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MSF EU MIGRATION ACTIVITIES JANUARY 2017



BACKGROUND INFO:

In 2016 the world catastrophically failed millions of people fleeing war, persecution and despair. Calculating politics won out over moral and legal obligations to offer protection and assistance to those in need. Like a contagious disease, walls, fences and restrictive border measures disseminated with deadly consequences: 7,200 people died at borders globally, with more than 5,000 in the Mediterranean Sea alone. Meanwhile, European States continued to look for cynical measures to keep people in need out of sight, signing agreements with third countries conditioning development aid on a border control agenda. As a result of similar cynical policies and their replication all over the world, thousands of vulnerable people are blocked or sent back to warzones and desperation. Those who are still trying to cross the borders are much more exposed to dire humanitarian conditions, detention, criminalization and to the violence of smugglers and border authorities.

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. With more than 5000 deaths in 2016, 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.

The reception conditions in Serbia, Greece and in Italy are still inadequate to provide adequate care and support to refugees and migrants. In Greece, where more than 60,000 people are still stranded after the signature of the EU/Turkey deal, people are sleeping in appalling conditions particularly in the Greek islands. In Serbia, official camps are overcrowded and thousands of people are sleeping in informal buildings with no access to proper shelter and exposed to temperatures as low as - 16. . In Italy, the first reception system is still much more focused on identification and security rather than the humanitarian and medical needs of vulnerable people at disembarkation, in the reception system or in transit throughout the country

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 putting in place with the single goal denying people the right to claim 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 has been carrying out search and rescue operations in the Central Mediterranean since April 2016 until the end of November with three vessels, prepositioned in international waters north of Libya and actively searching for boats in distress. Today, due to the reduction of arrivals in winter period, MSF has decided to operate only with the Aquarius, run in collaboration with SOS MEDITERRANEE, which will stay in the Mediterranean all over the winter.

Many of those rescued are in poor condition before they set out, and need medical treatment once on board. 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) have provided lifesaving emergency care as well as treat dehydration, fuel burns, hypothermia and skin diseases the main pathologies.

In 2016, MSF teams on board of Dignity, Bourbon Argos and Aquarius (in partnership with SOS Mediterranee) have directly rescued 21,603 people and assisted 8969, for a total of 30,572 in more than 200 different operations.

<p>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</p>

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 - Aquarius, run in coordination with SOS Mediterranee, will keep its rescue activities all over the winter. In 2016, the boat has rescued 6665 and assisted 3970 people in 2016. The boat has already conducted its first rescues in 2017, the first of them on the 2th of January.

Dignity I – The Dignity I has disembarked the last people on mid November and is now in stand by for the winter. The boat rescued a total of 7700 people in 2016 and assisted additional 1514.

Bourbon Argos - The boat resumed its operations in October, a month after being involved in an incident with the Libyan Coast guard. Immediately after resuming activities, the Bourbon Argos was involved in several operations rescuing more than 2000 people in October alone. In one of these operations, the boat was involved in a tragic rescue where 29 dead bodies were recovered. On 24 November, the boat suspended its activities for winter and is currently in stand by in Cyprus. As a total, Bourbon Argos has rescued 7238 people in 2016 and assisted 3177 people.

BROADER MIGRATION PROJECTS:

ITALY

In 2016, 180, 746¹ people have arrived on Italian shores, with the majority of them (70%) disembarking in Sicilian ports. According to the Italian Ministry of Interior², of the 176, 671 people hosted in reception centers, only 22% are hosted in ordinary reception centers (SPRAR), while the remaining 78% is hosted in temporary emergency reception centers (CAS) and first reception centers (CARA). Despite the number of arrivals has been regular for the last years, the Italian reception system still work in an emergency mood, presenting several inadequacies to respond to the needs of this specific vulnerable population.

In addition to the asylum seekers hosted in reception structures, there are more and more **people in transit** towards the Northern borders of the country, attempting to reach other EU countries (mainly Germany and France). They are often picked up by police forces while attempting to cross the border 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 medical and psychological needs. In such a chaotic context, the assistance from socio/legal information to medical care is mainly entrusted to the action of local networks of volunteers and civil society.

¹ Data of December 30, 2016, from UNHCR website <http://data.unhcr.org/mediterranean/country.php?id=105>

² Data from the Italian Ministry of Interior (Updated September 16, 2016) http://www.libertaciviliimmigrazione.dlci.interno.gov.it/sites/default/files/allegati/cruscotto_statistico_giornaliero_30_novembre.pdf

MSF intervention is mostly focused on mental health activities, specialized care and to provide support to civil society initiatives for migrants and refugees in transit throughout the country.

>>>> SOUTHERN PORTS (SICILY, CALABRIA, SARDINIA, PUGLIA) - Psychological First Aid

Face to the increasing death toll in 2015 and 2016, shipwrecks and deaths at sea, MSF decided to be at the arrival spots for the second year, assisting people onshore in case of traumatic disembarkation (when there are victims of shipwrecks and of difficult rescues), by providing a **Psychological First Aid (PFA)**.

A mobile team composed of a project coordinator, psychologists and specially trained cultural mediators is deployed within maximum 72 hours after the alert given by the Italian Ministry of Interior. PFA activities are aimed first of all at restoring the sense of hope and dignity in all the survivors, in addition to a psychological support. The team offers first assistance to all survivors, facilitating the response to basic needs, the access to orientation and information, and the referral of most severe cases to national medical authorities.

In 2016, **31 PFA operations** have been conducted in several Italian ports, mainly in Sicily, Calabria and Sardinia.

>>>> TRAPANI (Sicily)

Asylum seekers often experience awful situations in their home country or during the journey to Europe that can have an impact on their psychological wellbeing. These conditions are often worsened by the reception conditions in Italy, where they can leave for several months waiting for their application to be treated. As the Italian reception system is rarely adequate to respond to the specific psychological needs, MSF decided to address this gap and to collaborate with local actors to build a long term response and has started a project of **psychological assistance for asylum seekers in reception centers (CAS) in the Trapani province in April 2016**.

A team of psychologists and cultural mediators goes weekly to 16 different reception centers to provide psychological support through collective and individual session. Since July 2016 the project has activated a transcultural psychotherapeutic clinic in collaboration with the Department of Mental health and the Psychology unit of the local health care institution (ASL), to address most severe mental health cases. In addition, the project foresees an activity of capacity building with psychologists working in the reception centers, in order to provide a more coordinate and needs-based response to those people with specific vulnerabilities. Since the beginning of the project, the MSF staff has assisted a total of **641 patients** during 99 group sessions and completed 626 individual sessions. The most frequent categories of symptoms include post traumatic reactions, psychosomatic reactions and symptoms of anxiety and/or depression, as a consequence of past trauma and of their current condition.

>>>> ROME

- Rehabilitation center for torture survivors

MSF **rehabilitation center for torture survivors** in Rome keeps on its activities with 98 patients (95 men and 3 women) belonging to 22 different nationalities (18 African and 4 Asian), almost all resident within the official circuit of reception for asylum seekers. The main countries of origin of the project's beneficiaries are Mali, Gambia and Nigeria, who from the opening of the centre have been assisted through a **multidisciplinary rehabilitation approach** (medical, psychological, physiotherapy, social and legal assistance). 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. In addition, the VoT project is defining partnerships with institutional health care authorities such as **ASL Roma 6** Health Direction, in order to ensure a presence within the reception centers of the territory of competence.

- Echocardiographic screening

The acute rheumatic fever (ARF) and its consequent chronicity, the rheumatic heart disease, affects between 15,6 and 19,6 millions of people worldwide, with an estimation of 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. Thus, migrant populations coming from such countries could be affected from this pathology. For this reason, MSF decided to start an echocardiographic screening activity aimed at identifying positive cases of rheumatic heart disease within migrant population aged between 10 and 25 years 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) and to the Cardiology department of the Hospital of the Tor Vergata University.

Out of the total of **354 people screened during ten months**, with 6 cases recognized **as positive**, while is confirmed the unexpected **high percentage of cases reported as borderline: 168**, about the 47%. Main nationalities among patients are Egyptian nationals (89%) followed by Afghani, Bangladeshi and Pakistani citizens.

>>>> MIGRANTS IN TRANSIT – (NORTHERN BORDER)

Because of the urgent medical and psychological needs of migrants in transit at the northern borders of Italy, MSF has decided to intervene with basic psycho- medical assistance activities and with food and non-food donations to respond to their specific vulnerabilities. The project (*Migrants on the Move*) is carried out thanks to the coordination with local authorities and networks of local volunteers.

So far, MSF has started the following interventions:

- **Ventimiglia** (border with France): a team of cultural mediators and a midwife run a small clinic together with local volunteers doctors, within the Saint Antonio alle Gianchette Church. Here, migrant women, children and families stop along the way towards the French border. In addition, MSF team is providing first psychological support within the Italian Red Cross camp, where around 400 people are currently hosted.

- **Como** (border with Switzerland): MSF has started providing mental health support to migrants in transit in the city, within the local Red Cross camp (where there are hosted around 275 people) and at the San Martino in Rebbio parish. Here every night around 60 people find shelter – entrusted by volunteers- in addition to a group of unaccompanied minors and single women who live here permanently. MSF also supports civil society with food (milk; rice; fruits; meat and cereals) and non - food items donations (gloves; scarfs and other clothes needed for low temperatures) addressed to migrants in transit.

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

Since the closure of Idomeni and the Balkan route and after the signature of the EU-Turkey deal in March 2016, migrants and refugees across Greece are living the consequences of a controversial deal and the essential closing down of Europe to those looking for safety. Today, according to the Greek authorities 62,784 refugees are currently in Greece; 15,860 of which are on the islands.

People on the islands are stuck in overcrowded hotspots and living in inadequate, unsanitary conditions. The main aggravating factors for those on the islands are the slow pace of registration, and family reunification, the lack of effective access to legal assistance and the overall feeling of insecurity in the hotspots. Additionally, those on the islands confront important difficulties in accessing specialized care due to geographic restrictions and the inability of local hospitals to perform certain procedures.

On the mainland the situation largely differs from camp to camp. In some, the conditions are acceptable and the response adequate (access to protection and medical care, bus accessible to reach the nearest city, etc). However, many camps are still lacking basic services and adequate shelter for the long-term stay that most migrants will be subjected to. In some camps in the North of the country, winterization has been an afterthought. Migrants and refugees are bearing the brunt of the swiftly changing temperatures and the lack of coordination between authorities. The relatively slow response is a startling repetition from last year, as many of the most vulnerable are still unprepared for the winter chill.

MSF is currently active in more than 20 different locations across Greece, focusing its intervention mainly on mental health care, sexual reproductive health care and care to patients suffering from chronic diseases.

GREEK ISLANDS

Lesbos (OCB)

Since the signing of the EU-Turkey agreement MSF suspended its activities inside the hotspot of Moria, in protest of an inhumane agreement that has real human consequences. MSF provides mobile health promotion and outreach at the camp, referring patients to our clinic in Mytilene.

In October, MSF opened a clinic providing secondary medical care services for all refugees and migrants residing in any location on the island of Lesbos (Kara Tepe camp, Moria hot-spot, and other alternative shelters). The clinic is situated in the town of Mytilene and is open Mondays to Fridays, 09:00 to 17:00 by appointment. It provides mental health care, sexual and reproductive health care (gynaecology, pregnancy care, family planning, care to victims of sexual violence, etc.) as well as care to people suffering from chronic diseases (heart diseases, diabetes, chronic lung disease and asthma, epilepsy, etc.). MSF covers the transportation costs for migrants to and from their camp, to reach the centre.

Samos (OCP)

MSF has been working on the Island of Samos since November 2015. Today medical activities are concentrated around mental health and health promotion outreach (one psychologist, one social worker and three cultural mediators). MSF has also partnered with Greek council for Refugees to provide legal information and assistance on asylum claims.

Inside the Samos hotspot conditions are rapidly worsening. The camp was built to hold 600 people last year. Today the population has grown to over 2,000 people. Tents are scattered across the area, in walkways,

behind container housing, and across cleared patches of forest area. Newly arriving migrants are lacking adequate living quarters and are often forgotten. Many unaccompanied minors and pregnant women have been identified in these new areas. They have not been provided with standard protection as the camp managers are completely overwhelmed due to the increase in population. The container housing originally set up to house the migrants is dilapidated; some have been burned to the ground, other have broken windows and holes in the flooring.

MSF also operates a temporary shelter for vulnerable people, inside the city of Samos. Currently 40 people are provided, mostly for women, children and those requiring urgent medical treatment on the mainland. An MSF nurse makes rounds in the shelter and helps refugees make their referral appointments at the local hospital. MSF also continues to provide in-kind donations to volunteer groups and the local hospital.

ATHENS

Urban Day Care Center (OCG)

Responding to the medical needs of refugees and migrants residing all around the city, MSF opened an urban day care centre in the centre of Athens in September for all vulnerable people. The centre provides psychological care as well as sexual reproductive care (antenatal care, gynaecological, pregnancy care, post-natal care, treatment for sexually transmitted infections and diseases, support to victims of sexual violence, etc.) An urban outreach team also provides health promotion and education sessions. In addition, MSF facilitates patient transfer to public health facilities when needed. MSF also provides patients with Arabic or Farsi-speaking cultural mediators.

Vaccination campaign, Athens, Central and Northern Greece

Médecins Sans Frontières vaccinated 3625 refugee children who live in 14 camps in Northern and Central Greece as well as urban settings - official and unofficial- in the city of Athens. The target population of this campaign was children from 8 weeks to 17 years old and a complete relevant package of essential vaccinations against common childhood diseases was available (diphtheria, tetanus, pertussis, measles, mumps, rubella, haemophilus influenza, hepatitis B, polio, pneumococcus and chicken pox). In Athens, the vaccination was implemented in cooperation with the Municipality. The campaign is now over.

Victoria Square

Since February 2016, MSF has been providing primary health care to migrants during evening hours in an urban care center in Victoria square. In May, MSF expanded its activities to cover mental health care as well. MSF works with the Greek National Health System, referring more serious cases to the local hospitals for follow up. The square is near the central train station and was used by thousands of migrants last year to continue their journey when borders were open. Historically, Victoria Square has been an unofficial meeting point for migrants and refugees who are currently residing, or stranded, in the city.

Regional Mobile Clinics

MSF is providing mental health care to approximately 1200 refugees living in the camps of Malakasa, Lavrio and Ritsona in the region north east of Athens. These migrants and refugees have suffered systematic violence in their country of origin, during their journey or during their stay in Greece.

Elliniko

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

Victims of Torture

Since late 2014 MSF has operated a project in Athens Greece providing comprehensive care to survivors of torture and other forms of ill-treatment, in cooperation with Day Centre Babel and the Greek Council for Refugees. MSF aims to assist survivors cope with medical and mental health problems resulting from the systematic violence they have been subjected to. In addition to medical, psychiatric and psychological care survivors of torture are offered legal aid, social support, and integration services.

Between October 2014 and December 2016, more than 350 beneficiaries from 38 countries had received care by MSF medical doctors, physiotherapists, psychologists, and social workers. The majority of our beneficiaries presented with musculoskeletal and neurological residuals and with PTSD, extreme anxiety, and depression symptoms.

GREECE MAINLAND

Thessaloniki

MSF provides mental health and psychiatric care as well as health promotion activities in five camps (Kalochori, Frakapor, Softex, Derveni, Kavalari) around Thessaloniki. MSF also provides translation and cultural mediation support to three Ministry of Health hospitals. In early 2017 MSF will open a clinic, centralizing its medical activities around mental health, sexual and reproductive health and treatment of chronic diseases using a holistic approach, health care model. To achieve that, MSF will collaborate with other partners in the clinic who will provide legal and social support and psycho-social activities. Since October 2016 MSF performed 474 mental health consultations (61 first assessments and 413 follow up consultations).

In Frakapor camp, MSF implemented emergency winterization measures at the beginning of December 2016. No plans for winter preparation had taken place up until that point. MSF installed heaters outside the large warehouse that blow hot air into the structure where refugees are sheltering in tents. The absence of winterization measures and plans is a result of the lack coordination between actors. MSF continues to monitor the winterization measures in the camps surrounding Thessaloniki. MSF is also supporting volunteer networks providing NFIs for distribution on an as needed basis.

Ioannina – Epirus

Since the end of April 2016, MSF has been working in the refugee camps in Epirus in the north-west of Greece. At the moment MSF is active in 4 different locations, namely Katsikas and Faneromeni near the city of Ioannina as well as more isolated areas like Doliana and Tsepelovo. In early December 2016, MSF expanded those activities to include Filipiada and Konitsa. MSF teams provide specialized health care (clinical psychological care and psychiatric care) to the predominantly Syrian, Afghan and Iraqi populated camps in this region. Since May, our teams have provided 658 individual consultations and 103 family consultations to a total of 130 patients suffering mainly from post-traumatic stress-disorder (PTSD), depression and anxiety disorders. MSF also works in collaboration with Solidarity now, an organisation that supports the housing program coordinated

by UNHCR. In their hotels and living arrangements provided under this scheme MSF provides psychological and psychiatric care.

Thermophiles

MSF is currently providing mental health care and sexual reproductive health to the predominantly Syrian families living in an old hotel in Thermopiles twice per month to the approximately 600 refugees living in the camp.

SERBIA

Despite the official closure of the Balkan road, hundreds of people still manage to reach Serbia every day, from Bulgaria and FYROM. Nevertheless, routes are unpredictable and people sometimes pass through Albania, Bosnia and Romania. Those who reach Serbia often try to reach their final destination in Europe through smuggling networks who bring them in Croatia and Hungary often exposing them to very dangerous and sometimes deadly risks.

The migrant population in Serbia is currently increasing. More than 7500 people are currently in the country, of which about 6000 are in the camps. However, the actual capacity is a bit more than 5000 places, of which only 3140 beds are in solid structures adequate for winter and long term accommodation. This means that **about 50% of the population** inside the official reception system **does not have proper shelter for winter**. **Hygiene and sanitation** conditions are also **below standards** primarily due to overcrowding, therefore several outbreaks of body lice and scabies have been reported.

For those outside of the camps, **Serbia imposed harsher restrictions**, halting and limiting the provision of humanitarian assistance. Confronted with multiple and recurrent violence at each border crossing, subzero degree temperatures, unsafe and inhumane conditions about **2000 people sleep rough** between Belgrade and the northern border with Hungary. Despite several discussions have been held between donors and government authorities, no solution has been taken so far, **leaving thousands of people sleeping outside at freezing temperatures**.

Reports of unlawful expulsions to Bulgaria and Macedonia raise several concerns, in mid-December, a Kurdish family was left in the woods at the border with Bulgaria at -11°C, two women were hospitalized because of hypothermia. Scared of being deported many prefer to remain close to the smuggling networks available in Belgrade and Subotica, rather than move into the overcrowded camps.

Belgrade

From the beginning of November **MSF runs mobile clinics in Belgrade city centre** from early morning to late night to cover the constant demand of body lice and scabies treatments. In November, our teams observed **an increase of 73% in consultations compared to the previous month**, reaching about **2500 consultations in November**. Skin diseases and respiratory tract infections increased almost 70% in November. Several new arrivals, especially those passing through Bulgaria, **report horrendous hygiene and sanitation conditions**, but also discriminatory and arbitrary asylum procedures **in the Bulgarian camps**.

Most of **MSF patients** live in abandoned buildings just outside the main train station, where over **1700 people, mainly young and underage Afghans and Pakistanis** take shelter. After the Serbian authorities banned food and NFI distributions, blaming organisations of being a pull factor for attracting more people in central Belgrade, just few activities have been unofficially tolerated. Left to their own in such critical conditions, many suffer of anxiety and depression, but also pay the price of several traumas, including beating, incarceration, and robberies. Only in November, **MSF collected 56 trauma** reports, of which **50 allegedly cited state authorities as perpetrators**. These data are not new, the majority of people on the move, mostly young men, who falling out

of the recognized vulnerable categories are often entering into cycles of multiple push-backs and expulsions from one border to another, **becoming more vulnerable at each crossing.**

LIBYA

Libya remains fragmented by conflicts with fighting ongoing in several parts of the country. The insecurity, economic collapse and breakdown of law and order mean that daily life for many Libyans is a struggle. In addition, the country is both a destination and place of transit for hundreds of thousands of refugees, asylum-seekers and migrants fleeing conflict, extreme poverty, or persecution. Inside Libya, many migrants are unable to return home. Refugees and asylum-seekers cannot receive protection due to the lack of a functioning asylum system, the limited role of UNHCR and the fact that Libya is not a party to the Refugee Convention.

Hundreds of thousands of men, women and children (many unaccompanied, some as young as eight years old) who have transited through Libya and undertaken the treacherous journey to Europe. Those intercepted at sea by the Libyan coastguard or detained inside Libya are sent to migrant detention centres – often former factories or warehouses – and face arbitrary detention for prolonged periods of time in unsanitary and inhumane conditions. There is no way to challenge the lawfulness of their detention, virtually no access to the outside world, ill-treatment and a lack of access to medical care.

MSF is currently running mobile clinics in seven migrant detention centres located in Tripoli and its surroundings which are under the administration of the Directorate for Combating Illegal Migration (DCIM), also known by the alternate translation Anti-Illegal Immigration Agency (AIIA). Since activities started in July, MSF has been able to conduct 5,579 medical consultations, with medics currently carrying out around 500 consultations every week. Thirty-two pregnant women in detention received antenatal consultations and 41 consultations were provided for children less than five years of age, several of whom had been born in a detention facility. The youngest patient seen was only five hours old. MSF medics are treating respiratory tract infections, acute watery diarrhoea, skin disease, and urinary tract infections. These complaints are mostly related to conditions inside the detention centres, which do not meet any national, regional or international standards. They are dangerously overcrowded with a lack of natural light and ventilation. In some facilities, the amount of space per detainee is so limited (as little as 0.41 square metres per person) that people are unable to stretch out at night, resulting in many complaints of body aches.

There is also a shortage of food in the detention centres, which makes people more susceptible to disease and acute illness. Significant numbers of detainees have suffered dramatic weight loss, have an extremely emaciated appearance and exhibit nutritional deficiencies due to small rations, averaging 600 to 800 calories per day, with unbalanced nutritional content. Food often consists of plain macaroni. Sometimes one food ration is shared between five or more detainees, or food is served in communal bowls, meaning that the weakest and sickest receive nothing. The number of adult malnutrition cases MSF is seeing is increasing, with 41 people suffering from moderate to severe malnutrition screened in the first half of November. This represents around three per cent of all detainees in facilities visited by MSF. The number of adults suffering from this degree of malnutrition in a country not suffering from drought or natural disaster is of great concern. Detainees do not have adequate access to safe drinking water, sometimes less than one litre per person per day, and as a result suffer from headaches, constipation and dehydration. Access to latrines or showers is severely limited and sanitation facilities are inadequate, resulting in high rates of skin infections and infestations with lice, scabies and fleas.

It is a difficult choice for MSF to work in an environment where people are kept in conditions without human dignity, with no immediate prospect to improve their situation, and with no idea why, or for how long, they will be detained. However, our hope is that, by being present and providing medical care, MSF can ensure an immediate improvement in detainees' living conditions. Every day, MSF teams advocate for the humane treatment of those being held in detention, and stress the importance of detainees receiving adequate food and water and access to working latrines and washing facilities. MSF pushes the authorities to release pregnant women, women with babies and young children, detainees under the age of 18, and those who are disabled or have serious health conditions. MSF remains opposed to the indefinite arbitrary detention of migrants, refugees and asylum-seekers in Libya.

FRANCE

After the eviction of Calais, MSF has closed its project in the North of France. We keep monitoring the situation and we support associations supporting refugees in several locations like Dieppe, Paris, Caen and Roscoff with mobile clinics. In January our mobile clinics treated nine cases of hypothermia linked to the freezing winter conditions in Paris. Recently, MSF has denounced the brutal practices of the police that are making the conditions of migrants and refugees sleeping in the cold even more miserable. MSF. The result of this process is expected before the end of January 2017.