

MSF EU MIGRATION ACTIVITIES SEPTEMBER 2016



BACKGROUND INFO:

According to UNHCR, **131,432 people arrived in Italy via the Central Mediterranean** between January and September. Whilst new arrivals are recorded every day, new deaths occur with tragic regularity. 2016 has been even deadlier than 2015 for people crossing from Libya and Egypt to Italy. According to the Missing Migrants Project (IOM), **between January and September the number of dead has reached 3,501** [updated September 23] compared to **2,794 in all of 2015**. Being very hard to track, and due to the fact that many bodies are never recovered from shipwrecks, all data are estimates. In Greece and the Balkans, after the EU Turkey deal and the closure of borders more than 60,000 people are stranded in inadequate conditions, trying to reach their final destinations in the hands of smugglers, and/or living in adequate conditions in camps and detention centers.

For more information the IOM <http://missingmigrants.iom.int/en> and UNHCR <http://data.unhcr.org/mediterranean/regional.php> have excellent websites with up to date information on arrivals, demographics and deaths
Website of UNHCR on all the sites available right now in Greece (long-term shelter or emergency type shelter), total capacity and current occupancy. <http://rrse-smi.maps.arcgis.com/apps/MapSeries/index.html?appid=d5f377f7f6f2418b8ebadaae638df2e1>

KEY MESSAGES

The lack of safe passage to reach safety in Europe is pushing people to risk their lives in dangerous routes and in the hand of smugglers. Search and rescue remains an insufficient response to the growing phenomenon of forced migration by sea, which is linked to the lack of safe and regular routes and the closure of EU land borders. The Mediterranean Sea is the most deadly migratory route and the focus on fighting smugglers (the symptoms) rather than offering alternative safe routes continues to cause deaths at sea. In Europe today, search and rescue remains a positive side effect of border control, military and anti-smuggling operations rather than a focused and dedicated operation.

Deterrence policies sold to the public as humanitarian solutions have only exacerbated the suffering of people in need. With the EU-Turkey deal, European countries have collectively abrogated from their duties, human rights standards, and commitments under international law. There is now an increased focus on externalization of borders and securitization, which is only leading across the board – from the Balkans now to Western and Northern Europe – to more violence and despair. Since the beginning of this crisis, Europe’s main focus is not on how well people will be protected, but on how efficiently they are kept away. MSF has treated around 200,000 people in 18 months, responding to a crisis that was produced by restrictive European policies and inhumane reception.

The reception conditions in Serbia, Greece and in Italy are still inadequate to provide adequate care and support to refugees and migrants. Around 60,000 people are today stranded in Greece in undignified conditions: 13,000 men, women and children are blocked on the Greek islands, stuck in ill adapted camps and hotspots, without sufficient access to basic services; some others are stuck in the mainland living in inadequate conditions, with little hope other than smugglers to access their aspirations to find protection and reach family members. Finally around 300 unaccompanied minors are kept in so called “protective” detention, locked in overcrowded facilities. In Serbia, about 5000 people are stranded in different location across the country. Overcrowded reception centres accommodate officially more than 4000 people, many are young single men and unaccompanied minors. In Italy, disembarkation procedures and first reception remain focused on security and identification rather than protection and care of an extremely vulnerable population. Although the number of arrivals is relatively stable compared to last year, the Italian reception system for asylum seekers is continuously put under strain because of lack of preparedness and an emergency-mode of management. As a result, minimum standards are often not met, and specific needs or vulnerable cases are not adequately taken in consideration. Increasingly those arriving are even more vulnerable than last year (women and children – the number of unaccompanied minors is exploding) and there is no system in place to ensure that they are received in an adequate and appropriate manner (cfr unaccompanied minors in Greece). Also despite promises the humanitarian situation is only getting worse – not better.

The enforcement of migration cooperation deals between the EU and its member states with third countries is resulting in unacceptable humanitarian consequences and jeopardizing the right to seek asylum. The EU/Turkey deal is the latest in a long line of anti-humanitarian policies that European governments are debating with the single goal denying people the right to claim asylum. This deal has already dramatic humanitarian consequences in Greece and sets a dangerous precedent for countries hosting refugees, sending a message that caring for people forced from their homes is optional and that they can buy their way out of asylum. The EU’s restrictive approach has already been cited by Kenya as justification for closing the world’s largest refugee camp in Dadaab. This deal also does nothing to encourage countries such as Jordan, Lebanon and Turkey - who are hosting millions of Syrian refugees - to keep their borders open and is still presented as a success model to be replicated by EU Head of States despite the fact it has mostly led to deterioration to the humanitarian situation in the Greek islands.

Key recommendations:

We call on European states to:

- **Stop pushing people into danger** - EU governments must reverse their policy towards refugees and migrants arriving at their borders, instead of making it harder for people to flee conflict and pushing people back, they should reduce human suffering and offer efficient protection and assistance.
- **Respect the rights of all people, regardless of nationality, to seek asylum**, the principle of *non-refoulement* and **put in place migration policies respectful of people's health, dignity and human rights**.
- **Increase safe and legal passage** through the swift provision of safe and legal channels for people seeking asylum and the creation of legal migration pathways; making wider use of legal entry schemes, such as for example family reunification, humanitarian visas, simplified visa requirements, resettlement and relocation. **Ensure people can access borders safely** and apply for asylum in a fair, equitable and efficient way.
- **Provide proactive and dedicated search and rescue mechanisms to save lives at sea**. The focus of European policies on targeting smugglers, who remain a symptom of the lack of safe and legal channels, should not take precedence over the urgency of providing lifesaving assistance and appropriate humanitarian assistance for those who risk their life in search of safety and a better life.
- **Treat all people, regardless of legal status with humanity and dignity**. Provide **adequate, dignified and human reception conditions** upon arrival and during the asylum procedure or in case it comes to that, during the return phase.
- **Stop the detention of vulnerable individuals and consider alternatives to detention for all**. Immigration detention has a well-documented negative health impact and should always be used as a last resort and for the shortest time possible.
- Rather than focusing on deterrence measures and externalization agreements, Europe should invest much more in reception according to EU standards. Europe must move away from a fortress approach to a **reception approach designed to address the medical, humanitarian and protection needs and specific vulnerabilities of people arriving at its borders**.

MSF @ SEA OPERATIONS

MSF teams are on board three ships prepositioned in international waters north of Libya and actively searching for boats in distress in the Central Mediterranean Sea. Many of those rescued are in poor condition before they set out, and need medical treatment after being rescued. MSF's three experienced medical teams made up of doctors, nurses, midwives as well as non-medical staff (logisticians, water and sanitation experts, cultural mediators) provide lifesaving emergency care as well as treat dehydration, fuel burns, hypothermia and skin diseases the main pathologies observed among those rescued. A quick medical response can help prevent people suffering further medical complications.

Since the beginning of the operations (April 21, 2016), MSF teams on board of Dignity, Bourbon Argos and Aquarius (in partnership with SOS Mediterranee) rescued 12.441 people during 94 different operations.

The **Dignity1 (OCBA)**, a 50-meter vessel, set sail from the port of Valletta, Malta on 21 April. The ship, which has the capacity to take on board 400 rescued people, has a crew of 19 MSF staff. Dignity is equipped with a medical facility able to provide emergency, antenatal and primary care as well as basic laboratory testing; there is also an area reserved for women and children.

The **Bourbon Argos (OCB)**, 68,8 metres long, left the port of Limassol, Cyprus on April, 30th. The ship, with 11 MSF staff members and 15 non-MSF crew, can transport approximately 700 people. Bourbon Argos is equipped with an emergency room, an observation and consultation room, a dressing/consultation room, a sanitation room, storage and a morgue.

The **MV Aquarius (OCA)** is 77 meters in length and began operations on the 26 February; on the 6th May an MSF team came on board provide humanitarian medical aid with a team of eight people. The ship is chartered by SOS Mediterranee in partnership with MSF. It has the capacity to take onboard up to 500 rescued people.

Aquarius - July, 20th was one of the toughest day for the MSF team on board the Aquarius (the vessel in partnership with SOS MEDITERRANEE) when they recovered the bodies of 21 women and 1 man who had died at sea – together with other 209 rescued people from two rubber dinghies in distress. When the MSF team approached the dinghy, they saw dead bodies lying at the bottom of the boat in a pool of fuel. The survivors had been on the boat with the bodies of these women for hours, before the rescue occurred. At the port of Trapani, Sicily, when Aquarius disembarked, an MSF PFA (Psychological First Aid) team with cultural mediators and psychologists assisted the survivors, while the bodies were managed by the Italian authorities, following the normal legal procedures for these tragic cases. More recently, on September 12, the Aquarius team lived a very positive day, when a healthy baby boy was born to Nigerian parents: “a very normal birth in dangerously abnormal conditions”.

Dignity I – August 29th began as a day like all others, only to become one of the most difficult and busiest days of life-saving in recent years in the Central Mediterranean. In fact, on that very single day 6,500 migrants were rescued off the Libyan coast. Dignity I was there and assisted in the rescue of approximately 3,000 people, the largest number of people assisted on any single day by MSF. Amongst the people rescued by Dignity I, there was a pair of twins 5-day old, born 8 months premature. One of them was medically evacuated to a hospital in Sicily, following the evaluation of our medical team on board. In total for the month of August, Dignity I rescued 1,236 people; 3 out of every 10 of those, were minors and 8 out of every 10 of those minors were travelling alone.

Bourbon Argos - The boat is in stand by at the moment, following the security incident occurred on August 17th, while conducting search and rescue operations off the Libyan coast, when it was approached and attacked by armed men on a speedboat. The Libyan Military Navy confirmed its involvement in the incident and MSF is currently engaging with the Libyan authorities in order to clarify what happened and to ensure that similar events do not occur in the future.

Following the instructions and coordination of the Italian Coast Guard Coordination (MRCC) in Rome, the boats disembark the rescued people in the ports of Sicily (mainly Trapani, Catania, Pozzallo, Augusta and others) or even other ports in Southern Italy (Calabria, Puglia, Sardegna) when the Sicilian ones are overwhelmed.

BROADER MIGRATION PROJECTS:

ITALY

Since the beginning of 2016, 131,432 people have arrived on Italian shores, with the majority (70%) of them disembarking in Sicilian ports. **The Italian reception system** for asylum seekers is put under strain, and it is still structured according to an emergency logic, not always fulfilling minimum standards and often without taking into consideration specific needs or vulnerable cases. According to the Italian Ministry of Interior¹, **there are**

¹ Data from the Italian Ministry of Interior (Updated September 16, 2016)

currently 158,168 people hosted in reception centers (which include hotspots, temporary emergency reception centers -CAS, first level reception centers- CARA and second level/ordinary reception centers – SPRAR). Only 30% hosted in ordinary reception centers (SPRAR), and the remaining 70% in temporary emergency reception centers (CAS) and first reception centers (CARA).

In addition to the asylum seekers hosted in these structures, are **people in transit** towards the Northern borders of the country, attempting to reach other EU countries. While the number of arrivals in Italy is similar to those recorded in 2015, **2016 has seen changing routes with more Italian towns seeing asylum seekers and other migrants sheltering** while attempting to cross the border and/or until they are picked up by police forces and transferred either to reception centers, hotspots or moved to police stations. These people remain in the Italian territory for relatively short periods and sometimes have urgent needs which are often, the same needs identified at landing spots. In such a chaotic context, the assistance from socio/legal information to medical care is mainly left to volunteers.

>>> Psychological first aid (SICILY)

Given the regular shipwrecks and deaths at sea, MSF decided to be at the arrival points in Italy for the second year, assisting people onshore following traumatic events (shipwrecks or other difficult rescues), by providing **Psychological First Aid – PFA**. PFA activities are aimed first of all at restoring the sense of hope and dignity in all the survivors, in addition to an obvious psychological support. A mobile team composed of a psychologist and specially trained cultural mediators is deployed within 72 hours after an alert from the Italian Ministry of Interior. A number of essential services are then given to survivors, such as access to basic needs, orientation and information, referral of severe medical cases, emotional and psychological support. Between the end of April and the end of August 2016, 14 PFA operations have been conducted in several Italian ports.

>>>> Psychological support in emergency reception centers - Trapani province (Sicily)

Based on the mental health needs detected during the 2014-2015 mental health project in Ragusa province, MSF decided to open a new project of psychological support within temporary emergency reception centres (CAS) in Trapani province which was launched in April 2016. The project is carried out with the support of the Local Health Authority (Azienda Sanitaria Provinciale –ASP) and involves MSF psychologists and cultural mediators, who are working in collaboration with the psychologists of the reception centers. People assisted mainly come from Nigeria, Gambia, Senegal and Mali. Since the beginning of the project, MSF staff has assisted a total of 767 patients, both during group sessions (100) or individual ones (502), and has done the follow up of 228 cases. An additional follow-up of some of the most sensitive cases is done through a referral system to transcultural clinic recently opened and co-managed by MSF and Trapani Local Health Authority (ASP).

In addition, an activity of capacity building with the psychologist of the centers and ASP staff is carried out regularly, in order to provide a more coordinate and needs-based response to those people with specific vulnerabilities.

>>> Center for torture survivors – (ROME)

In April 2016, a **rehabilitation center for torture survivors** opened in Rome, aimed at providing rehabilitative service through a **multidisciplinary approach** (medical, psychological, physiotherapy, social and legal assistance) to people who have been victims of torture or ill-treatments in their country of origin or during perilous journeys to reach Europe. Project activities are carried out in collaboration with an Italian organization (Medici contro la tortura), with years of experience on torture victims rehabilitation, and ASGI-Association for Law Studies on Migration, experts of legal support for migrants and asylum seekers.

The main countries of origin of the project's beneficiaries are Nigeria, Mali, Afghanistan, Ghana, Gambia and Egypt, but since the opening of the centre, **83 people (81 men and 2 women) from 22 different countries** have

received assistance through individual consultations, and with the support of specialized cultural mediators. 69% of patients were referred through the formal reception system, in particular from CAS (temporary extraordinary reception centres) and CARA (Centres for asylum seekers) 37% and from SPRAR (second level reception structures) 32%.

>>> **Rheumatic heart disease (ROME)**

The acute rheumatic fever (ARF) and the result when untreated, rheumatic heart disease, affects between 15,6 and 19,6 millions of people worldwide, with an estimated 282 000 new cases every year. Even though it has almost completely disappeared in high –income countries, it has remained a relevant problem in low-income contexts. As such migrant populations coming from such countries are often affected.. For this reason, MSF decided to start an echocardiographic screening activity aimed at identifying positive cases of rheumatic heart disease within migrant population in Rome. The project is implemented in partnership with the National Institute for the health of migrant population and the fight against poverty –related diseases (INMP) as well as the Cardiology department of the Hospital of the Tor Vergata University. As per today, the project’s activities were carried out within nine centers for unaccompanied minors and one informal structure (an occupied building), with a total number 240 people tested with a high prevalence of Egyptian nationals (89%) followed by Afghani, Bangladeshi and Pakistani citizens. The result of the screening exercise highlights a 46% of borderline cases (110 people) and 4 positive cases.

>>> **GORIZIA (CLOSED)**

Until June In the Northern city of Gorizia, at the border with Slovenia, MSF provided **medical care and shelter for the hundreds of asylum seekers in the region**, who were not immediately accessing the institutional reception system. MSF installed 25 containers, with a capacity of 96 places and provided medical screening (800 provided in 6 months), in collaboration with the local health system and the Red Cross, in order to guarantee and improve their access to health services. In June MSF agreed handed over centre management and medical activities to a local cooperative (Mosaico).

ZARZIS (TUNISIA)

MSF has been working with fishermen in Zarzis, Tunisia to offer training in search and rescue. Fishermen are often on the first line of the response when boats get into trouble near their fishing grounds and have been given material as well as training to assist them in their efforts. MSF has also provided training to the Tunisian and Libyan Red Crescents in dead body management. MSF conducted several trainings in October 2015, March 2016, and the most recent in May 2016. A total of 232 Tunisian and Libyan fishermen, coast guards and civil protection members in addition to Libyan Red Crescent + Tunisian Naval Customs were trained during 2016, and were able to rescue around 500 people in the Mediterranean Sea until June 2016. In addition, MSF provided 9,826 pieces of personal protection and rescue equipment, medications and substances for the trainees, as well as 53.670 articles of medication and medical supplies to the The Regional Directorate Of Health of Medenine to be prepositioned for emergency response needs.

GREECE

Following the closure of the so called “Balkan route” and the EU Turkey deal in March 2016, **more than 60.000 asylum seekers are currently stranded in Greece** living in precarious, often appalling conditions in more than 60 different official and unofficial sites over the country.

Despite the fact that the number of relocations has started to grow in September, so far, only 4,134 people, i.e. 6,2% of the target population, have been relocated from Greece since the beginning of the EU relocation program, the only legal route for the people stranded in Greece to reach their final destinations. **Inadequate accommodation and resourcing in the camps**, low pace of registration, family reunification and relocation, **lack of effective access to legal assistance**, lack of specialized care and lack of safety remain the main concerns

for the people who fled mostly war-torn and violence-stricken countries like Syria, Afghanistan, Iraq and Pakistan.

Living conditions in camps are still far from any kind of standard. And the cold is already in some areas (Epirus, Central Macedonia). Lack of suitable accommodation is a problem particularly for vulnerable people (pregnant women, disabled, elders), particularly for the approximately **1.500 unaccompanied children** who live in deplorable conditions together with adult populations in camps across the Greek mainland or are held under “protective” detention in hotspots, pre-removal centers and police stations while on a waiting list for a shelter. People stranded in isolated camps do not benefit from a proper transport service allowing them to socialize and have access to necessary services (medical, legal, etc.) in urban areas. Therefore, there is often a problem of access to secondary health facilities especially for patients with chronic disease.

In general, six months after the closure of the borders, there are still no adequate solutions provided to the most vulnerable people: diabetic patients don't get adequate food, abused women don't have access to safe shelters, psychotic patients are kept in overcrowded warehouses, victims of torture can't get referred from the island to Athens because there is no shelter for them.

MSF is currently active in more than 20 different locations across the country providing mainly **mental health care, sexual reproductive health care and care to patients suffering from chronic diseases**. In addition, MSF, in support to the Ministry of Health, organized a **vaccination campaign** reaching more than 7.000 children between 6 weeks and 15 years of age in more than 15 locations across the country. So far children in Idomeni, Polycastro, Lesvos, Samos, Katsikas, Faneromeni, Konitsa, Doliana, Tsepelovo, Filippiada, Lavrio, Agios Andreas, Thermopiles, Elliniko, Elaionas and Piraeus have been vaccinated against 10 preventable diseases including pneumococcus, while vaccinations are on-going to cover the refugee children in 15 more camps mainly in Northern Greece.

Greek islands

With the increase in new arrivals since the beginning of August, **more than 13.000 people are stuck on the Greek islands** living mostly in overcrowded hotspots (mainly in Lesvos, Chios, Kos and Samos) awaiting an interview or a decision on their asylum case. In August the number of **new arrivals reached 3,437**, slightly lower than the 3,650 arrivals registered in April following the signing of the EU Turkey deal..

In spite of the fact that people are able to move freely on the islands after being registered, the poor living conditions along with lack of information, insecurity and uncertainty for the future has aggravated their traumatic past resulting in serious **consequences for their mental health**. At the moment, **approximately 323 unaccompanied minors are detained** in closed facilities at First Reception Centers in the islands of Lesvos, Chios, Samos, Kos and Leros, in police stations or pre-removal centers without access to registration, information and asylum procedures. The situation especially on islands like Lesvos, Samos and Chios, has reached an alarming point as living in dire conditions, uncertainty and differential treatment between nationalities have generated tensions and clashes in the camps. At the same time, the number and intensity of protests led by anti-refugees groups and residents has risen, increasing the safety risks especially for the most vulnerable groups.

Lesvos

Since MSF's decision to suspend activities in the hot spot of Moria in Lesvos, following the EU-Turkey agreement, MSF has been providing, through a mobile clinic, care to chronic diseases patients as well as mental health care to the vulnerable people who are being transferred from Moria to the camp of Kara Tepe.

Last summer, following the tensions and fights among unaccompanied minors due to the overcrowding in the hotspot of Moria, MSF in cooperation with Praksis and Save the Children and in agreement with the competent authorities, accommodated and supported 79 minors for 3 months at MSF's transit camp in Mantamados, as an alternative to their prolonged detention in the hotspot. After months, these children have been finally transferred to adequate facilities in August. At the end of September, MSF is going to open a Day Care Center in the center of the city of Mitilini, offering care to patients suffering from chronic diseases, sexual and reproductive care and mental health care to the refugee population of the island. In addition the organization continues to support volunteers group with regular donations. Up to today, MSF has supported the opening of 10 houses to take refugees out of a camp.

Samos

On the island of Samos, MSF, contributing to the decongestion of the host spot of Vathi, and has been providing shelter and care to vulnerable families mainly from Syria and Afghanistan (pregnant women close to delivery, new-born babies, etc.) in temporary accommodation centers within the city. In addition, in July MSF started providing mental health care to the refugee population on the island while it continues to provide in-kind donations to volunteer groups and the local hospital.

Mainland

In the mainland, the majority of the more than 47,000 refugees and migrants, either live in tents for up to six months or are packed in unsanitary old buildings and warehouses usually isolated and without adequate protection. The lack of proper accommodation is a major concern for the people with medical vulnerabilities who see a deterioration of their health due to the poor living conditions. The problem of access to treatment and to specialized consultations for people living in the camps is exacerbated by the lack of transportation, cultural mediators/translators and referral pathways provided by the national health system.

Thessaloniki

Following the evacuation of the camp of Idomeni in March and the transfer of refugees to new locations, mainly ex industrial sites, in the area of Thessaloniki, MSF has been providing mental health care in 5 of these camps, namely Kalochori, Softex, Derveni, Kavalari and Fragapor.

Epirus

MSF has been working in the refugee camps in Epirus, north-western Greece, since the end of April 2016. At the moment MSF is active in 4 different camps, namely Katsikas and Faneromeni near the city of Ioannina and the more isolated Doliana and Tsepelovo, providing to the refugees and migrants living in these camps, mainly specialized health care (clinical psychological care and psychiatric care) and follow-up to patients suffering from chronic diseases. MSF is also providing referrals to the local hospital, transportation and translation when needed. This activity is in the process of being handed over to the organization Médecins du Monde.

Thermophiles/Ritsona

MSF is currently providing mental health care and sexual reproductive health to the predominantly Syrian families living in an old hotel in Thermopiles. In addition, MSF is also providing mental health care 2 days per week to the approximately 600 refugees living in the camp of Ritsona.

Attica

Since February 2016, MSF has been providing primary health care during evening hours in an urban care center in Victoria Square, a square in the center of Athens that has become an unofficial meeting point for migrants and refugees. Last May, the organization started providing also mental health care in the same facility. In addition, it provides information on access to the national health system as well as referrals to local hospitals.

MSF mobile clinics continue to visit three camps at Elliniko site in the abandoned airport's arrival hall and in two Olympic sports stadiums where approximately 2.400 people are still living in tents. The main activities are sexual reproductive health care and mental health care, distribution of hygiene kits as well as health promotion activities.

In September, MSF opened a day care center in the city center (near Omonia square), providing sexual and reproductive health care, including for victims of SGBV and mental health care to all the population in need. MSF is also providing mental health care to the approximately 1400 refugees living in the camps of Malakasa, Lavrio and Agios Andreas. Medical care and psychosocial support is also provided by MSF to migrants and refugees who have suffered systematic violence in their country of origin, during their journey or during their stay in Greece. In addition, international protection, integration services, psychosocial and psychiatric assistance are offered to survivors of torture in collaboration with the Greek Council for Refugees and Babel Day Center. In the last few months the project has been receiving four times more requests for assistance and is in the process of increasing its capacity to respond to the current needs.

SERBIA

Despite the EU/Turkey deal and the official closure of several borders in the Balkans, **the routes crossing into Europe are still active** and thousands of people are, presently, stranded in Serbia, FYROM and Bulgaria trying to reach the EU. At the hands of smuggling networks or stuck in overcrowded facilities and transit areas, they are often affected by deterrent policies which are more based on securitization and deterrence agendas, rather than promotion of international protection.

Almost 5,000 people, mainly from Afghanistan, Syria and Iraq are currently in Serbia, with an estimated influx of 200 new arrivals per day from the Bulgarian FYROM routes. **Asylum and reception capacities in country are overcapacity** and offer poor hygiene and sanitation conditions. Hungary, with a fixed quota of 15 people per day for each of the two crossing points, remains the only legal entry into the eastern EU borders.

However, **increasingly harsher border measures** were adopted last June, by the Hungarian parliament, authorising forcible returns to Serbia for people intercepted within 8 km belt of the southern border. In addition, several people have reported injuries from beating and dog bites, allegedly perpetrated by the joint Hungarian police and army patrols. The proportion of consultations offered by MSF for such trauma has more than doubled since March, with an average of one in ten between April and June. Such worrying accounts abuse and restrain the right of seeking asylum and international protection, exacerbating tensions for those who, stranded for weeks in already threatening health conditions, are exposed to inhumane measures. This has also contributed to push many into the hands of smugglers, who profit from deterrent policies and hopes of those who try to reach the EU.

Belgrade

Since January 13th, MSF has been running a fully equipped mobile clinic in a truck stationing at "Afhani Park" close to the main train station. The mobile clinic provides primary health care, mainly medical and mental health support for those in need, mostly single young men who fall into the cracks of an inadequate international response. This is complemented by distributions of NFIs addressing precarious hygiene and sanitation conditions. Since April, the Commissariat for Refugees and Migration has pushed people to go to official camps scattered in different part of the country. In September 2016 many camps reached their full capacity. For example, in Belgrade Krnaca Asylum Centre, with a capacity of 900 beds, accommodates already a thousand people. With the cold months approaching, several concerns arise, especially regarding the precarious living conditions inside and outside the camps. Many of those facilities used to have just few weeks of turn over, but, presently, accommodate people for an average of two months.

Subotica

From the July 2016 peak of thousand people stuck at the Serbian Hungarian border, in September the number of people in Subotica drastically diminished. Currently, in Subotica Refugee Aid Point (RAP) there are less than 300, while the two transit zones of Kelebjia and Horgos oscillate between 150 and few people. Conditions at the crossing points remain inadequate, inappropriate shelters, with no showers and open air water taps, which are expected to freeze during winter. Since April MSF has conducted 6,485 medical consultations, registering a steady and significant increase in various traumas. This reflects the impact of restrictive border policies on asylum seekers, migrants and refugees population, accounting reports of allegedly perpetrated state violence, but also psychological traumas, such as cases of depression, post-traumatic stress disorder, and anxiety. At the Hungarian Serbian border, MSF has also donated 8,696 blankets, 2,130 hygiene kits and 2844 half liter bottles of water as well as other items, improving basic waste collection at the sites. The referral of critical medical and protection cases to international actors remain an important advocacy activity, lobbying for the respect of human dignity and the right of asylum and international protection.

FRANCE

CALAIS

An estimated 10,000 migrants including refugees live in the 'Jungle' in Calais. This includes more than 1,000 unaccompanied minors. In February, the French government dismantled part of the camp and around 5,500 people left for reception centres, where refugees can stay temporarily, that had been set up by the government. Despite this, the camp, which is made up of tents and flimsy shelters, continues to grow. It is located next to a main road that leads to Calais harbour.

The situation in the camp remains tense and violent. There is a heavy police presence and refugees regularly report being harassed by them. Fighting among communities is also common. At the same time it has become almost impossible to get to England. The area around Calais is starting to look more and more like a concentration camp, surrounded by barbed wire fences. Since the beginning of 2015 around 40 refugees have died trying to make their way to England.

The French Home secretary has declared that the Government will soon dismantle the camp and at the same time create thousands of emergency Reception Centres for refugees across France, where people will be able to stay temporarily. MSF is not against the dismantling of the camp itself as the living conditions in the Jungle are unhealthy and dangerous, especially for children. But it is vital that there are enough places created in the Reception Centres for everyone in the camp.

MSF is also adamant that simply dismantling the camp will not solve the situation for the thousands of people currently living there who still want to go to England because they have family or community links there. This is especially the case for unaccompanied minors. The destruction of the camp is therefore likely to lead to some refugees heading to the French Government built centres whilst the rest, who are determined to get to England, will scatter along the North French coast. They will find themselves in an even more precarious and dangerous situation than they are already in.

The MSF clinic in the 'Jungle' has been handed over to the Calais Hospital Services, but we continue to run psychological and psychiatric support for refugees from the site. In partnership with a British NGO called Refugee Youth Service, MSF has also opened the Reception Centre for Foreign Isolated Minors. The centre is open daily and has an open environment where refugees can enter and leave as they want. It focuses on providing legal and psychological support for unaccompanied minors.

Grande Synthe

In September 2016, MSF left the Linierie camp in Grande-Synthe, Dunkirk. MSF built this camp, jointly with our own funds and funds from the local French authority, in January and February of 2016 in order to transfer 1,500 refugees from another informal camp nearby, the Basroch camp. The conditions in the Basroch camp were deplorable and degrading, partly because it was situated on top of marshy, flooded land that turned into a muddy swamp as soon as people started living there. MSF felt it was essential to move people to another site. In June and July, the French Government started to refuse new refugees entrance to the camp and at the time MSF strongly deplored these actions.

SWEDEN

MSF has begun supporting asylum seekers in Götene municipality of Sweden, where 1 in 10 residents is an asylum seeker, with mental health and psycho-social activities. The project comes following an assessment of the needs in Sweden and uses an innovative and culturally sensitive model of care that prioritises early intervention using individual and group sessions. The team (made up of counsellors, cultural mediators and a psychologist) will work alongside the existing network of volunteers in Sweden to help asylum seekers feel more at home. Planned for the next 7 months, the project seeks to highlight the need for mental health services for asylum seekers in the country and prove MSF's model of mental health care in Europe.