



Salaam Cultural Museum

Lesvos Refugee Needs Assessment

September 2015

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Objectives & Methodology

Objectives

- Determine in what capacity local/international NGOs are prepared to meet the refugees
- Collect standard assessment information pertaining to the incoming refugee population
- Conduct brief interviews with refugees to document experiences and needs
- Conclude what the most important supplies requested are and why
- Gather any information that could assist in the facilitation of needed humanitarian and medical aid needed

SCM Assessment Team



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Methodology

- **The assessment team visited and conducted refugee and on-site staff interviews at the following locations:**
 - The Northern Shore (Molyvos and Efthalou)
 - Kaloni
 - Mytilene City and Port
 - Moria Camp
 - Kara Tepe Camp
 - PIKPA
- **Meetings were also conducted with the following groups:**
 - *NGOs*
 - IRC
 - MDM (Doctors of the World)
 - Agalia
 - MSF
 - *Politicians*
 - Mayor of Mytilene
 - *Non-NGO Volunteer Groups*
 - Eric and Phillipa
 - *UN Organizations*
 - UNHCR
 - Save the Children

Refugee Situation Overview

“Mytilene is not even the end of the journey, it’s not even the beginning.”

- Local NGO Worker

Lesvos and the Eagerly Anticipated Migration to Europe

- Lesvos is the first “European” landing point for the overwhelming majority of the refugees traveling from Turkey.
- Once refugees are “processed” (i.e. arrested/ documented) in Lesvos, they travel to Athens to continue on their journey to EU countries with greater economic prosperity
- UNHCR estimates **60% of these refugees are Syrian**, 20% Afghan, 5% Iraqi, and 15% other
- While many refugees are young men, **about one third of the refugees are estimated to be women and children**
- Most refugees plan to head to Germany, who has “invited” them to the country
- UNHCR estimates that **refugee arrivals will surge in the month of October**, coinciding with heavy rains and cold weather on the island which will cause a greater humanitarian crisis
- Overall, **lack of information is an enormous problem**. Refugees often believe that they will travel through Lesvos and onto Athens within a day and have no idea that they will be forced to walk 70km to the port where they will wait 2-4weeks while living in tents pitched in parks until they can board a ship for Athens



Source: Europol

- Logistics change on a daily basis, with **mass confusion amongst refugees and locals** on how/where to register
- **As of 9/5, a state of emergency was declared in Lesvos, causing an influx of military and police**; the result of this will be unknown

Perspectives

“Most people in Syria don’t have a dream, they just don’t want people to shoot them anymore.”

- *Refugee*



“My city is being bombed everyday. But if I knew it would be like this in Europe, I would have stayed in Syria and taken my chances.”

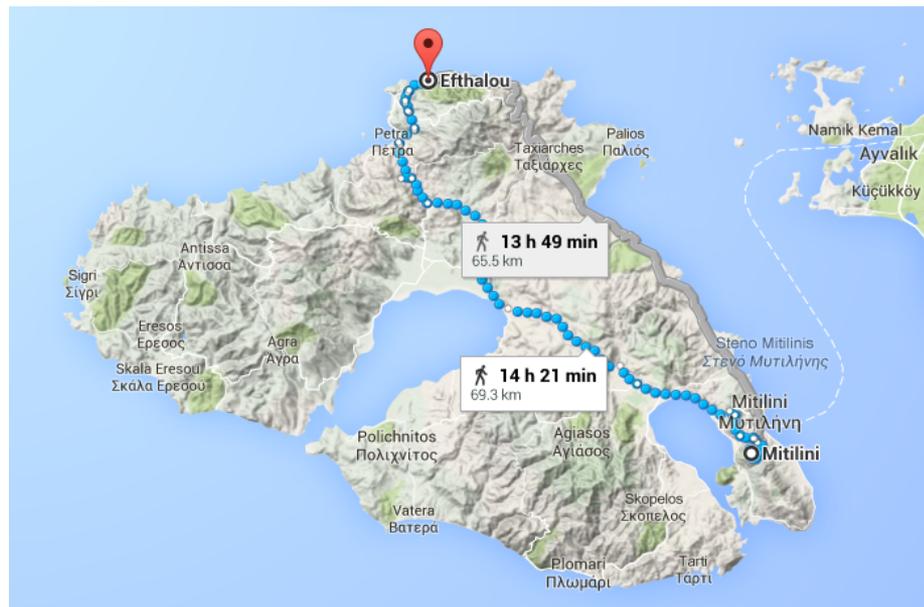
- *Refugee*

“My husband is a lawyer and I’m an Arabic literature major and this is how they treat us? Homeless and sleeping outside?”

- *Refugee*

Transportation: It's a Long Walk to Mytilene...

- Most refugees to Lesbos arrive on the Northern shore in Molyvos in groups of 60-80 on inflatable rafts; a few also arrive on the Southern shore
- Recently, there has been a spike in refugee arrival to Lesbos – **approximately 2,000-4,000 refugees are arriving per day** (numbers are dynamic); this coincides with the high summer tourist season in Lesbos
- Per the mayor's office, 200K refugees have come to Lesbos since Jan 2015; the population of the island is 85K
- Lesbos is a transit point for refugees, not a final destination; however **bottlenecks in processing and transportation** (both car on the island and ferry to Athens) **have kept Syrian refugees stranded on the island for between 5-15 days; other nationalities wait for up to 4 weeks**
- Transportation (in the form of buses provided by NGOs and operated by the government) from the Northern shore to the refugee processing center has been limited or non-existent largely due to disorganization and negative local sentiment against the refugees
- **During our assessment, we were told that buses were being stalled** as Mytilene is already overcrowded and the Port Police are attempting to manage the crowds by delaying the addition of new refugees to the camps. NGOs are attempting to build detention centers in the north to at least provide shelter and sanitation to refugees forced to wait until the Port Police release a bus to the north



- A Greek law makes it **illegal for taxis or locals to transport refugees in exchange for money**. NGOs are technically allowed to transport people arriving, but must first coordinate with port police, who frequently don't allow them to transport refugees due to congestion at port
- Due to stalled transportation and the lack of buses and "detention center" in the North, **most refugees walk about 70km upon arrival to the Mytilene port for processing**, sometimes stopping in Kaloni if taking route marked in blue on the attached map

Perspectives



“You have to be a chameleon here. The situation changes by the minute.”
- *NGO Worker*



“We came here because Germany invited us to come.”
- *Refugee*

“Look at how they are throwing their trash on the streets; they should at least respect the country they are in.”
- *Local Greek*

Locations of Importance to Refugees

Northern Shores: Landing point for refugees; currently has no established camps or official welcome center

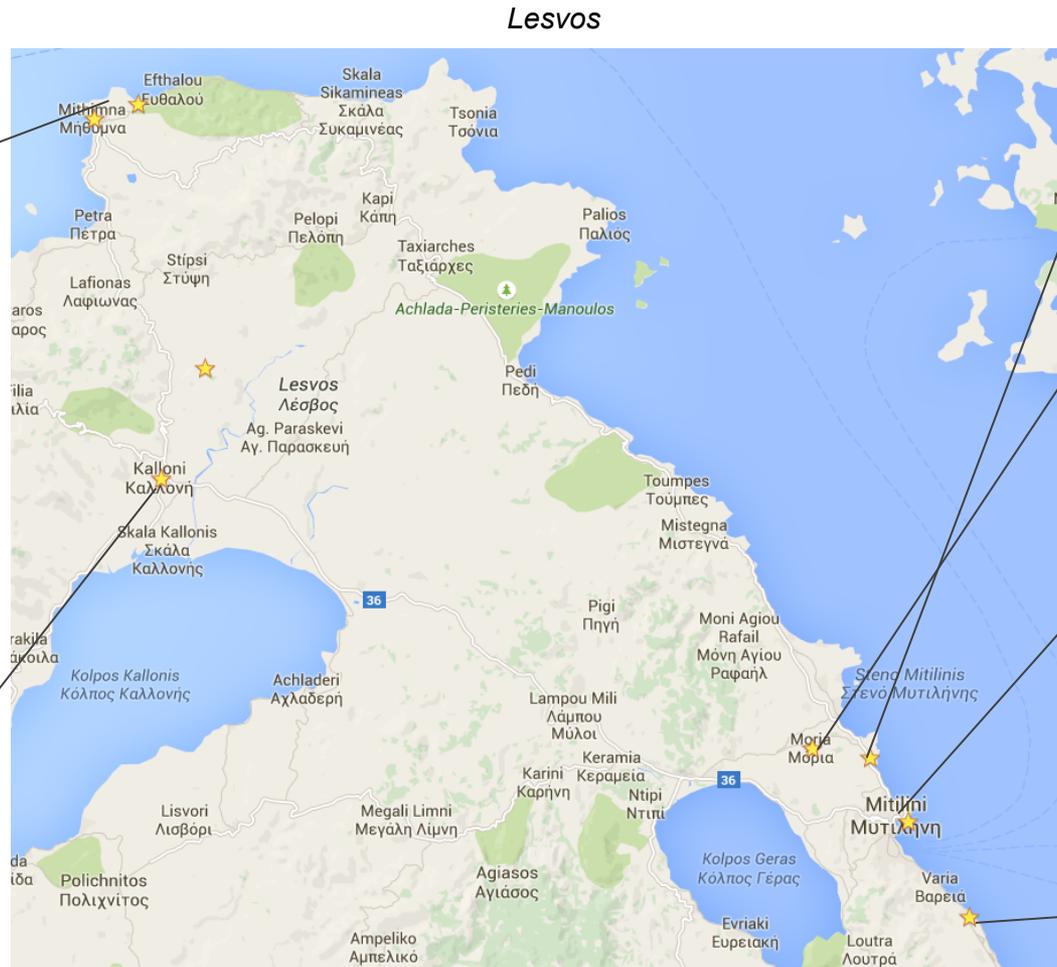
Kaloni: City on the central route approx. 20km south of Molyvos and 50km north of Mytilene; a stopping point for many refugees who walk to Mytilene

Kara Tepe Camp: Makeshift camp set up outside Mytilene focused on Syrian refugees though the team witnessed a few Iraqi refugees as well

Moria Detention Center: Previously a detention center, now being used as a refugee camp housing all non-Syrians (primarily Afghani, Somali, Pakistani, Iraqi, etc.)

Mytilene Port: Main processing center for refugees – all refugees have to queue for police available at only two windows. Several refugees sleeping in and around port

PIKPA: Self-organized welcome center for refugees with special vulnerabilities

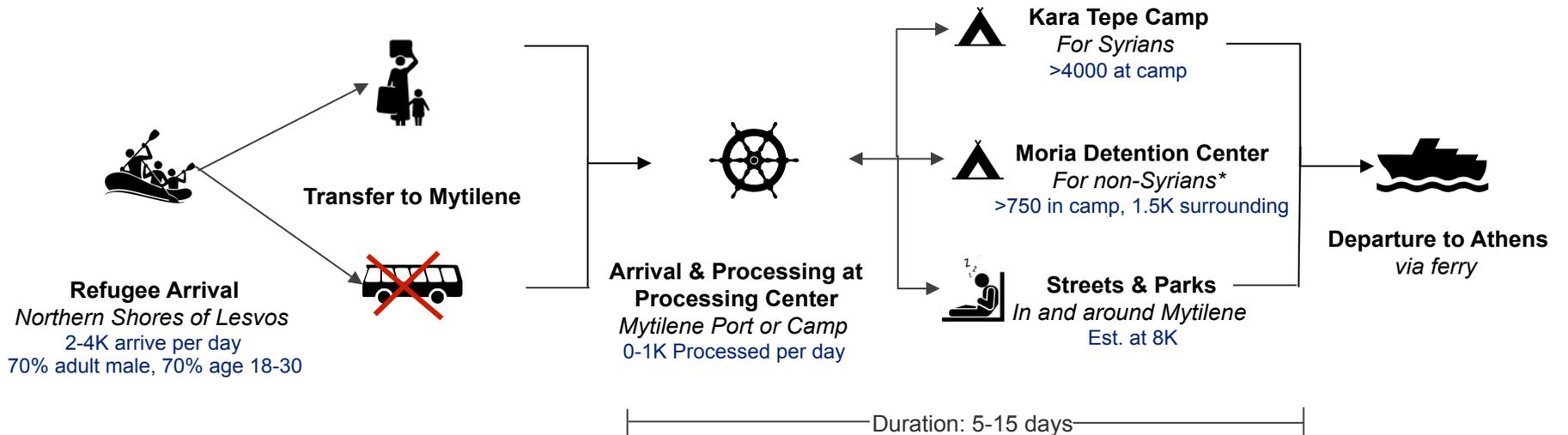


The Path of a Refugee in Lesvos

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Due to lack of govt. transportation and the fact that it is illegal to transport refugees for money, most refugees walk the 70km to Mytilene. NGO transportation has also been intentionally halted or stalled due to large numbers of refugees already in Mytilene.

Refugees sleep in their own tents if they can afford them, and otherwise on the streets. Meals and medical care is sporadically provided in camps only. Sanitation is atrocious all around.



Refugees arrive in the Northern shores, where right wing groups have closed all resting areas, harass supporting NGOs with occasional threats of violence, and often chase refugees out of their city.

Port police are slow to process refugees; they claim to process 500-1000 refugees daily; however, this did not seem to be the case. Logistics change on a daily basis, with mass confusion amongst refugees and locals on how/where to register.

As of 9/5, a state of emergency was declared in Lesvos, causing an influx of military and police. The result of this will be unknown.

Refugees purchase tickets to Athens and await departure; there is a current backlog of 8,000 refugees waiting to board due to high tourist season and a shortage of ferries.

Figures in blue represent statistics as of 9/6/15 obtained from IRC, Mayor's office, MSF, and MDM

*Includes Afghans, Iraqis, Somalis, etc..

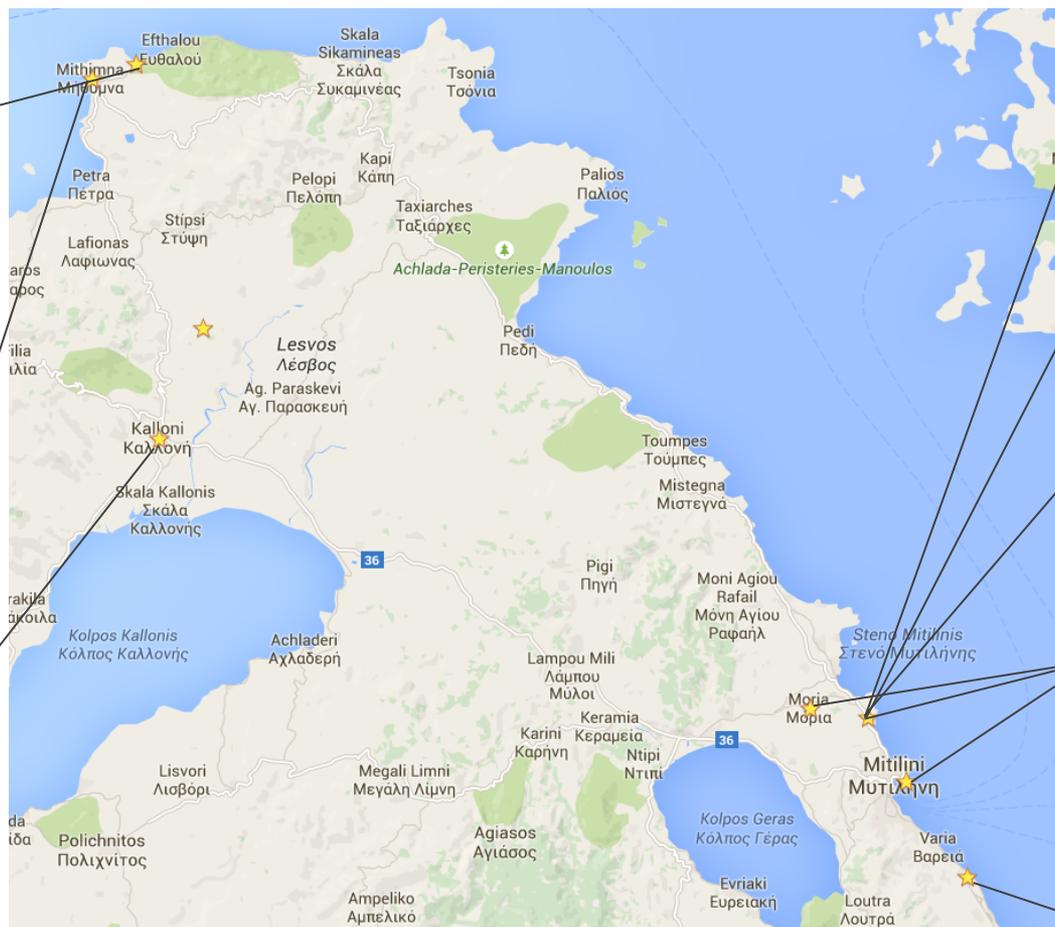
NGO & Support Organization Overview

Eric and Philippa: British shop owners who help refugees disembark from rafts and provide basic food & clothes.

Melinda: Restaurant owner who uses land behind her restaurant as a resting area for refugees, distributing basic food and provisions – this has been shut down due to local protest

Agalia: A group of local Greek volunteers that provides food and basic shelter to refugees on their path from Molyvos to Mytilene

Lesvos



IRC: Helps operate half of Kara Tepe camp and working to create camp in Northern shores

MSF (Doctors Without Borders): Helps operate second half of Kara Tepe camp, also the defacto transportation coordinator for buses between the Northern shores and Mytilene

UNHCR: Attempting to facilitate coordination of Kara Tepe camp

MDM (Doctors of the World): Works in conjunction with IRC at Kara Tepe Camp, Mytilene Port, and Moria Detention center to provide medical services

PIKPA: Self-organized welcome center for refugees with special vulnerabilities; operated by a conglomerate of NGOs and special volunteer groups

Medical and Humanitarian Conditions & Supplies Needed

Top Conditions

- Diarrhea
- Dehydration
- Upper resp viral/skin infections
- Psychological trauma
- Fungal infections
- Insect/tick bites
- Minor wounds
- Eye infections

Top Medical Supplies Needed

- Non steroidals/Paracetamol
- Antibiotics (non-penicillin such as erythromycin)
- ORS
- Antihistamines
- Topical steroid creams, antibiotics, and anti-fungal creams
- Multivitamins (including pregnancy-specific)
- Insect repellent
- Sun screen
- Eye wash treatments (artificial tears/antibiotics)
- Bandaging for wounds

Medical

Top Conditions

- Lack of food & water
- Poor sanitation
- Limited WASH program
- Lack of shelter
- Upcoming cold & rainy weather conditions

Top Humanitarian Supplies Needed

- Blankets
- Hygiene kits
- Shoes
- Tents
- Wet wipes
- Diapers
- Baby milk
- Female sanitary napkins

Humanitarian

Detailed Location Assessment

Location Assessment: Northern Shore – Efthalou and Molyvos

Overall Description

- Main landing point of refugees from Turkey
- Most refugees arrive in inflatable rafts, and some with life jackets. Based on information received from Eric and Philippa some of these life jackets are kids toys (used for children) and/or inadequate (made from stuffed newspapers, or consist of tire inner tubes)
- Prior to August 29, there was a refugee center established in a school parking lot to receive refugees – local pressure caused this to close; now refugees are “on their own” reliant on non-NGO volunteers for support. There is currently no reception center for refugees; IRC and other NGOs are attempting to set camps up but it is taking longer than anticipated.
- Based on reports from Eric and Phillipa, local citizens try to intimidate and harass refugees, often pushing them to move south of the city. There have been reports of Golden Dawn supporters within Molyvos and during our assessment, we heard reports of volunteer networks in Molyvos had closed as a consequence (though this situation can change again as IRC is currently working to support one of the volunteer-managed centers in Molyvos, run by an Australian expat, Melinda)



NGO Presence

- Eric and Phillipa are a British couple who have lived on the island for approx. 16 years and run a small arts business. They began providing support to refugees landing in Efthalou consisting of helping refugees disembark from their boats, food, basic wound care, information and directions. Eric and Phillipa rely heavily on volunteers and donations of goods (they are not a registered NGO and cannot accept money)
- Melinda is an Australian expat who runs a restaurant in Molyvos and has operated a refugee rest area in the back of her restaurant. She closed the rest center on Aug 29 due to local pressure, but is in talks with the IRC to re-open
- There is a loose network of volunteers in the north area that alert and support each other

Medical Assessment

- Limited medical presence. Greek health infrastructure is challenged – requiring donations from locals to purchase ambulances, set up clinics, etc.. This causes challenges in emergency cases.
- Anecdotal reports of medical emergencies as refugees land. The team has witnessed bone/flesh injuries sea urchin spikes in feet of refugees sustained during disembarkation as well as stab wounds
- Eric and Phillipa suggest that a mobile clinic running along the shore is in need. A mobile clinic that can be called upon by the volunteer network to various beaches would be ideal. This would focus on first aid, wound care, dehydration tx and potential medical emergencies

Humanitarian Assessment

- Non existent WASH program due to push back from locals in Molyvos who do not want to foster a “permanent” camp
- Eric and Phillipa bought toilets and showers to be installed at the recently closed refugee center but were denied
- Refugees are not allowed to use public transport, Greeks are not allowed to give them rides (unless they coordinate with the police). Many refugees are forced to walk to Molyvos and down the center of the island. There are limited toilets/food access on the route
- With the exception of the volunteer network, there is no reception center, information provision, coordination, etc. at the entry points.

Ability to Operate/ Piggyback Options

- Phillipa and Eric are not registered as an NGO, but are happy to receive assistance from volunteers. They are very receptive and willing to coordinate with SCM on any project, but are particularly interested in the mobile health unit

Location Assessment: Kaloni

Overall Description

- City on the central route approx. 20km south of Molyvos and 50km north of Mytilene
- Refugees usually do not stay longer than a few hours to one day, as they are eager to continue their journey as they have been told that the process in Mytilene is quick
- There is one NGO operating, Agalia, that offers a rest house, basic medical care and snacks and drinks for refugees. George, who runs Agalia, attempts to coordinate volunteer and NGO bus/transport services from the center, especially for more vulnerable refugees



NGO Presence

- Agalia is the primary NGO that operates; they focus on feeding and sheltering refugees and has maintained a good rapport with the local community. Agalia also meets the needs of the local, marginalized population
- Agalia has the capacity to shelter 50-60 persons; but sometimes >400 refugees show up in a given day
- Agalia is located adjacent to the town's police station and maintains a good relationship with the police to protect the refugees. Furthermore, George, the lead at Agalia runs a grocery shop in the town and is held in high regard- he leverages these relationships when needed

Medical Assessment

- No doctor's present
- George reports multiple medical emergencies (he's witnessed a heart attack). However, main complaints are injuries sustained on landing (sea urchin spikes in feet that have led to infection and sores), sun burns, dehydration, lethargy and feet blisters and other open wounds
- George reiterated the same recommendations voiced by Eric and Phillip regarding the need for a mobile, on-call, or permanent presence of a medical team

Humanitarian Assessment

- Distributions from Agalia include basic meals and milk for children
- Other high priority needs include: diapers, baby milk, female sanitary napkins, blankets, hygiene kits and shoes
- With upcoming harsh weather and expected surge in refugees, there will be a need for tents, blankets and outdoor shelter

Ability to Operate/ Piggyback Options

- Same as in the north, Agalia is happy to cooperate with SCM on any initiative but would prefer the mobile medical option

Location Assessment: Mytilene Port

Overall Description

- Chaotic situation, limited information, coordination and organization
- Main processing center for refugees – all refugees have to queue for police available at only two windows. Once refugees have been registered they then move on to a camp to wait for papers, or could be fast tracked to receive papers on site allowing them to board ships for Athens
- Consists of a large parking lot around a vacated municipality pool (were told that the pool was closed in 2013 due to infrastructure instability and needed renovations, this has not happened)
- During our assessment, the team witnessed long queues with limited information leading to frustration and anxiety. At random points, the police will arrive to disrupt the queues, threaten refugees with batons (and in some instances hit refugees) which leads to further anxiety and frustration between the refugees. September 4 saw clashes between mainly Afghan and Syrian refugees causing mild to moderate traumatic injuries treated by the team in cooperation with MDM. The port was closed for the day with an attempt to move the processing to Kara Tepe. This idea was rejected and the processing remained at the port- causing refugees to walk back and forth between the sites (c. 7km)



NGO Presence	Medical Assessment	Humanitarian Assessment	Ability to Operate/ Piggyback Options
<ul style="list-style-type: none"> • MDM present in a van and provide basic medical care through a team of 1 doctor, 1 nurse and 1 translator (Arabic/Pashtu). The service is not consistent and is dependent on availability of staff • To the team's knowledge, no other NGO is operating at the port 	<ul style="list-style-type: none"> • Refugees stay at the port for a number of days (fluctuates based on back log and available ships) – there is no visible toilets or showers in the port. Sanitary conditions are poor; potential health threat • Numbers of refugees stay in parks around the city, pitching tents wherever there is available space • According to IRC, at the time of our visit, approx. 6,000-8,000 refugees were staying in the city. None are allowed to stay in hotel accommodation without being registered 	<ul style="list-style-type: none"> • Limited WASH Program • No food distribution program witnessed • Very poor sanitation conditions • No toilets and showers visible in parks where refugees stay • Many refugees camping in and around the port with no shelter 	<ul style="list-style-type: none"> • With MDM in operation, the opportunity to piggyback on their work is present and MDM will facilitate all legalities concerning medical staff • SCM can operate independently if they wish so, according to the Mayor the team needs to notify the police and seek approval

Location Assessment: Moria Detention Center

Overall Description

- Previously a detention center, now being used as a refugee camp housing all non-Syrians (primarily Afghani, Somali, Pakistani, Iraqi, etc.)
- MDM presence with mobile containers fitted for medical clinics and medical storage on site
- The camp currently houses 750 refugees with approximately 1,000-2,000 refugees outside the camp waiting to get in; 70% are 18-30 years old
- Government provides three small meals daily for all residents of the camp; those waiting to get in the camp receive some meals but the service is not consistent
- Seemingly well organized camp with most residents staying between 15-25 days
- Refugees are registered at the port and then moved to Moria to await their papers allowing them to then leave the island



NGO Presence

- MDM present with mobile containers fitted with clinics and medical storage. During the visit, the MDM team consisted of 1 doctor, 1 psychologist, 2 nurses, 1 social worker. At times they have greater numbers of physicians and nurses on staff
- Red Cross also present here

Medical Assessment

- Cases of diarrhea, dehydration, upper resp viral and skin infections common, and pregnancy-related issues.
- In comparison to the North, Mytilene, Kara Tepe, and Kaloni, the medical provision at Moria is better. However, the team is stretched and medical supplies are needed. Main medications requested are:
 - Non steroidal
 - Paracetamol
 - Antibiotics (specific on Augmentin)
 - ORS
 - Antihistamines
 - Topical steroid creams

Humanitarian Assessment

- MDM sites a specific need with translation. With most of the refugees coming from Afghanistan and Pakistan, there is a need for Farsi, Dari, Pashtu and/or Urdu speakers
- Food supply for those waiting outside the camp are needed
- Humanitarian distributions do occur here; exact distribution/timing unknown

Ability to Operate/ Piggyback Options

- As with their other locations, MDM is welcome to working with SCM. MDM is willing to provide cover for medical staff and sharing of facilities. The team seemed very welcoming and open to any collaboration with SCM
- Unsure if whether SCM can operate within the camp alone

Location Assessment: Kara Tepe

Overall Description

- Makeshift camp set up outside Mytilene focused on Syrian refugees though the team witnessed a few Iraqi refugees as well. Not well managed
- Division of the camp between IRC and MSF; with MDM operating on the IRC side
- Many refugees were typically sent here after registering at Mytilene to wait for their papers allowing them to leave the island. On Sept 4 there was a decision to move the registration to the camp due to tensions at the port and UNHCR was asked to facilitate the coordination of the move and set up of new registration location. Syrian refugees walked the 4km from the port, only to find the decision reversed a few hours later. Refugees had to make their way back to the port, however the team received reports that buses were coming to collect and process registrations for Syrian refugees with some leaving on boats that day. Numbers could not be confirmed.
- Sept 4, the team witnessed a protest closing down the main national road in front of the camp due to heightened frustration and anxiety with refugees chanting "We Want to Go [to] Athens". Police arrived to the scene causing many to run back to the camp (footage enclosed)



NGO Presence	Medical Assessment	Humanitarian Assessment	Ability to Operate/ Piggyback Options
<ul style="list-style-type: none"> • Camp is half run by MSF and half by IRC. MDM runs a clinic on the IRC side with 1 doctor, 2 nurses and 1 translator witnessed by the team during the visit. • UNHCR presence witnessed during the "crisis" occurring due to relocation of the processing center • Islamic Relief Charity also visible on the IRC side and were actively supporting with translation and coordination services the day we visited 	<ul style="list-style-type: none"> • Many refugees noted to have dehydration, wound injuries (i.e. sea urchin spikes and cuts from walking leading to infections), fungal infections, insect/tick bites, diarrhea, overall distress, and physical/emotional exhaustion. • MDM: MDM operates a visibly stretched team with limited medical supplies. Only one days worth of medicine is distributed to patients, who are told to buy prescriptions from a local pharmacy. In addition, there is reluctance to call ambulance services in cases where hospitalization is needed. Refugees are told to take taxis. • MSF: MSF team is adequately staffed and provides full doses of medicine along with extensive documentation on patient conditions that they can use. Their representative Anna said "most of what we see is minor." 	<ul style="list-style-type: none"> • Visible sanitation challenges, including lack of garbage collection, not enough toilets, and very dirty toilets • A number of local Greek vendors opened stands to sell fruits, drinks, clothing, etc.. Also the camp is located next to a supermarket that accepts Syrian customers • There has been no organized or mass distribution of food or hygiene kits that we know of. MSF says it has "8000" kits ready to give but only will do so at the point of registration once there is an organized registration line. UNHCR had promised a food distribution then backed out due to security concerns. 	<ul style="list-style-type: none"> • IRC and MDM are welcome to collaborating with SCM and very receptive to any type of operations SCM proceeds with • SCM could operate alone at Kara Tepe with permission from the police and Mayor (Mayor has already given verbal permission)

Location Assessment: PIKPA

Overall Description

- Smaller camp for refugees with special vulnerabilities
- Camp has capacity for 120 persons but is currently housing about 160
- Overall, has excellent operating conditions when compared to other facilities, with shelter, food, and other basic needs provided for



NGO Presence

- Camp is run by a lady named Efi and has significant partnership with local NGOs who (1) Find refugees with special vulnerabilities across the island to bring to PIKPA (2) Collect donations of clothes and medicine

Medical Assessment

- Refugees suffer from disabilities (such as inability to walk) and certain chronic conditions (including diabetes)
- There are also several one-off special needs cases
- Volunteer doctors visit this camp on a regular basis, however the camp is unsure if it will continue to have support after the month of October

Humanitarian Assessment

- Primary humanitarian needs seem to be met

Ability to Operate/ Piggyback Options

- Several organizations help operate PIKPA and are highly qualified and willing to partner

How to Help

How you can get involved with Salaam Cultural Museum to help the Syrian refugees

- **[Donate to Salaam Cultural Museum's Emergency Greece Fund](#)**: SCM is currently collecting funds to provide emergency supplies such food, water, blankets and limited medication on the ground and in person during this upcoming trip.
- **[Join SCM's medical mission to Greece](#)**: Salaam Cultural Museum has participated in the coordination of several medical missions since late 2012. SCM needs people with all kinds of skill sets- not just medical. If you have organizational skills, language skills, etc, please consider joining.



Salaam Cultural Museum (SCM) is a charitable non-profit organization originally formed in February 1996 to gather and publish information on the Middle East and North Africa (MENA) and to promote understanding of the people, cultures, languages, religions, and lands of this region. For the last several years we have been collecting and distributing humanitarian aid and coordinating medical missions to the region.

Our current focus is on aiding the displaced Syrians that have fled the violence in Syria to neighboring countries. Be sure to visit our [BLOG](#) which includes current updates about the status of our various projects, photos, and links to articles relevant to our work.



Other ways to help

1. Gain knowledge about the current situation:

- [UNHCR](http://www.unhcr.org/pages/49c3646c206.html): <http://www.unhcr.org/pages/49c3646c206.html>
- [International Rescue Committee](http://www.rescue.org/blog/refugee-crisis-europe): <http://www.rescue.org/blog/refugee-crisis-europe>
- [Human Rights Watch](http://www.hrw.org/topic/refugees?gclid=COvsaqD2scCFUMjgQodIQcPnA): <http://www.hrw.org/topic/refugees?gclid=COvsaqD2scCFUMjgQodIQcPnA>

2. Lobby Congress and the White House:

One way of helping with refugee resettlement is by advocating to Congress to actually accept more refugees. Call your hometown Congress Members and Senators. You can find your [Members and Senators](https://www.govtrack.us/congress/members) here: <https://www.govtrack.us/congress/members>. Type in your address and search.

After that, you can call the Republican and Democratic leaders in Congress.

[House Republican](http://conginst.org/house-republican-leadership/) leadership: <http://conginst.org/house-republican-leadership/>

[House Democratic](http://conginst.org/house-democratic-leadership-positions/) leadership: <http://conginst.org/house-democratic-leadership-positions/>

[Senate Republican](http://conginst.org/senate-republican-leadership-positions/) leadership: <http://conginst.org/senate-republican-leadership-positions/>

[Senate Democratic](http://conginst.org/senate-democratic-leadership-positions/) leadership: <http://conginst.org/senate-democratic-leadership-positions/>

Then call the Chair and Ranking members of the following committees: Appropriations, Armed Services, Foreign Relations, Judiciary, and Homeland Security. More [info](https://www.congress.gov/) here: <https://www.congress.gov/> committees Click on links to get to specific committee pages.

This is a current [petition](https://petitions.whitehouse.gov/petition/authorize-and-resettle-syrian-refugees-us) to the White House requesting to resettle Syrian refugees in the U.S.: <https://petitions.whitehouse.gov/petition/authorize-and-resettle-syrian-refugees-us>