transits through Serbia. At the "transit zones" on the Northern border with Hungary, spontaneous settlements appeared with up to thousands of people.

Currently, migrants and refugees on their way to northern EU often stop in Belgrade. Belgrade has two asylum centers that officially can accommodate up to 1 750 people (1 900 during the winter). However, the centers have neither sufficient capacity nor can they offer adequate quality care. Migrants and refugees who are unregistered because of fear, individual choice, or because the camps are full have no other option than to remain camping in parks, hostels, or to stay in abandoned buildings.

## OCB REFUGEES/MIGRANTS ACTIVITIES IN EU January 2016



Many refugees and migrants transited through Serbia in 2016 and we provided medical care and support along the migration route, close the borders, in Šid and Preševo, and in the capital Belgrade.

### 4.2 Results

To respond to the urgent needs among the refugee and migrant population in Serbia our teams provided assistance directly when people entered Serbia, in Preševo, and when exiting to Croatia, in Šid. Until June 2016 we provided access to primary health care (including referrals), shelter and distributed food and other necessities. During the first months of 2016 our teams distributed more than 75 000 blankets and thousands of items such as ponchos, tents and food to migrants and refugees in Serbia and Greece. Each day, about 5 000 people were benefiting from winterised shelters. We also transported thousands of people when the walking distance from the entry point to the reception or transit centers was too long. In Preševo we conducted 26 249 outpatient consultations from January to June. We also carried out 761 individual mental health consultations and 321 group sessions (which included 858 people). In Šid, MSF operated inside a transit centre next to the train station and set up eight large heated tents with a capacity for more than 2 000 people.

As the camps in the south and in the north were progressively emptying MSF handed over its activities to authorities and other NGOs. A mobile clinic was set up in Belgrade to provide refugees and migrants with access to basic health care. At the clinic our teams provided medical care and mental health support for those in need. At that time, MSF had 14 international staff members working along 88 national colleagues.

In 2017 MSF started a project in Belgrade focusing on the provision of quality health care services and basic needs to migrants and refugees who have no regular access to health care and who suffer from undignified living conditions outside of the asylum system.

A strong advocacy and communication was and still is carried out to promote a safe passage for all refugees and migrants arriving to Europe and to denounce the consequences of EU policies towards migrants, and refugees.

**The Akelius Foundation funded 48 percent of the project in 2016 and contributed with SEK 1 465 020.**

**Results 2016**  
26 249 outpatient consultations in Preševo (17 663 in Q1 and 8 586 in Q2)  
761 individual mental health consultations and 321 group sessions in Preševo (which included 858 people)  
75 000 relief items distributed until February  
5 000 people per day were benefiting from winterised shelters

## 5 North Greece/Idomeni (EU114)



**Egima from Afghanistan has her daughter Satayesh vaccinated by an MSF team to protect her against the most common preventable diseases linked to difficult living conditions.**  
Photo: Rocco Rorandelli/TerraProject

## 5.1 Background

Prior to the closure of the border to the former Yugoslav Republic of Macedonia (FYROM) the average length of stay of migrants and refugees in Greece was less than seven days. The complete closure of the border in March led to an increased length of stay in Greece and resulted in people ending up in camps all over Greece, especially in Idomeni situated right by the border. A total of 31 camps were built in Greece by the authorities but the camps did not offer the minimum standards of decent reception.

Idomeni, situated at the crossing point between Greece and FYROM, was meant to be a transit camp for 2 000 to 3 000 people. But eventually 12 000 people ended up in the camp which led to unbearable living conditions. Weeks after announcing that the authorities would close the camp, the evacuation of Idomeni started on March 25, 2016. Buses transported people to neighboring camps, first at a very low speed, with people coming back to Idomeni due to even worse living conditions in other camps. More than 8 000 people stayed stranded in Idomeni makeshift camp for weeks. The situation was tense and violent. Around 2 000 people were staying nearby Idomeni, at a gasoil station at Polikastro entry site, and 700 people stayed in a hotel.

On May 3, FYROM closed its border completely. This created further hardship for the refugee and migrant population. In a press release MSF denounces the forced movement of thousands of refugees, the lack of information provided about the destinations and the restrictions imposed on humanitarian assistance during this process. At the end of June, the dismantling of the camp was completed and the site emptied.

The Greek health system has been under a lot of stress since the financial crisis in 2008. Between 2009 and 2013, health expenditures dropped by 32 percent. In this already fragile context, the arrival of around 1 million migrants and refugees added pressure to the already stretched Greek healthcare system.

In theory, all refugees and migrants have access to the Greek healthcare system, but a multitude of problems makes the access unreliable and not completely free of charge for certain tests and medication. Most of the primary health care needs are handled by NGOs, volunteers and different associations.

## 5.2 Results

MSF started to work in Idomeni, north Greece in February 2015. During 2015 and 2016 our teams provided primary health care and mental health support to people in transit along the border with FYROM. In September 2015 between 2 000 and 5 000 people were crossing the border, every day. Healthcare was provided in a clinic and through mobile clinics targeting people on the move. We provided shelter, sanitation (by installing water pipelines) and distributed relief items. In January 2016, our medical teams provided care to 1 000 patients a week and we distributed 39 000 sandwiches per day. We also decided to set up tents for families in urgent need. Between January and June 2016, MSF provided shelter, water, sanitation facilities and medical care through 27 085 consultations in northern Greece.

In May, as the asylum seekers got completely blocked, we organised a mass vaccination campaign to limit the risk of outbreaks and to reduce mortality and morbidity in the recently arrived migrant and refugee population. Between May 9 and May 14 our teams vaccinated 3 031 children aged between 6 months and 14 years against measles, mumps, rubella, diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio and haemophilus influenzae. That included vaccination of children under 5

against pneumococcal disease.

In the meantime, our teams also worked to improve the living conditions. 18 tents to shelter 4 000-5 000 people were set up which included showers and latrines. Around 10 000 people in April-May 2016 were beneficiaries of the project. Medical consultations were provided 24 hours a day, seven days a week.

In the end of June 2016 the camp was dismantled and we decided to close the project and to expand other interventions.

**The Akelius Foundation funded 76 percent of the project in 2016 and contributed with SEK 62 856 400.**

#### **Results 2016**

27 085 consultations in northern Greece January-June

39 000 sandwiches distributed per day in January

1 000 patients assisted every week in January

3 031 children vaccinated (MMR and dTP-HepB-Hib-IPV and PCV13) between May 9 and 14

18 tents sheltering 4 000- 5 000 people (including showers and latrines)

10 000 people in need of care and support assisted in April-May

281 consultations related to sexual and reproductive health

## **6 Bourbon Argos (IT145)**



**Portrait of Natasha, 23, and Divine, four months, from Cameroon.**

*“During the crossing I was sitting in the bottom of the inflatable boat, which was overloaded. We were packed one on top of the other. I couldn’t breastfeed my daughter for the whole journey – I had to give her to another woman who was sitting in a better spot. People were on top of me and I was lying in the liquids and the fuel. For the whole journey I listened to my daughter crying. I just repeated, ‘If I die, please take care of her’.”*

**Photo: Sara Creta/MSF**

## 6.1 Background

Refugees and migrants continue to board unseaworthy boats in a desperate bid to reach Europe. The vast majority of those attempting this dangerous crossing are fleeing violence and persecution, and they are in need of international protection.

During 2015 an estimated 1 046 599 people arrived to Europe. This number decreased to 387 739 in 2016. Still, 2016 was the deadliest year, more than 4 690 people died while attempting to cross the Mediterranean Sea. As of October 2016 the number of unaccompanied minors rescued reached 20 160, 14 percent of the total arrivals.

Political factors had a significant impact on flows within the region in 2016. The EU-Turkey deal brought migration flows through the Eastern Mediterranean and the Western Balkan route to a relative standstill whereas arrivals to Italy increased significantly from April to May, from 9 146 to 19 925. This meant that people continued to risk their life at sea.

In 2016 the EU institutions decided to secure external borders and fight smugglers which resulted in a progressive militarisation of the Mediterranean Sea. Actors such as Frontex are present at sea but without a dedicated mandate to perform life-saving activities or proactive search of people in need of rescue and instead they operate with a political-military agenda.

To prevent deaths at sea and to alleviate suffering MSF has conducted search and rescue operations in the Central Mediterranean Sea since April 2015. MSF's operations at sea and onshore activities at disembarkation points offers a unique opportunity to provide care and protection to beneficiaries along their overall route in search for protection. The people we rescue at sea are often fleeing from the difficult contexts where we provide care, and some of them have been in contact with us before.

## 6.2 Results

In May 2016, after five months on hold, MSF resumed its search and rescue operations with the vessel Bourbon Argos. The vessel has a capacity to rescue 700 people and on board works an experienced crew and a medical team.

People in distressed boats are rescued in a safe and controlled manner and a triage is performed on board along with the distribution of immediate relief food, clothes and blankets. Our teams also provide shelter until disembarkation and we ensure that treatment is available for severe medical cases and a first treatment of minor and medium medical cases.

Between May and November 2016 the Bourbon Argos conducted 59 rescue operations, assisting a total number of 10 415 people (7 238 directly rescued from unseaworthy boats and 3 177 people transferred from others rescue vessels). In total 4 881 consultations were provided between May and November 2016. Common medical complaints included headaches, exhaustion, skin and upper respiratory tract infections, scabies, motion sickness and hypothermia. Some people were dehydrated or suffering from asphyxiation from being crowded together inside wooden boats.

People on board MSF's search and rescue vessels also receives psychological support. Legal information is provided in order to orient people about their rights in Italy, the procedure upon disembarkation (hotspots centers, access to protection, fingerprinting, etc.) as well as about the services provided by different organisations (UNHCR, IOM, Save the children). Medical legal certificates are issued to all victims of violence who are treated on board and a referral system is in place to ensure that protection cases, upon disembarkation, are referred.

MSF teams also ensure a medical follow up for the critical and chronic patients in the post disembarkation phase. Additionally, at disembarkation, a follow up on patients' specific vulnerability is carried out. Specific care, called "psychological first aid", for survivors of traumatic incidents at sea is provided. In 2016, 133 psychological first aid interventions were conducted at landing points in three different regions (Sicily, Calabria and Sardinia) with a total number of 124 mental health group support sessions activated and 625 individual support sessions.

MSF continued during 2016 to use its operational weight, especially through these maritime operations, to expose and denounce the deadly consequences of the European response and policies towards migration flows. The operations were put on hold in November as the conditions at sea during the winter were bad and hampering people from crossing the sea.

**The Akelius Foundation funded 44,5 percent of the project in 2016 and contributed with SEK 22 789 200.**

**Results 2016**  
10 415 people rescued and assisted  
1670 medical consultations performed on the vessel  
Referrals: 110 in total (65 for any medical reasons and 55 specifically for issues related to sexual and reproductive health including pregnancy)  
133 psychological first aid interventions at landing points  
124 mental health group support sessions  
625 individual support sessions

## 7 Dodecanese Islands Migrant Reception (EU 105)



Seven people from Pakistan arrive on the Greek island of Kos after rowing all night.  
Photo: Alessandro Penso/ MSF

## 7.1 Background

All the eastern Aegean islands hosts more than 16 256 refugees and migrants while the official capacity is approximately 8 200 people. As there were no official reception systems on any of the Dodecanese Islands, MSF started to provide medical screening, shelter and food in Kos in March 2015.

During the winter 2015, weather conditions were good and the number of arrival continued to be high. At the end of 2015, while the number of arrivals was still high (1 000 per week), authorities started the hotspot construction in Leros (Lepida). The authorities promised to be ready in 15 days but it was operationally impossible. MSF had concerns regarding the location and the mandate of the facility.

Early 2016, as the mandate of the hotspot became clearer - turning into expulsion centers, with scarce access to basic humanitarian assistance and with no access to legal information and support, MSF was requested to work inside the hotspot but refused to do so.

## 7.2 Results

In 2015, the migrants and refugees in Kos had few options but to sleep outdoors in Kos town until MSF set up a tent camp in a car park near the archaeological park. In the camp our teams worked with other organisations to provide basic medical and humanitarian assistance.

During 2016 our teams provided medical care in both Leros and Kos. We provided 1 352 outpatient consultations in Kos, 108 individual mental health consultations and 91 group sessions (with 615 participants). 1 978 outpatient consultations were conducted in Leros, 49 individual mental health consultations and 207 group sessions (with 1 010 participants).

MSF had mobile and fixed (under tents) medical activities. Our teams provided primary health care and the main pathologies were respiratory tract infections, traumatology, and skin diseases. We also provided mental health consultations, in group and individual sessions. Mobile activities included providing basic emergency assistance in the Captain Elias camp in Kos until its closure in September. The camp was an abandoned hotel used by migrants and refugees as temporary shelter.

Health promotion was part of our activities at the Dodecanese islands during 2016 and donations of drugs and medical material were provided to public hospitals in Kos and Leros. During the year MSF worked closely with other actors present on the islands, such as the Ministry of Health, UNHCR, Médecins du Monde, ICRC and several volunteer groups.

On both islands, sheltering was provided in form of small tents, latrines and showers but it remained very difficult for the team to respond to the needs as authorities were very reluctant to see installations being set up. There was a bigger tent set up in Leros where registration process upon arrival was organised.

The number of arrivals decreased rapidly after the EU-Turkey deal, and in March 2016 MSF stopped its activities in Kos and Leros.

**The Akelius Foundation funded 63 percent of the project in 2016 and contributed with SEK 7 523 863.**

## Results 2016

1 352 outpatient consultations in Kos

108 individual mental health consultations and 91 group sessions in Kos (615 participants)

1 978 outpatient consultation in Leros

49 individual mental health consultations and 207 group sessions in Leros (1010 participants)

## 8 Lesbos Migrant Reception (EU108)



**Portrait of Karon, 31 years old from Iraq. Karon, his wife and their twins are blocked in Lesbos since their arrival on August 2, 2016. Their dream was to reach the Island to start a new life.**

*"What I have seen in Iraq, I do not want my children to see it again. This is why we left our country, where everything is paralysed, everything stopped, there is no life... My true dream is that my children will live in a beautiful country, without war, without bloodshed, without any of this. This is the only thing I wish for."*

**Photo: MSF**

### 8.1 Background

In March 2016, as European countries closed their borders, the number of arrivals to Lesbos decreased radically from thousands per month to a couple of hundreds per month. Before March 20, 2016 migrants and refugees were just transiting through Lesbos, since then most people are stranded on the island. The asylum process has been slow and remains so until this day. On Lesbos the refugee and migrant population is currently approximately 6 000 people. Even when not following the basic standards there is a capacity to accommodate 3 500 people.

In 2016 migrants and refugees stayed in different official and unofficial sites. One of them, Moria camp, was extremely overcrowded and lacked winter preparedness. This resulted in worsening living conditions. Many people ended up in Kara tepe (an official camp for vulnerable persons), Pikpa (an

unofficial camp for vulnerable persons run by volunteers), Caritas (a hotel for vulnerable people), UAM shelters (including Madamados camp) or UN shelters. The condition in which refugees and migrants lived worsened their health status and for many the situation became life threatening, especially for people suffering from chronic non-communicable diseases and mental health issues. The lack of information and the ever changing policies added additional stress to people who already experienced many hardships.

Our teams also witnessed an absence of primary health care for people living outside the camps. The public health care system lacks qualified staff, resources and is not capable to provide appropriate treatment for non-communicable diseases. Access to secondary health care is limited because of barriers like language and bureaucracy.

## 8.2 Results

In 2016, MSF carried out 12 892 outpatient consultations across the island, through its mobile clinics and inside Moria and Kara Tepe registration centres. In Matamados, in the north of the island, we ran a transit centre for new arrivals and organised buses to transport them to registration centres.

After March, the Moria hotspot became a pre-removal detention centre, offering little guarantee of respect for human rights. MSF decided to halt all its activities in Moria, including transport, and handed over its medical services to other organisations. We continued to provide medical and mental healthcare in Kara Tepe camp and respond to the needs of the most vulnerable people.

In September, MSF opened a clinic in Mytilene town centre offering sexual and reproductive healthcare including care for victims of sexual violence and torture, antenatal care, family planning, gynecology and post-natal care. We also provided treatment for chronic diseases and mental health support. A team started outreach activities in Moria to identify specific vulnerabilities and mental health needs. We supported the public health care system with cultural mediators and donations of medicines, linked people to social and legal services, provided adequate shelter and distributed relief items.

Our teams provided 766 mental health consultations and 159 group sessions in 2016 (which included 680 participants). Further we conducted 653 consultations for non-communicable diseases and 438 consultations focused on sexual and reproductive health.

**The Akelius Foundation funded 69 percent of the project in 2016 and contributed with SEK 27 672 600.**

<b>Results 2016</b> 12 892 outpatient consultations 766 mental health consultations and 159 group sessions (680 participants) 653 consultations for non-communicable diseases 438 consultations related to sexual and reproductive health
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## 9 Search and Rescue Lesbos (EU115)



**MSF and Greenpeace boat crews responded to an emergency on December 16, 2015 as a wooden boat capsized about mile and a half off the coast of Lesbos. On arrival to the scene all refugees were in the water. A total of 83 people were rescued, while two people drowned - an 80-year-old man and nine-month old girl.**

**Photo: Will Rose/ MSF. Video of another intervention: <https://www.youtube.com/watch?v=vdcVNz4aNWI>**

### 9.1 Background

During the past 18 months, approximately one million people fleeing war, conflict and persecution, mainly from Syria, Afghanistan and Iraq, reached the Greek islands from Turkey through the Aegean Sea in inflatable boats. During the same period more than 730 people, including 186 children, were reported to have drowned.

In March 2016, as European countries closed their borders, the number of arrivals decreased radically from thousands per month to a couple of hundreds per month. While the number of refugees and migrants were slowly declining between mid-May and July, the number of arrivals increased up to more than 200 people per week on average in July and August 2016. From October until November 2016, a total of 890 arrivals per month were recorded. According to UNHCR data, 44 percent of the refugees/migrants that reached Lesbos were men, 35 percent children and 21 percent women.

The worsening winter conditions at sea did not decrease the flow of refugees and migrants trying to reach Europe and the journey became even more deadly. In December 2015 and January 2016, more than 320 people, including 80 children, died in the Aegean Sea.

## 9.2 Results

The objective of our search and rescue operations in the Aegean Sea was to provide migrants and refugees with timely and efficient lifesaving assistance at sea between Turkey and the Greek Islands. An important part of the project was to advocate for safe and legal alternatives to prevent the deadly crossings.

In collaboration with Greenpeace our teams used rigid-hulled inflatable boats based on the northern coast of Lesbos, in coordination with the Greek Coast Guard. MSF medical teams were on standby at landing sites to provide emergency care for people in critical condition and to ensure timely referrals to the hospital (by three MSF ambulances), boosting the efforts of volunteer groups already providing assistance to people crossing to the Greek islands.

MSF and Greenpeace boats assisted more than 18 117 people in 361 interventions between November 2015 and March 2016. 1 971 outpatient consultations were provided in 2016. The main pathologies treated by the medical teams were trauma, hypothermia and respiratory tract infections.

The collaboration between MSF and Greenpeace ended in March 2016 but MSF remained active in the Aegean Sea until the number of crossings dropped drastically. The activities were put on hold in September 2016.

**The Akelius Foundation funded 91 percent of the project in 2016 and contributed with SEK 8 216 780.**

### **Results 2016**

1 971 outpatient consultations

18 117 people rescued and assisted November 2015-March 2016

361 interventions at sea November 2015-March 2016

## 10 Expenses

A detailed overview of the expenses is available in appendix 1.

<b>Project</b>	<b>Project expenses (SEK)</b>	<b>Akelius Foundation's contribution (SEK)</b>	<b>% of the project expenses</b>
<b>South Serbia/ Preševo (EU211)</b>	3 512 741	1 465 020	41,71%
<b>North Greece/Idomeni (EU114)</b>	83 137 621	62 856 400	75,61%
<b>Bourbon Argos (IT145)</b>	51 162 142	22 789 200	44,54%
<b>Dodecanese Island Migrants reception (EU 105)</b>	11 867 607	7 523 863	63,40%
<b>Lesbos Migrant reception (EU108)</b>	40 161 027	27 672 600	68,90%
<b>Search and Rescue Lesbos (EU115)</b>	9 016 737	8 216 780	91,13%
<b>Total</b>	<b>198 857 875</b>	<b>130 523 863</b>	<b>65,64%</b>