



Figure 1: ©Yiannis Yiannakopoulos, MdM-Greece

SITUATION REPORT

LESVOS

New Temporary Reception Centre for Asylum Seekers in Kara Tepe

Summary

MdM-Greece have been on the side of the people living on the streets around and inside the structure of Kara Tepe since the first day of the crisis after the destruction of the RIC in Moria.

Both on foot and via the operation of a mobile unit, they provided first aid health services and distributed protective equipment for Covid19.

Since Saturday 12/09/2020 and on a daily basis the operation of the mobile unit started outside the space of the new temporary reception center. The installation of the new center started on Friday 11/09/2020, 2 days after the disaster in Moria.

Between Wednesday and Friday more than 4,000 people moved inside the new structure. On Sunday 20/09/2020, the population had reached 9,100 people, 4,500 of which have a geographical restriction according to the provisions of the reception and asylum process. The government's goal is for the Center's capacity to exceed 12,000 seats. It should be noted that such a structure has not existed in recent years in any EU-member state.



Figure 2: ©Yiannis Yiannakopoulos, MdM-Greece

The MdM team was at the first point of contact with the population before its registration and its entry into the center, where our team distributed necessary medical and hygiene material and responded immediately whenever there was need for care.

The population was exhausted by the living conditions and the heat, as well as by the heavy packages they had been dragging from Moria to Kara Tepe and vice versa, to the new structure.

Description of the Structure

The capacity of the new center currently numbers about 11,100 seats and the expansion works are continuing. Its operation - according to the Secretary General for the Reception of Asylum Seekers - will last 6 months. So far we have distributed 5,000 kits of protective material regarding COVID-19, while at the same time 80 very serious cases with chronic conditions have been treated by MdM, of which 1 was a woman who had recently underwent surgery for acute appendicitis, mother of 2 children who was discharged within 12 hours from the hospital.

The majority of the population consists of families with young parents, young children and infants. There are about 200 elderly people and lots of people with co-morbidity or disability.



Figure 3: ©Yiannis Yiannakopoulos, MdM-Greece

According to the National Public Health Organization’s team in the field, the confirmed cases of COVID-19 in the new structure were 187 until Tuesday 22/09. All were of young age and asymptomatic.

The Structure consists of the following areas:

- 1) The medical area past the entrance point, where the screening and the Covid19 testing is taking place. The microbiological laboratory will be set up there with the support of WHO.
- 2) The blocked area (NATO type fence) as a place of isolation of confirmed cases. As per protocol, they will remain in isolation for 7 days and if they continue free of symptoms, they will be checked and transferred to the shelters. The problem is that the isolation areas do not have proper fencing and many children are getting in or out by passing through the barbed wire resulting in serious injuries because the NATO type fence has sharp blades on it. (Hungary and the “ Visegrád Alliance” were criticized in 2015-2016 for using NATO fencing)
- 3) A second case isolation area that will not be put into operation at the moment
- 4) 4 housing zones which will be distinguished by colors: blue, green, yellow, red. For each housing zone, there will be 1 point of medical services, therefore 4 total medical



points within the housing area. MdM will be responsible for 2 of the 4 points in red and green. The housing zones include separate accommodation for different occasions according to the language and origin of the people, while the single men will be in areas away from families (10 rubble halls with a capacity of 150 - 180 seats)

Description of MdM actions

During the first 4 days of the response, MdM utilized volunteers and staff from Lesbos. Right after that, volunteer doctors and staff from other operations across Greece moved to Lesbos to support medical services in the field.

From Wednesday 16/09, the MdM medical mobile unit was installed inside the new structure and visits were made to patients in the housing zones while on Friday the special Humanitarian Aid Service of the Swiss Ministry of Foreign Affairs installed a special tent of 42sqm which will be granted from October 1st for the operation of MdM's doctor's office. From 20/09, MdM had its first tent operating. This tent was allocated to MdM by the Secretary General of First Reception and it is located next to the big tent of the Humanitarian Aid Service of the Swiss Ministry of Foreign Affairs. Besides that, one of the mobile units is still operating outside the tent.

Challenges and other issues

- 1)** The fact of the high capacity of places, in combination with the size of the population, the geographical location of the temporary center, the accommodation, the temporary lack of WASH facilities (sanitary facilities, toilets, sewerage, water supply) intensifies the poor health of the population. The structure remains exposed to the weather conditions while the barrier works continue in the places where the structure borders the sea, which attracts most of the children for play and relaxation as well as the adults for reasons of personal hygiene. As of September 23, the existing infrastructure has the capacity of 15lt clean water per person for a day, and chemical toilets are 227.
- 2)** An important issue that is directly related to the health care of the vulnerable and the chronically ill is the way the Vostaneio Hospital operates, which cannot respond to large numbers of patients. As a result, access for asylum seekers is quite limited. Therefore, onsite services are a necessity to alleviate the most vulnerable with an emphasis on women and children who make up 65% of the population.



Figure 4: ©Yiannis Yiannakopoulos, MdM-Greece

3) Issues of cross-sectoral coordination and lack of medical staff and infrastructure.

Although at first glance the presence of medical organizations can be easily detected, nevertheless there is insufficiency for the operation of integrated primary health care services in all areas of the structure. Still, there are additional critical gaps in terms of infrastructure for the operation of comprehensive medical services.

4) Protection of vulnerable groups and child protection. There should be immediate concern for the psychosocial support of the population as well as for the protection of vulnerable groups; also, focal points and reference persons to facilitate the work of all stakeholders should be appointed. MdM-Greece has already experienced several challenges in this regard.



Figure 5: ©Yiannis Yiannakopoulos, MdM-Greece

5) Access to legal services/legal aid, regarding the asylum process. Even though the majority of the population possesses the necessary asylum documents, many have lost them during the fire and their exodus from Moria, while communicating with relevant civil society actors and organizations has been challenging. Since Monday, some lawyers have access to the camp, still there is no designated legal desk for relevant support. It is to be noted that people are free to move outside the camp between 8:00 – 20:00 hours.

6) Formulation of medical protocols and other SOPs. It is proposed to use the existing ones that the MdM follows in Kara Tepe. However, reconfiguration is required. Security and evacuation plans should be drafted anew.

MdM-Greece proposal concerns the establishment and operation of a primary health clinic focusing on pediatric and gynecological services within the new structure, in collaboration with EODY and other organizations for a period of 6 months. Following ground reassessments, the need for PFA and MHPSS should be re-evaluated as a follow up action.



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