Refugee reception crisis (Europe) 5th network operational update

Compiled by the DRI – MdM International Network Head Office thanks to all partners in Europe – Camille GUTTON & Nathalie SIMONNOT – 20 January 2016

Migrants now suffer from cold and rain, but also from new discriminations recently invented. Let's quote Denmark's choice of stealing migrants goods, France's choice of creating a second rate citizenship, all countries building new fences, still no opening of proper refugees camps following international humanitarian standards.
Another reality also has to be faced: the terrorist attacks (Paris, Istanbul…) and the sexual attacks against women in several cities in Germany and elsewhere, all crimes committed by a small proportion of refugees/asylum seekers/migrants. Some criminals have been using the asylum system. The big panels "refugees welcome" tend to disappear slowly. **The only way to promote respect for the refugees is to acknowledge this reality without hiding it. The basis of our legal rights in Europe is the individual responsibility. No one should be accused or condemned for acts only because they have been done by a member of her/his community or family.**

© Giorgos MOUTAFIS, Child trying to survive on arrival at Lesbos.

NEW PROJECT FOR MIGRANTS/REFUGEES' HEALTH

Our Network (8 of us) obtained funds from the European Commission/ DG HEALTH, to support the health authorities of 11 Member States (BE, BG, DE, EL, ES, FR, HR, IT, NO, SE, SI) in providing adequate and accessible health services to newly arrived migrants with a specific focus on children, unaccompanied minors and pregnant women. Where needed, flexible and adaptive mobile health surveillance and response units will identify arrival and transit locations and provide general health assessments. Individual mental and physical health assessments will be conducted using the standardized personal health record developed by IOM and DG HEALTH. Migrants will receive a health booklet to facilitate referrals to adequate and accessible primary healthcare (including vaccinations). Psychosocial support and preventative care will also be delivered. Depending on the rapidly changing context, and as long as adequate patient privacy can be ensured, actions will take place in mobile units, in temporary 'clinics' or in already existing centres run by the partner organizations or one of their associate local partners. Wherever possible, access to national health systems will be supported through social and health mediation activities and the provision of information on migrants' rights to access care.

Experiences and lessons learned will be systematically shared with local, national and European health authorities. Core indicators on migrants' health and main vulnerability factors will be routinely collected and used both to improve field teams' responses and to inform health authorities. Finally, teams' capacities will be reinforced through active European coordination and mutual learning mechanisms, including an intermediary workshop.

As a result, geographically changing needs will continuously be assessed and met throughout 2016, cross-border health threats will be reduced, local coordination between all operational actors will be improved and applicants and their teams' capacities in responding to urgent migrants' health needs will be strengthened.

Belgium

Czech Republic

Although the number of new arrivals in Czech Republic is lower than in the summer 2015 and the situation has calmed down a bit, racism and xenophobia against migrants are still very visible in the public discourse. Incidents in Germany on New Year's Eve did not really help the public discourse.
Still, more and more people call for a better human rights based approach to migrants in the country. Professional organisations such as lawyers (the Bar Association or *Advokátní komora* in Czech language) has called upon its members to be more active in the field of migration law. In the beginning of October, The Bar has registered 20 lawyers which offered their services pro bono to help asylum seekers. Our Network Member, *Consortium of Migrants Assisting Organizations in the Czech Republic* gives courses on refugee rights and law at *Masaryk University*, one of the three Law University in the country. In addition, they go with the students every week to a reception centre in *Zastavka u Brna* to help.
There are 2 reception centres in CZ: one at the airport (short stay) and the other one in Zastavka u Brna.
After 2 or 3 weeks at the reception centre at the aiport where they have medical checkup, tuberculosis screening and interviews, asylum seekers are sent to open facilities. For the last 3 years (2013-15), around 30-35 asylum seekers have lived in the airport reception centre per year.
In Zastavka there are currently 23 asylum seekers altogether which is very low. Many are being sent to other EU Member States according to Dublin III Regulation.

The Consortium through its member organisations provides all forms of support to new arriving migrants (legal & social support, help for integration, communication etc.).

Until now asylum seekers'health costs are covered by the State. They are included in the public health insurance system. However, the Ministry of Health (and other two ministries) have drafted recently a new law creating a new system only for asylum seekers, covered by the Ministry of Health. The Consortium is protesting against this draft because asylum seekers would be excluded from the mainstream system.

Croatia

Between 1st and 15th of January, on the average a total of 1900 migrants entered per day in Croatia (source: Ministry of Interior Croatia) meaning that, since the beginning of migrant reception crisis, 585,042 migrants went through Croatia. Relative reduction of migrant flow are noticed because of the weather conditions but mainly because of the selection of migrants at the border: only migrants from Syria, Iraq and Afghanistan are accepted.
There are no major change in the government policy consisting in organizing rapid transit of migrants from Serbia to Slovenia after registration process in transit camp Slavonski Brod. The rapidity of transit process of migrants is criticized because it hinders the provision of effective and adequate responses to the real needs of migrants.

Political scene in Croatia is focused on negotiations around the new government (expected for 19/01/2016). We assisted to a kind of "statu quo" and technical management of migrant crisis at Slavonski Brod camp. New government will be led by a Croatian-Canadian businessman named Tihomir Orešković, who is generally unknown to the public as he spent most of his life in Canada. Future new government's policy towards migrants is still unclear.
Return process for 11 migrants have been initiated (not coming from Syria, Iraq and Afghanistan). NGOs are monitoring if all rights and procedures are respected. Some activists' actions have been observed at the Slovenian-Croatian border (they cut some sections of the barbed wire fence ☺). About 20 migrants tried to escape from the train before registration process in Slavonski Brod (11/01/2016). Police forces quickly caught them.

Due to specific current political context in Croatia (still ongoing process of forming the new Croatian government - meaning future new interlocutors at institutional level), MdM Belgium activities have been mainly focused on consolidating our partnership/network with civil society organisations involved in the transit camp *Slavonski Brod*. Based on volunteers and volunteer organisations' needs, MdM Belgium initiated the development of mental health and psychosocial support (MHPSS) module for Croatian and international volunteers/care givers involved in migrant reception crisis (mainly in Slavonski Brod). Exposed to high stress situation and trauma that they witness in the camps, volunteers/care givers in Slavonski Brod are often unprepared and vulnerable. A Support training will be developed by international MHPSS specialist in partnership with a Croatian counterpart and civil society organisations. MHPSS activities will start in February 2016.
MdM Belgium team monitors health and other needs. The main needs reported are clothing, food, information and health. The cooperation between organisations and ministries still need to be improved as well as supervision and support for caregivers.
The health needs are currently covered by Croatian Ministry of health (with the NGO Magna international but the situation might evolve quickly with a new government, very cold weather, volunteers getting tired (high turn-over), etc. Local actors have also reported the need for pediatricians.

© MdM Belgium, Center for Peace Studies and other volunteer groups from both countries organized a protest against the fence built between Croatia and Slovenia, near the transit camp in Brezice. December 20th, 2015. *« The last time we had a fence here, it was 1945. This is not OK* » (two photos)

France

Grande Synthe (Dunkerque)

2 500 to 3 000 migrants, mainly Kurdish people from Syria and Iraq, currently live in the Grande-Synthe camp including a high number of women and children. 30 to 40 people arrive every day. About twelve toilets were set up by MSF, & about 12 showers (no hot water…) and the waste collection were put in place by the city of Grande Synthe.
Since beginning of January MdM has increased its response: two medical doctors provide consultations two full days a week. MdM tries to propose half day for pediatric consultations, and to work in pairs (woman and man). Gradually, psychosocial activities will be offered built up on the experience in Calais.

In the two last weeks of December, MdM team has seen 175 patients including 31 women and 53 patients of less than 20 years. The most frequent pathologies are Ear Nose & Throat (95 cases), gastroenterology (16 cases) and dermatology (17 cases). One referral was done to the free medical spot in hospital (PASS) and two others to the emergencies (E&A) in Dunkerque.
Although mediators (volunteers) have the patients phone numbers, it still remains a challenge to find them in the Grande Synthe camp, when they need healthcare or when they need to be taken to the hospital (E&A or PASS).
In addition, during the third week of December, MdM team went around the camps & met 12 unaccompanied minors and 5 women, to give them the relevant information on where they could be hosted.
Hospital is 10 km away from the camp. MdM only does referral for complex cases.
A partnership with MSF is established who provides consultations 5 days a week since October 2015. MSF received the agreement from the City of Grande Synthe and the representative of the State to start the construction work to offer better living conditions for the people living in the camp: 500 heated tents (5 persons in each tent), hot showers, toilets and watering places.[1]

Calais

Between and 5,000 and 6,000 people (including around 400 women and 200 children) live in Calais with about 10 people arriving every day. MdM reported some strong tensions between communities and violence, including rapes. MdM team reported to see more and more psychiatric cases needing a referral to hospital.
During last two weeks in December, no referral has been done to the free medical spots in hospitals (PASS) nor to the emergencies (E&A) in Calais.
After the French government has been ordered by Court to improve conditions at the giant "New Jungle" migrant camp in Calais, containers- dormitory for 1,500 persons have been set up, obviously not enough for the 5,000 to 6,000 people living currently in the slum.

Regarding access to healthcare, MSF opened a clinic end of November 2015 close to the Jules Ferry centre. The French State will reinforce the free health care service (PASS) by recruiting more people at a local antenna in Jules Ferry.
Although there is room to welcome more people in the new facilities, some people like psychiatric cases, women facing violence or newly arrived migrants do not want to move in for different reasons (stay close to the smugglers, to other family members…). So we need to do outreach in order to detect their health needs.

Germany

In 2015 Germany has received the biggest number of asylum applications ever, in total 476,649, an increase of 135% compared to 2014. 34% of the asylum seekers were Syrian. Together with asylum seekers from Bosnia and Montenegro, about 30% came from the six Balkan states. Altogether the amount of migrants

[1] http://www.msf.fr/presse/communiques/msf-amenage-nouveau-site-refugies-grande-synthe

who arrived in Germany in 2015 is almost double: 1,091,894[2] (some only transit through Germany or haven't applied for asylum yet).

Ms. Merkel receives more and more criticism on her asylum policy. In general, the political climate has changed. The amount of anti-migration protests and assaults on asylum centers have increased. There were 788 incidents (attacks and/or demonstrations) in Germany against asylum seekers (centers) in 2015, most of them in Eastern Germany (Saxony)[3]. After the assaults on women during New Year's Eve in Köln and Hamburg during which the majority of suspects have a migrant (and some an asylum seeker) background, a hot discussion has started. Politicians from the CDU, including Ms. Merkel, have requested for stricter rules on the expulsion of asylum seekers that commit crimes[4]. Pegida[5] protests and attacks on asylum centers and individual asylum seekers have increased ever since. In Berlin, an ever increasing number of asylum seekers in centers have no access to medical care. In fact, in Berlin the problem is similar to Munich, but even more extreme: the process of applying for the *'Krankenschein'* is very slow; it's a problem of capacities and lacking papers. Some asylum seekers have arrived in centers without having registered as asylum seeker yet, simply because there are too many people arriving. The best thing would be to offer consultations directly in the centers (as it is the case in Hamburg) so that asylum seekers do not have to go to through the whole process: 1) apply for a Health voucher, 2) find a doctor who has time and 3) make an appointment and find an interpreter…

Trends in Munich

The amount of newly arriving migrants in 2015 has increased beyond tenfold in Bavaria compared to 2014. The majority of migrants/refugees use the Balkan route so the majority enter through Bavaria. Between the 26th of December 2015 and the 4th of January 2016 the National and Bavarian police counted 33,300 persons. On a daily basis about 3,000 newcomers arrive. Currently there is a capacity for 8,300 asylum seekers in asylum centres in Munich, they are almost full. There are also 5,400 minors in centres of the youth ministry[6].

Due to an increase of controls at the border and on roads, more refugees are arriving with private vehicles. Many arrive in centres in Rosenheim and Passau where they can register as asylum seekers and receive a ´confirmation of registered asylum seeker` (BÜMA) or, if they wish, receive a (BÜMI) which means `registration of irregular residence`. This allows them to continue their journey to another country for fourteen days. If they do not make it to another country they have `lost their chance` to apply for asylum in Germany. This creates a lot of stress and is also not explained to everyone thoroughly.

During the transit days refugees often pass through the Munich central bus or train station, where MdM Germany provides basic medical care and social counselling. Due to the fact that they have not applied for asylum, or are in transit, the refugees we see at the bus station do not have access to the regular health screenings as registered migrants do. Here, about 150-200 refugees from Syria and Afghanistan (83% in November-December 2015) are passing daily through the central bus station and central train station. In December MdM saw an increase of Afghan men (many of them were minors) that were travelling in groups, aiming to reunite with their families at a later stage. Since the regulations for family reunion are stricter now, many aimed to go to other countries. By the end of December, there was an increase of women and children, taking the risk alone, probably for the same reason. Many of the Afghan men had no more money to continue their travel but feared being rejected in Germany. The number of people that were staying longer in Munich in order to wait for money from their families increased. It is no longer possible to travel across the border with a bus company without having ID papers, and therefore refugees often travel to the border and attempt to continue otherwise. In contrast to the time of the last update mid-December, there are not as many migrants going to Scandinavia; but rather to other cities in Germany or to Switzerland, France and Italy.

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[2] Bundesamt für Migration und Flüchtlinge, Bundesinnenministerium

[3] https://mut-gegen-rechte-gewalt.de/chronik-karte

[4] http://www.zeit.de/politik/deutschland/2016-01/mainzer-erklaerung-cdu-asylbewerber-schleierfahndung-strafrecht

5 Patriotische Europäer gegen die Islamisierung des Abendlandes, extreme right fascist movement against muslims

[6] http://www.wochenanzeiger.de/article/171779.html

MdM provides basic healthcare four evenings a week for 3 to 5 hours with a team consisting of two doctors, medical student, two interpreters and a coordinator.

One team works in a container at the central bus station in which MdM has a small medical room with an examination table, basic medical equipment, medicines and a waiting room.

© Ärzte der Welt, *Container at the central bus station, Refugees in the waiting room. Some wear masks, when there is a risk of infectious diseases, Munich,*

Another team works at the train station, where they provide healthcare with basic equipment and medicines in a backpack. Both teams hand out information, interpreters (mainly for Arabic and Farsi) play an essential role creating trust and understanding. In case of prescription we hand out a paper with a summary of the examination and treatment: refugees can take it with them for future consultations. We also provide information of social/legal/medical addresses in Munich and in other transit cities /countries.

© Ärzte der Welt, *MdM team at the train station where they provide healthcare with basic equipment and medicines as well as hand out information and interpreters. Munich,*

We collaborate with a group of volunteers (`ZOB Angels`) that provide food, blankets, hygiene kits, children seats for the buses and social support (such as explanations about travelling in Germany and translations). There are two containers in which refugees can stay warm overnight. Women and children have the possibility to get a bed through a social welfare organization at central station. During November-December 2015 we have reached 881 people (687 were medically treated and 186 received social consultation). A third of them were minors.

Since December the team also has a mobile unit which is currently used to conduct a needs assessment in asylum centres and will be used from February onwards to conduct consultation in selected centres where there is no sufficient access to medical care.

Health needs

MdM team identified the following health needs for *refugees in transit* at the bus station: respiratory problems (flue, cough, and headaches), gastro-intestinal diseases, dermatological problems and wounds (increasingly bacterial infections), dental infections, sleeping disorders, exhaustion and psychological stress, lacking medication for chronic diseases, lack of medical documentation on vaccination, pregnancy or current health status including chronic pathologies. So there are uncovered needs for healthcare and psychological support.
The social uncovered needs are: travel information, clothing, housing (a warm place to spend the night), and interpreters.

Registered asylum seekers are entitled to basic medical care through the Asylum Seekers Benefits Act. They have to apply for a health insurance certificate ("Krankenschein") at the social assistance office. Social services such as Caritas, the Housing and Migration Office[7] and the Department of Health and Environment of the city[8] in Munich have reported that this process is increasingly time-consuming since the amount of applications has increased. It is usually up to these social services to organise interpreters and make doctors' appointments. The above parties have reported that asylum seekers are being refused doctors' appointment by medical doctors around asylum seeker centers, stating that their clinic does not have the capacities to treat more patients. Consequently acute medical and psychological and preventive care (such as vaccinations and prenatal care) and in some cases even the official first health check (that should be conducted by the local health ministry) are often not provided in asylum centers, unless a medical center has been established at the center itself. Main identified health needs in these centers are dermatological (scabies, open wounds), respiratory problems, viral infections, gastro-intestinal diseases, dermatological problems and wounds, PTSD, sleeping disorders, depressions, panic attacks, preventive health checks such as vaccinations for children and dental problems. All refugees need psychological support, which is often not provided due to a lack of doctors and interpreters, or an individual need is not documented/overseen. Finally, there is a lack of translators. In some centers paid and voluntary doctors have opened up consultation hours. In some centers scabies outbreak has been reported.

Greece

Islands

Lesbos

The total number of arrivals in Lesbos from 14th December to 10th of January was 45,480 persons. MdM Greece continued to provide medical care to 2,434 migrants both in the official camp of Moria and the unofficial camp in Kara Tepe (Medical consultations: 2, 266; social consultations: 84; psychological consultations: 84). During this period, 13 volunteers from MdM Spain and 4 volunteers from MdM Netherlands have been on the field during the reporting period in order to support MdM Greece activities. MdM distributed also first aid items to the refugees. In addition, MdM UK has sent out a volunteer doctor and nurse to Athens for the new *Ferry Project* as of Friday 15th January. MdM teams go on the Hellenic Seaways ferries from Lesbos and Chios to Athens and Kavala, offering social support and healthcare.

[7] Amt für Wohnen und Migration der Stadt München.
[8] Das Referat für Gesundheit und Umwelt der Stadt München

©MdM Greece, The MdM team before boarding the ferry with migrants to give medico-social care.

MdM Greece runs a specific action with unaccompanied minors hosted in Moria, with a psychologist who makes their lives easier. The team in Lesbos has also implemented the specific data collection for migrants in transit since November. Thanks to them, we already know that in Lesbos the majority of people seen are Syrians, nearly as many women as men, nearly half of people seen are minors…

©MdM Greece, Unaccompanied minors in Lesbos

Chios

The total number of arrivals in Chios from 14th December until 10th of January 2016 was 16,187 persons. During the reporting period, MdM Greece offered primary medical and pharmaceutical care as well as social services in Souda camp, in the port as well as in a new temporary hosting facility, where refugees are concentrated before leaving the island. Volunteers from MdM Spain (13 persons including Doctors, Pediatricians, Nurses, and Arabic Interpreters in the Island of Lesbos and Chios) and MdM Netherlands (4 volunteers) have been on the field during the reporting period in order to support MdM Greece' activities. The total number of patients: 736 persons (medical consultations: 689, social consultations: 46). On a daily basis, the team distributed first aid items to the refugees.

Athens

From 14th December until 10th of January, MdM Greece provided primary medical and pharmaceutical care to the refugees who stayed in the Indoor Stadium in Elliniko and Faliro (14-15/12/2015), temporary housing facilities after their arrival from the islands to Athens. Medical doctors, pediatricians, orthopedists, gynecologist and dermatologist provided primary health care to the refugees staying in the stadiums. In total, 148 persons have been examined in Faliro Stadium and 816 in Elliniko.

Idomeni

From 14th December 2015 until 10th of January, 70.558 migrants crossed the border with FYROM at Idomeni, for an average of 2,519/24hrs.
The total number of patients seen by MdM Greece and MdM Switzerland was 641. More specifically from the 28th of December until the 3rd of January, 123 patients were treated in the camp and 17 from the total number of beneficiaries mentioned above have been examined while waiting at EKO gas station which is situated 25 km from Idomeni camp. The teams are present in the field 6 days per week. In addition, since the end of November, MdM UK has placed one nurse in Idomeni.

Migrants and refugees are still forced to wait in the cold at the border crossing itself or along stop points at the EKO gas station. Families, elderly, and people face an ever-worsening climate, with little to no access to heated shelters or material to survive significant drops in temperatures, as well as concerns of safety in a space not fit to have hundreds of people, and namely children, who are forced to wait for varying periods of several hours to a full day.

Kavala

MdM Greece continues the provision of primary medical services in the port of Kavala, when the ships from the islands arrive. At the same time, the teams of volunteers distribute relief items.

Italy

32,000 newly arrived migrants were registered in Calabria Region in 2015.
Six hotspot areas have been identified by the Italian authorities in Lampedusa, Pozzallo, Porto Empedocle/Villa Sikania, Trapani, Augusta and Taranto. The hotspot in Lampedusa is the only operational site so far, with two additional sites expected to open shortly. The works for Taranto, Trapani and Augusta are still ongoing. Italy is requested to take measures to increase the efficiency of screening and fingerprinting and improve the system of transfers from hotspot areas. The expanded Triton Operation in the Central Mediterranean sea has contributed to saving almost 60,000 lives, with improvements being made to help disembarkation at the hotspots. Italy currently has reception capacity for 93,000 asylum seekers, including hotspot areas. Dedicated pre-relocation facilities have been identified.

Despite the fact that relocation from Italy started earlier than from Greece it is still far behind the rate necessary to achieve the overall target to relocate 39,600 migrants in two years. The first relocation took place on 9 October with 19 Eritreans flying to Sweden. A further 125 transfers have since taken place. Italy has identified another 186 relocation candidates and has submitted 171 relocation applications to Member States. Until today, only 12 Member States have made relocation places available, with pledges to receive 1,041 people. 19 Member States have appointed Liaison Officers to support the process on the ground. Member States need to substantially increase their pledges and reduce their response time to accelerate the rollout of the scheme.
Italy has carried out over 14,000 forced returns of persons with no right to asylum in 2015, and participated in 11 Frontex joint return flights of rejected asylum seekers from other Member States. Italy is supposed to resume its currently suspended voluntary return scheme as quickly as possible to reduce the large number of rejected asylum seekers who remain in the country.
A team of Commission officials have been working on the ground for months, hand in hand with the Italian authorities.[9]

Barriers currently exist for newly arrived migrants in term of access to Public National Health care system and mental health and psychological support. In fact, health facilities have been reported to be overloaded, specialist services seem to be lacking and migrants face administrative and financial barriers (to obtain the legal access to the service for free).[10]
The following barriers to mental health and psychological support have been reported:
- Health facilities for assistance after disembarkation are over loaded
- Lack of trained and specialized MHPSS within the reception system
- Language/ cultural barriers and lack of interpreters/ cultural mediators

MdM France and Spain conducted a project from 23 November 2015 to 23 December 2015 implemented by an MdM General Coordinator in Italy ("SOS Primary Health Care Calabria"). A team of psychologists gave a training on first psychological aid to 65 social worker from centres hosting migrants in Calabria. 52 persons were staff of SPRAR centres (staff working in the reception centers) and 13 were students from the main University in Calabria involved in voluntary work with migrants. The training was developed around 3 main modules:

1) Psychosocial dimension of migration processes
2) Psychological first aid
3) Psychosocial interventions in emergencies

In addtion, this training was completed by another training on first aid for about 20 social workers from the migrants hosting centres in the province of Reggio Calabria. The training was run in cooperation with the local office of Italian Red Cross, who provided trainers. The first day of the training focused on the communication skills with emergency services, the basic life support techniques, first aid for wounds and traumas. The second day focused on practical exercises for child and adult emergency.

[9] https://www.iom.int/news/migrant-arrivals-europe-sea-reached-18872-first-11-days-2016-iom
[10] http://www.reggiotv.it/notizie/attualita/42788/immigrati-aumento-calabria-diminuzione-italia

Search and rescue project in the Mediterranean sea

MdM France has launched a project for 3 months in partnership with SOS Méditerranée in charge of the maritime operation and the search and rescue. MdM is responsible for welcoming the migrants once they are on board and for the medical part. The boat *the Aquarius* should leave Marseille on 19th of February. The 1st operation of search and rescue will start from Lampedusa on the 25th of February. Preparation and recruitment of the team is currently ongoing.

Netherlands

By the end of 2015, the total number of migrants that asked for asylum in the Netherlands was 59,100. This is twice as much as in 2014 (29,890). These numbers have never been so high since 1994 when 52,575 migrants had asked for asylum. Three-quarters of the migrants arrived in the second half of the year 2015. All refugees are housed in about 135 refugee centers and crisis centers where they can stay 72 hours like in sport facilities organized by different municipalities.

Almost 15,000 migrants with a temporary status for 5 years, have the right to obtain housing from the government in a Dutch municipality. However, they are still living in refugee centers, so unfortunately they are blocking places for newly arrived migrants who have to stay in the "*72 hours - crisis centers".*

In general, there is still a strong dichotomy to be observed in the Dutch society. On one hand, there is a small group loudly against the arrival of refugees. On the other hand, there is a bigger group who agrees with welcoming refugees but mostly do not speak out.

Regarding healthcare services, since September 2015, MdM NL is working in collaboration with the Dutch Red Cross in 4 temporary shelter locations where medical volunteers perform medical triage of patients who attend the Red Cross health post. They see about 10-20 patients from 9am to 4pm. As long as the governmental primary health care services are not available, Red Cross and MdM NL will proceed with triage in order to guarantee access to health care services. Unfortunately, in this position our volunteers are limited to do triage only and referral when necessary. From the patients seen, the main health needs of migrants/refugees are headaches, hyperventilation, cough and colds, skin problems and wounds, diabetes, anemia and miscarriage. In addition, main uncovered needs have been reported:

- Health information

- Preventive Mental health support
- Reproductive health issues
- Childcare

Temporary shelter location Ter Apel: the reception center for all new arrivals in the Netherlands. The number of migrants has drastically reduced from about 1,200 - to about 50 people. Most of the arriving migrants are moved within few days to other refugee centers in the Netherlands
Temporary shelter location Heumensoord: 3,000 migrants are living in big canvas tents. More than 1,000 people reside in one tent; it is divided in 10 compartments with 12 rooms for 8 persons. The place is very congested, no privacy, noisy with poor daylight and instable temperatures. People have to stay here between 4 to 6 months until their asylum procedure is finished which causes a lot of stress due to long period of insecurity about their asylum procedure. They try to keep themselves busy with walks to town, sports, socializing with some Dutch people. Children are playing around. Despite all efforts to reduce their stress levels through psycho social activities, for quite some people the stress is too much and minor escalations occur. People suffer from headache, hyperventilation, sleepless nights, poor food intake and some cases of auto mutilation have been reported. Mental health officers are employed in the center for psycho – education and basic mental treatment. MdM NL is currently considering how we could contribute in preventive mental health care activities.
Temporary shelter location Veldhoven: A small refugee center that provide shelter up to 480 migrants. The living conditions are very basic, no privacy, noisy and located far from town. Most of the people tell MdM NL that they have lived in 7-11 different crisis centers in the Netherlands by which they are so tired. They suffer from all kinds of general diseases which need to be addressed. The Dutch Red Cross and MdM NL asked the government to start with regular health clinics. Now that it is done, we could handover our services state run clinics.
Temporary shelter location Kaatsheuvel is a caravan camping where about 1,200 migrants can stay. Beginning of January the camp has opened and people are comfortable with their own caravan and cash pocket money. Good privacy and having own budget enable them to buy and cook their own food and establish their own life quickly. There are many pregnant women, young people and children, with many questions about reproductive health issues. The governmental health services are gradually preparing their clinic and will be ready to take over from us by next week.

The health need are covered by other actors including:

- GCA Gezondheids Centrum Asielzoekers = Health Center Asylumseekers (HCA)
- Midwifery and Post natal care.
- Dental Care
- GGD = public health services like infection prevention, TB screening, vaccination, etc
- Menzis = Health Insurance; within one week after arrival all refugees are covered for the same health care package as most of the Dutch.

Norway

About 150 newly arrived migrants have been recorded since 1st of January in Oslo. The number of asylum seekers have dropped significantly after Sweden, Denmark and Norway have started with border controls. Norway have also made over 300 forced returns on the border to Russia, some even before the migrants had had their asylum application processed…

Romania

Last September 2015, the Romanian Government adopted the National Strategy on Migration for 2015-2018 and its Action Plan for 2015. Furthermore, the Government approved in July 2015 the Memorandum on the implementation of European Council Conclusions from 25-26 June 2015 on migration. With this document, the Romania government accepted to take over its share of 1,705 persons within the internal relocation mechanism and 80 persons within the extra EU relocation program, persons who need international protection.
In December 2015, the General Inspectorate for Immigration announced that 64 persons submitted requests for international protection; most of them are from Syria, Bangladesh and Iraq.


Blue tents_MI exercice to organise camps, Romania

Slovenia

From 16th of October until now 410,135 refuges and migrants entered Slovenia. The only entry point to Slovenia is now Dobova border crossing (with Croatia) and they exit by Sentjil or Jesenice/Karananaca exit point to Austria. For a while, Austria has been accepting a maximum of three trains of migrants (carrying a maximum of 540 persons) from Slovenia and four sets of buses (a maximum of 400 persons in a set) at pre-arranged times.
Since 26 December 2015, Austrian authorities have started to strictly check the identity of migrants when crossing to Austria. If the migrants' identity is not confirmed by their statements, they are returned to Slovenia.
In consequences some 1,500 people were returned to Slovenia from Austria. Those returned include nationals of Morocco, Pakistan, Iran, Afghanistan, Iraq, Algeria, India, and Mauritania. According to available information, they were returned because of inconsistencies with their personal information (including providing false nationalities and names) that have been detected by the Austrian police. They were re-interviewed by the Slovenian police for further verification of personal details (nationality and names) and were later allowed to continue to Austria.

Since 1st until 15th of January 2016, Slovenia has welcomed about 32,369 newly arrived migrants (source: Slovenian Police statistics). Several actors respond to migrants' health needs of in Slovenia:

- Slovene health system,
- Czech army medical team (accommodation centre Šentilj),
- WAHA (Dobova train station),
- Slovakian medical volunteers,
- MdM Belgium and Slovene Philanthropy

Access to information for refugees and migrants is reported to remain a big challenge. Two camps are active in Slovenia for the moment: Sentilj and Dobova. In Sentilj, medical needs are covered by Czech Army and in Dobova camp they are covered by a medical team from St Elizabeth University Slovakia. Both of them will stay until the 28th February. MdM Belgium with new arriving migrants are in *stand by* at the moment. However, MdM team is present in Ljubljana with 1 field coordinator to:

- Monitor the situation/ context evolution
- Strengthen partnership with Slovenian Philanthropy
- Start new medical activities with asylum seekers in a reception centre in Ljubljana

However, Slovene Philanthropy continues to coordinate logistic volunteers, sending them to locations where they are needed, helping with setting up shelter, food and cloths distribution. Altogether 1,148 volunteers have been involved till the end of the 2015. In early November, Slovene Philanthropy employed 22 coordinators who help to organize and manage humanitarian work in centers. The average number of involved volunteers in November 2015 was 47 a day and 33 per day in December 2015. Volunteers and coordinators are currently present in reception center Dobova as well as in accommodation center Šentilj.

Last year, a medical team of MdM Belgium travelled in a mobile unit through six countries including Slovenia and gathered data across the entire western-Balkan migration trail during the high-intensity influx in September and October 2015. 700 emergency medical acts were carried out. The unit outreached to members of the network and new civil society actors, notably in the form of volunteer groups engaging in the collective response to a rapidly evolving humanitarian crisis. Daily reporting from the mobile unit updated assessment findings.

In November 2015 a fixed medical unit was set up in a transit camp in northern Slovenia. 1012 consultations were carried out, with a shuttle service organized in our vehicle for vulnerable migrants (in collaboration with UNHCR) and a safe play space for children run next to our medical unit. Data collection was made during assessment. The site was closed in late November, bringing activities there to a halt.

A strong and fruitful cooperation between MdM Belgium and Slovene Philanthropy has been developed, with joint actions. A standby medical team was identified and equipped with standby medical stock and vehicles. It was deployed to cover Christmas week in Dobova transit camp, southern Slovenia, as to ensure 24/7 medical care thanks to strong outreach work and rapid reaction by Slovenian Philanthropy.

© MdM Belgium MdM Belgium team at work on Christmas shift, 2015

MdM UK sent a nurse and a doctor to provide Christmas cover in Slovenia (19 Dec – 26 Dec). The same doctor and a newly recruited nurse are now on standby for the restarting of the provision of care in the transit camp in Slovenia. 5,674 migrants transited through Dobova transit camp (Civil Protection Slovenia) between 21 and 22 of December. Between 23rd and 24th of December, 2,134 people were registered in the transit camp. An estimated 10% of women patients were pregnant at different stages. They had not had regular check-ups, many were vomiting. There were no requests for contraception. We saw 1 new born baby who had been registered in a hospital in Turkey and several infants. Half of them were breastfed, other half were bottle fed. Both groups were hungry and requiring food when we saw them in the clinic, even though there was sufficient baby milk: the reason is most probably lack of privacy and lack of time to feed the babies properly.

The team, composed of two doctors, one nurse, one data collector and one coordinator, worked in an inflatable heated 80 square meter tent. A separate waiting room tent outside (unheated) is used for less severe patients, usually cough and cold. We could not improve this separate tent as Civil Protection refused to have a space where « people would be comfortable ».

© MdM Belgium*, Dr. Aaminah Verity at work with a patient*

Collaboration with WAHA was initiated, with a real complementarity between the work of the medical tent and the WAHA container. Working with the Slovakian St Elizabeth Tropic Team has enabled us to work in more comfortable conditions than before, and thus has inspired recommendations for the next set up and improvement in the purchasing choices.

The role of Slovenian Philanthropy volunteers in the camp is vital. «It is the life and blood of bringing humanity to this camp » says Doctor Elly, MdM Belgium.

© MdM Belgium, Collaboration with Slovene Philanthropy and the Slovenian Red Cross

In Slovenia, relationships with ministries of health and ministries of interior have been built thanks to Slovene Philanthropy, the presence of our stand-by team is known and can be called by ministry of health in case of need. A contract with the authorities to secure this relationship is in discussion.

H. born in 1989, male, Afghanistan, testimony collected in English
"I left Afghanistan six days ago. Before I was working in the afghan army and so I met with French soldiers during the war. We were collaborating together and we had a good relation. I want to go to France now. I don't know anybody there but I want to go because the French soldiers told me it's a good country. Is it a nice country? Is it good to go there?"

Syrian men, born in 1947, testimony collected in English
"I had to walk 10km from Macedonia to Serbia and I had to hold my children. My feet are so swollen that I can't walk anymore. It's been five years since my country is on fire. I have a son in Germany, he is a doctor. My other son is in France. I told him to come and join me in Germany but he told me he prefers to stay in France. I want to go to Germany because I know there I will be able to stay. If I go to France, they will force me to go back to Syria as soon as the war will finish. In Germany it's not like that, I will be allowed to stay. I never want to go back to Syria."

Serbia/ FYROM

About 2,000 to 3,000 new arrivals have been recorded in Serbia. Most of the healthcare needs along Macedonian and Croatian border seem to be covered, mainly by MSF, the Serbian authorities and the Red Cross, IMC and WAHA (plus other NGOs). MdM France is currently assessing other opportunities to bring healthcare assistance to migrants in the intervention area and to be prepared for an increase of the number of arrival during spring 2016.

On 14 December 2015, the first formal round of substantive EU accession talks was launched. Serbia was granted candidate status in 2012 after taking steps to normalize relations with former province Kosovo. The start of the accession process facilitates the implementation of EU instruments in response to the migrant crisis in the country. To strengthen its mandate during the EU negotiations, the Government has proposed to hold early elections in 2016. The date has not yet been set (ACAPS report).

Spain

Spain agreed to host 16,231 relocated migrants. In 2015, Spain received 18 relocated migrants from Italy and Greece. The first to arrive were 11 Eritreans and one Syrian, then six other arrived on 22 December. They have been sent to five reception centers run by the Government and NGOs.

NGOs and other institutions taking care of migrants do not understand the reasons for the political paralysis for hosting refugees: *"It is unacceptable and we don't understand. It's a problem of political will, of lack of coordination, of passive attitude in front of this tragedy,"* added the head of the Spanish Commission for refugees (CEAR)

End of November, there had been 11,000 asylum applications in Spain, of which 6,000 have come to Melilla, most of Syrian origin. Throughout 2014 there were 6,000 applications for asylum and in 2012 there were 2,500. It has increased considerably, but the budget is the same as three years ago.

Ceuta and Melilla

Ceuta along with Melilla are two Spanish territories on the Northern coast of Morocco that together form the European Union's only land borders with Africa.
Two migrants drowned and 12 others were injured last Christmas when they tried to enter into the tiny Spanish territory of Ceuta in North Africa by swimming from Morocco or scaling a barbed-wire fence.
Spain fortified fences in the two territories in 2014 in response to a rise in the number of migrants trying to jump over the barriers from neighboring Morocco.

A new campaign with communication, advocacy, fundraising and education for development components will be developed by MdM Spain within next months. A working group is currently studying several creative proposals.

Sweden

Sweden has since January 4 closed its borders for persons seeking refuge. Most refugees have arrived through Denmark. Now Sweden has set up fences and checkpoints where everyone has to show valid travel documents and proof of identity. Those who cannot, even children, are not let into the country and can't therefore apply for asylum.
The ones who have documents have been registered as travelling through Denmark and thus, even if they can apply in Sweden, their claim is rejected due to Dublin III. The same procedure is done with boats.
People have traveled over Öresund in small unregistered boats. We fear that this will increase and we already note how both police and coastal guards are getting ready for the expected increase in smuggling and human trafficking.
The situation in Sweden have been reported to rapidly becoming more dangerous for migrants. In the aftermath of sexual/violent harassment in Köln, the domestic debate has become very violent. Even though arson has increased in refugee centers, no one has been arrested and detained for these crimes until now. More than half of the population now supports the notion that Sweden should actively not comply with the UN declaration of Human rights.
Many argue that it should become illegal to help and to even provide health care to irregular migrants.

MdM Sweden is currently working with the increasing number of undocumented migrants due to asylum-claim rejections and with those who were already here for whom the official care system doesn't supply adequate care. MdM Sweden team meets on average between 2-10 persons every time the team goes out for outreach and about 20 persons at the clinic.

United Kingdom

The UK government has committed to taking 20,000 Syrian refugees from camps in Lebanon and Jordan by 2020. 1,000 refugees arrived before Christmas and are settled all over England and registration arranged with their local GP.
UK Doctors of the World has begun to get involved in working with the National Health service (NHS) to improve services for refugees arriving under the resettlement scheme from Syria. MdM UK coordinates a meeting of mental health providers to discuss how more specialist services could be commissioned and provided. MdM UK are also working with Public Health England to improve the resources and information available to the NHS, including case studies and the potential to share an assessment tool for GPs receiving patients.