Migrants' journey, vulnerabilities, access to information and endured violence during the journey and in refugee camps in Ioannina, Attica, Athens and Samos, Greece

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Introduction

Since 2015, Europe has been facing an unprecedented arrival of refugees and migrants: more than one million people entered via land and sea routes. During their travels, refugees and migrants often face harsh conditions, forced detention, violence and torture in transit countries. However, there is a lack of epidemiological quantitative evidence on their experiences and the mental health problems they face during their displacement. Here, we present the results of survey among refugees and migrants at 7 sites in Greece documenting the types and levels of violence experienced during their journey and whilst settled and measuring the prevalence of anxiety disorder morbidity.

Method

We conducted a cross-sectional population-based quantitative survey combined with an explanatory qualitative study from November 2016 and February 2017. The survey consisted of a structured questionnaire on experience of violence and an interviewer administered anxiety disorder screening tool (Refugee Health Screener 15). Furthermore we collected data on demographics, health status and access to healthcare, access to legal aid, crossed countries and project of life. The study population consisted of an exhaustive inclusion or random sampling (based on camp size) of individuals living in 7 sites: 4 camps in Ioannina and Attica regions, 1 hotspot in Samos Island, 1 hotel for refugees in Athens and 1 hotel for refugees in Ioannina.

Results

In total, 1293 individuals were included; 60.9% were aged ≥15 years and 7.8% were 0-5 years. Sixty percent were males and 64.4% were from Syria. Depending on sites, 48.7% (37.8-59.8) to 94.7% (90.1-97.2) reported fleeing from war. Twenty four percent (18.3-31.6) to 54.7% (46.6-62.6) reported having experienced at least one violent event, during the journey or in Greece. Access to an appropriate medicine for those who suffered from a chronic disease on sites varied from 38.1% (26.0-51.9) to 83.5%. Seventy three percent of the population have been screened positive to the anxiety disorder screening tool. Among them, 41.2% refused to be referred to a psychologist. Access to legal assistance and information about asylum procedures are considered as non-existent for the majority of the population.

The qualitative interviews show the difficult and violent conditions of border crossings and the tense and stressful interactions with smugglers. These experiences together with experiences of war in home country stand out as traumatic experiences for the participants. Recent studies[1,2,3,4] have emphasized daily stressors in relation to high rates of psychological distress often found in conflict driven migrants. The study underlines various daily stressors as negatively affecting the mental wellbeing of migrants and refugees in Greece. Lastly, the qualitative part indicates barriers to accessing mental health care.

Conclusion

This survey conducted during a mass refugee crisis in a European Community country provides important data on living experience in different refugee settings and reports high levels of violence experienced by refugees and migrants during their journeys and the high prevalence of anxiety disorders. Similar documentation should be repeated throughout Europe in order to better respond to the needs of this vulnerable population.

[1] http://data.unhcr.org

[2] Fernando, G., Miller, K., & Berger, D. (2010) Growing Pains: the impact of disaster-related and daily stressors on the psychological and psychosocial functioning of youth in Sri Lanka. Child Development

[3] Miller, K. E., Omidian, P., Rasmussen, A., Yaqubi, A., Daudzai, H., Nasiri, M., et al. (2008) Daily stressors, war experiences, and mental health in Afghanistan. Transcultural Psychiatry, 45, 611–639

[4] Miller, K. E., Rasmussen, A. (2010) War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. Social Science & Medicine 70 (2010) 7–16

1. Background

Since 2015, Europe has been facing an unprecedented arrival of refugees and migrants: more than one million people entered via land and sea routes, 972,500 of whom made the often dangerous crossing of the Mediterranean sea according to UNHCR[5] statistics, while more than 34,000 travelled by land to Bulgaria and Greece from Turkey, according to the IOM[6]. On 18th of March 2016, the European Union (EU) and Turkey agreed to replace the illegal migration from turkey to EU with legal channels of resettlement of refugees to the European Union. The agreement took effect as of 20th March 2016, and 4th April 2016 was set as the target date for the start of repatriation/deportation of people arriving in Greece after 20th March and of the first resettlement. EU and Turkey agreed that all new illegal migrants whether persons not applying for asylum or asylum seekers whose applications have been declared inadmissible crossing from Turkey to the Greek islands as of 20th March 2016 will be returned to Turkey[7].

All refugees and migrants have experienced extremely stressful events related to war, oppression, migration, and resettlement. The best evidence indicates that a large minority of refugees experience multiple, distressing somatic and psychological symptoms and poor mental health that are associated with stressful events in a dose-dependent manner.[8] A combination of emotional and physical distress is often symptomatic of pre-existing or developing mental health disorders.

In response to the needs of this population, Medecins Sans Frontieres (MSF) France has been working on several projects in Greece; specifically in refugee camps on mainland Greece (in the regions of Ioannina in northwestern Greece and the region of Attica in the south of the country) and a retention center on the island of Samos. Furthermore MSF France provides support to a squat in the center of Athens, the City Plaza Hotel. In particular, MSF France requested Epicentre to conduct a study to document the vulnerabilities and endured violence of migrants in their home country, during their journey and in the camps where they were settled; and to record how migrants perceived their access to information concerning legal services and daily life, including access to basic health services, their future in the sites where MSF France intervened (plus one hotel in central Athens supported by UNHCR and the NGO Solidarity Now) and to assess the prevalence of anxiety disorders and mental health problems. The results of these surveys were meant to guide the response to the problems encountered, as well as to raise awareness and inform advocacy activities.

This survey was conducted by Epicentre in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM).

[5] UNHCR - A million refugees and migrants flee to Europe in 2015 - Press release December 2015
[6] IOM - Europe/Mediterranean migration response - Situation report December 2015
[7] European Commission - Implementing the EU-Turkey Agreement – Fact sheet
[8] Refugee Health Screener - Development and Use of the RHS-15 - 2011

2. Study objectives

The co-primary objectives of the study were:
(1) to document the types and levels of violence experienced by refugee and migrant populations currently living in Greece, whilst in their home country, during the journey and in refugee camps; and
(2) to evaluate the prevalence of anxiety disorder morbidity faced by the refugee and migrant populations living in Greece.

The secondary objectives of the study were:

- To map the journey of refugees from their country of origin to Greece, and the typology of difficulties encountered during the journey;
- To understand the current living conditions and coping mechanisms of refugees while in Greece;
- To measure the types and prevalence of health problems experienced, by refugee setting;
- To examine the refugees and migrants' access to information and services (in terms of legal and asylum matters and health care);
- To explore the reasons why, and the conditions in which, refugee and migrant populations experience violence and mental health problems.

3. Methodology

3.1. Study design

The study consisted of a cross-sectional population-based quantitative survey conducted in different identified locations (see **Map**) combined with an explanatory qualitative study. The study was conducted between November 2016 and February 2017 with the analysis completed in March 2017.

The **population based quantitative survey** consisted of an interviewer-administered questionnaire eliciting information on basic information, trajectories, experience of violence, complemented by an anxiety disorder screening tool, the RHS-15[9] (that detects symptoms of anxiety and depression in refugee populations from different countries). All interviews were conducted face-to-face, by same gender interviewers, in the participant's native language.

For the **qualitative survey**, interviews were conducted in Arabic, Farsi, Kurdish (Kurmanji), French or English. Interviews with non French- and non English-speaking natives were conducted with the assistance of a translator. Interviews with women were conducted with a female translator and interviews with men with a male translator.

All participants were asked consent verbally including having the interview recorded.

[9] RHS-15 Refugee Health Screener - http://refugeehealthta.org/webinars/mental-health-screening-and-care/refugee-mental-health-screening-operationalizing-the-rhs-15/

3.2. Study sites

For the population-based quantitative survey, six sites were considered, five sites where MSF was working and one site supported by UNHCR and the NGO Solidarity Now. The study sites were visited prior to the study and a feasibility study report was written (**Annex 1**).

In the region of Attica near Athens, two sites have been chosen for the survey; in Malakasa, where only Afghans (around 900) were living, in tents and in Ritsona, where only Syrians and Iraqis were living (around 600) in containers. In Ioannina, in the North-West of Greece, two sites have been chosen, but at this period, a winterization of the camps was in process; all vulnerable people living in the two camps were resettled in hotels in the town. In Ioannina, the Faneromani camp was occupied by Yazidi[10] community (around 120) and the Katsikas camp was occupied by Iraqis and Syrians. Vulnerable people (around 150) from Katsikas camp were accommodate in a hotel at the time of the survey, thus the survey has been split in two sites for the Katsikas site, the camp and the hotel. On Samos island, around 1700 people were staying at the UNHCR 'hotspot', one of the first entry points in the country, with a very different context compared to mainland sites. In urban Athens, two sites were selected: one hotel-squat (City Plaza) with families supported by MSF and a group of independent activists, and another hotel (Soho Hotel) run by UNHCR and the local NGO Solidarity Now, where mostly single men from Iraq and Syria were residents. In sum, there was a large heterogeneity of sites in terms of infrastructure, nationalities, number and individual profiles of residents, which was intended to represent the variety of situations of recent refugees and migrants in Greece. For the qualitative study, we selected the same sites with the exception of the Soho Hotel, which replaced the City Plaza hotel.

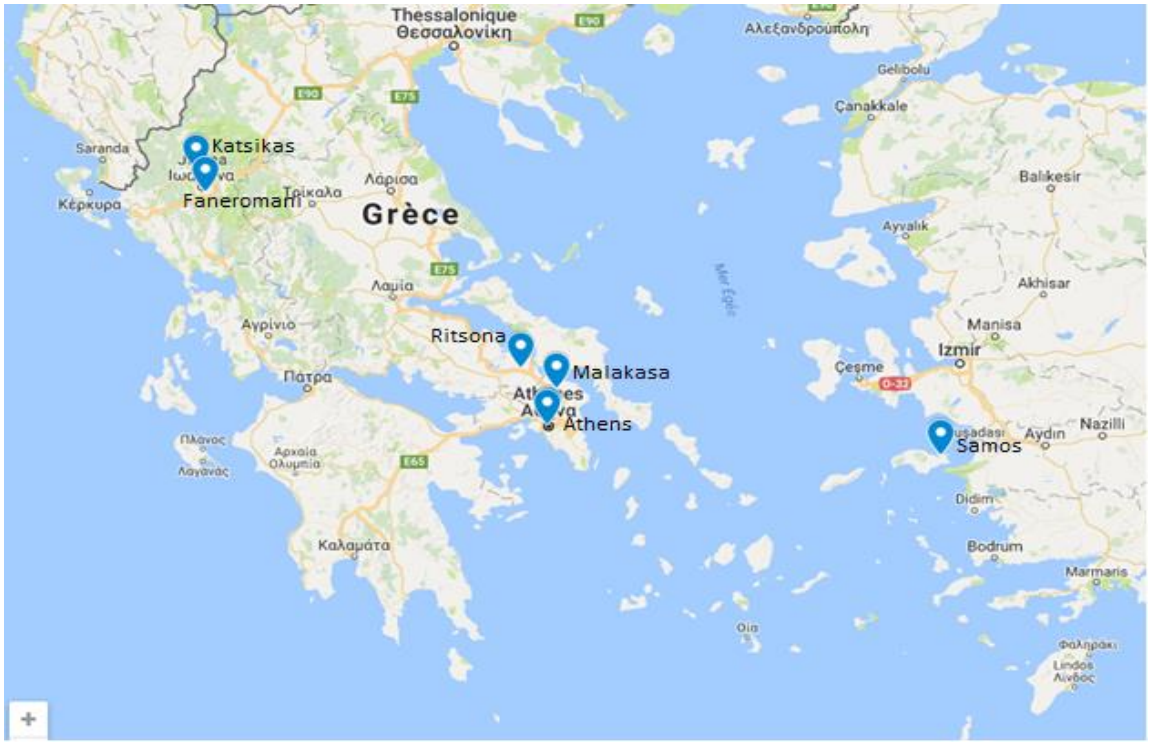


Figure 1 – Map with location of the study sites

[10] The Yazidis are an ethnically Kurdish religious community or an ethno-religious group indigenous to northern Mesopotamia who are strictly endogamous

3.3. Definitions

Refugee: a person currently not living in his/her permanent residence and who have had to flee his/her country of origin.

Asylum seeker: a person who, from fear of persecution for reasons of race, religion, socialgroup, or political opinion, has crossed an international frontier into a country in which he or she hopes to be granted refugee status

Household/Shelter: group of people (usually related) living together under the same roof (tent or solid shelter) the day before the survey.

Violence: any violence experienced during the journey and in Greece, such as kidnapping, gas, bomb, physical torture, psychological torture, knife or other weapons use, sexual violence, assault and battery or other (specified)

Journey: the journey is defined as all countries crossed, including the country of departure (with a recall period of one month), Greece and the site of interview

Nuclear family: family group consisting of two parents and their children (one or more)

Cash Transfer: prepaid cards or amount of money received by UN, monthly, corresponding to 90 euros per male adult and 50 euros per woman and child

Relocation: transfer of asylum seekers who are in clear need of international protection from one EU Member State to another European state[11]

Reunification: reunification of a family in a certain country because of the presence of one or more family members in a this country; therefore this procedure enables the rest of the family to immigrate to that country as well.

First-line family: a spouse, parent, sibling or child

Second-line family: a grandparent, grandchild, aunt, uncle, nephew, niece or half-sibling

Vulnerable: pregnant woman, child alone, single parent and/or self-reported chronic disease

[11] European solidarity: a refugee relocation system – https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/background-information/docs/2_eu_solidarity_a_refugee_relocation_system_en.pdf

3.4. Sampling

- **Sample size for the quantitative survey**

An independent sample size was chosen for each site, considering the sites were diverse in terms of nationality/ethnicities, individual profiles of residents (families, single men, vulnerable population) and number of residents. Hypothesizing a prevalence of experienced violence of 50%, for an error of 0.05, a confidence level of 95% and 10% of non-response, the sample size amount to 250 interviewees per site.

- **Sampling strategy**

The sampling method was adapted to each site's context.

If the size of the population at the time of the survey was estimated at fewer or around 250, an exhaustive sampling was used, with all individuals living in the camp/hotel to be interviewed.

For the sites where the estimated population size was greater than 250, a random systematic sampling method was used to select the shelter and all individuals living in that shelter were invited for interview.

The first step was an enumeration of all households/shelters in each site, and an estimation of the number of individuals living in that shelter. The proportion of shelters to be selected was thus predetermined to reach a sample size of 250 per camp. The shelters were then selected by simple ballot.

The exhaustive sampling method was used in:

- Katsikas camp, where the number of residents was estimated to be around 150.
- Ioannina Hotel, where around 110 residents of the Katsikas camp considered as vulnerable had been resettled in one hotel.
- Soho Hotel, Athens, where around 147 residents were living in the hotel.
- Faneromani camp, where the number of residents was estimated to be 120 people.

The sampling method was used in:

- Malakasa camp, where the number of residents in tents was estimated to be 900 people.
- Ritsona camp, where the number of the residents in containers was estimated to 600 people.
- Samos Hotspot, where around 2000 people were living in tents or containers.

Specific situations:

- Absence: if an individual was absent at the time of the interview, the team returned in the evening to complete the interview. If the participant was still absent, s/he was considered non-participating.
- Empty shelter: If the shelter (tent/container) was empty at the time of the survey, the field team made a second visit in the evening. If it was still empty, the shelter was then considered "absent". The information was recorded in a notebook and no number was assigned, the shelter was replaced by another one randomly selected from the list.

- Non participation: for the household where a family was living, oral consent of the head of the household was sought, and if not obtained, the entire household was excluded.
- Refusal: if a selected individual refused to participate, s/he was documented as non-participating.

➢ **Study population**

For the quantitative survey, all individuals in a selected shelter/household were interviewed using the same questionnaire, independent of age, gender or ethnicity. For all individuals under age 14 years, the questions were asked to a legal representative, no questions were asked to the participant. The anxiety disorder screening tool (RHS-15) was administered to all individuals ≥14 years (**Annex 2**).

Inclusion criteria:
- all members of the household/shelter randomly selected answer the general questionnaire
- individuals aged >= 14y answered the Anxiety questionnaire
- parents/guardians respond for children age <14 years

Exclusion criteria:
- refusal of household head implied exclusion of entire household
- individual consent refusal

For the qualitative survey, interviews were held with men and women with the age span of 18-70 years old. Participants were recruited on a voluntary basis after explaining the objectives of the survey.

3.5. Survey methodology

3.5.1. Quantitative survey

The following data was collected on a questionnaire that was translated into English, Arabic, Farsi and Kurdish (**Annex 3**):
- Socio-demographic data: age, gender, country of origin, nationality, region of origin, ethnic group, spoken languages, mother tongue, marital status, family situation in the site, occupation in home country, level of education.
- Journey (arrival, dates and length of stay)
- Experience of violence
- Livelihood
- Health status
- Access to information
- Life project

An anxiety disorder screening tool (translated in their appropriate languages), was also administered as a separate questionnaire to each participant aged 14 years and older. The "Refugee Health Screener-15 (RHS-15)" test was used (Appendix 2). This tool had benefitted from

a rigorous year-long evaluation among 251 refugees[12](93 Iraqis, 75 Nepali Bhutanese, 36 Karen and 45 Burmese speaking from Karenni and Chin ethnic groups). The RHS-15 is a screener for distressing symptoms of anxiety and depression, including PTSD (Post-Traumatic Stress Disorder) in refugees; it is predictive of these disorders. This is not a diagnostic evaluation, but is highly sensitive and specific for anxiety, depression and PTSD. It consists of two parts, the first is composed of 13 questions/symptoms (each has to be scored by the participant from 0 to 4) and the second part is a distress thermometer. A participant is considered as positive to the screening when he/she is score ≥11 to the symptoms or self-reported a score ≥5 to the distress thermometer.

Each participant who was screened positive by the RHS-15 tool was informed of the need to be seen by, and provided with a referral to, a psychologist on-site. An anonymous referral form where days and hours of consultation were specified was given. No diagnosis or result of the score was provided.

3.5.2. Qualitative survey

For the qualitative survey, interviews were conducted in Arabic, Farsi, Kurdish (Kurmanji), French (for french-speaking Africans) or English. Interviews with non French- and non English-speaking natives were conducted with the assistance of a translator. Interviews with women were conducted with a female interpreter and interviews with men with a male interpreter. Almost all interviewers were recruited for having a similar cultural background with the participants (same refugee background status, similar country and regional origin etc.), which was intended to build a trusting relationship with the participants, encouraging them to share their experiences.

Participants were recruited on a voluntary basis. The objectives of the interview and the study were thoroughly explained as well as how the information collected would be managed and utilized. At sites where the quantitative survey was exhaustive, some participants were also asked if they would be willing to participate in a qualitative interview. In addition, a snowball methodology was also used to recruit other participants known to interviewees.

All participants were asked for their oral consent including for having their interview to be recorded. All accepted to have the interview recorded, and only once during an interview, the audio-recorder was turned off by request of the participant.

3.5.2.1. In-depth interviews (IDIs)

The main aim of the in-depth interviews (IDIs) was to examine violence and mental health difficulty, experienced by the refugee and migrant population in home country, during the journey and in Greece. IDIs were conducted separately with men and women, and some were conducted with couples. In order to create a comfortable atmosphere and privacy, most interviews took place either in an MSF on-site clinic or in the shelter[13] of the person being interviewed. As MSF does not have a clinic in Samos hotspot, most of the interviews were conducted in the back of the team's van. Before the interview, the participant was asked where he/she preferred to be interviewed.

[12] The Refugee Health Screener-15 (RHS-15): development and validation of an instrument for anxiety, depression, and PTSD in refugees - Gen Hosp Psychiatry - 2013

[13] Depending on the site, a shelter could be an isobox, a tent, or a hotel room (in City Plaza and Paradise hotel, Samos)

In order to encourage the participants to share the most meaningful events and recount their experiences in a form of a longer narrative, the participant were informed that we would like to know more about their reasons for leaving their home country, and the difficulties and violence that they had faced during the journey and that they currently face in Greece. From here most of the participants would start to narrate their story by themselves, only being prompted if they left out parts of the journey or story or if something was unclear. The participants were willing to share their stories including the painful experiences and sensitive information.

3.5.2.2. Focus groups (FGDs)

The main aim of the focus group discussions (FGDs) were to examine access to information and services in relation to asylum procedures. FGDs were held with volunteer male and female participants (separately). Participants were recruited randomly or with the assistance of a 'gate keeper' in the camp - a refugee well integrated in the community of the camp. The intended number of participants was up to seven and the FGDs took place in the MSF on site clinics. Discussions were held in Arabic with participants from Syria and in Farsi with participants from Afghanistan and Iran. Because of the lack of time and Kurdish interpreters, it was not possible to conduct focus group discussions among the Yezidi population from Iraq (Faneromani camp) and in City Plaza (Athens). No FGD could be conducted at the Samos hotspot, as there was no adequate place to facilitate such a discussion. FGDs explored the main challenges and difficulties that people face currently in Greece and their knowledge and access to services and information in relation to asylum procedures. At the sites, where no FGD was held, the IDIs included a focused on knowledge and access to services and information in relation to asylum procedures.

3.6. Training of interviewers for the survey

Ten interviewers were recruited through MSF following a job description written by Epicentre (**Annex 4**). All interviewers spoke all at least one of the languages used at the site (Arabic, Kurdish or Farsi). They all received a 5-day training course given by two epidemiologists and an anthropologist from Epicentre covering:

- Research and epidemiology
- Context of refugee crisis in Europe
- Introduction to mental health
- Data collection and filling the data collection form
- The household selection methodology
- Qualitative research methodology
- Survey ethical considerations

A psychologist also introduced to the interviewers, the various types and signs of mental health illness generally met among this population (depression, post-traumatic stress disorder, anxiety).

During the training, time was allocated to conduct a pilot study to test the data collection tool in refugee camp.

During the survey, two expatriate MSF coordinators (1 experienced nurse and 1 anthropologist) supervised the interviewers organised in two teams. Each team was composed of one coordinator and several interviewers (depending on the languages spoken in the site), as follows:

- In Malakasa camp, the team was composed of one coordinator and three Farsi speakers;
- In Ritsona, at the same time, the team was composed of one coordinator and five Arabic speakers and two Kurdish speakers;
- In Katsikas, the team was composed of one coordinator and three Farsi speakers and five Arabic speakers;
- In Faneromani, at the same time, the team was composed of one coordinator and two Kurdish speakers;
- In Samos, the team was complete, two coordinators and all the interviewers;
- In the Soho hotel in Athens, the team was composed of one coordinator and 3 Arabic speakers and 2 Kurdish speakers.

For the qualitative interviews, translators in Arabic, Farsi, Kurdish (Kurmanji) were recruited. Interviews with men were conducted with a male translator and interviews with women were conducted with a female translator. Most of the translators assisting for the qualitative interviews had similar cultural background with the participants (same refugee background status, similar country and regional origin etc.), which was intended to build a trust relationship with the participants, encouraging them to share their experiences.

3.7. Data analysis

Data was collected on paper form and entered using the RedCap software (Vanderbilt University, Nashville, Tennessee, USA). Two data entry clerks performed the data entry on RedCap, under the supervision of an epidemiologist who was in charge of the creation of the database and the entry masks. Data quality checks were performed through a double check of 10% of the questionnaires. After the freezing of the database, data cleaning was programmed using the software Stata 13 (Stata Corp, College Station, Texas, USA).

Descriptive analyses were performed, and for each site where a systematic random sampling strategy was done, prevalence and confidence intervals provided. For the analysis on anxiety disorder screening, descriptive analyses of the prevalence were performed with comparison of the prevalence among groups of characteristics.

Audio-recordings of IDIs and FGDs were transcribed into English by the translators in the field. The transcriptions were immediately overlooked and revised by the qualitative researcher in the field. Audio-recordings were securely kept in a locked room. The audio-recordings and transcriptions of interviews were saved in Dropbox immediately after completion. Transcripts of IDIs and FGDs were thematically analyzed through a process of systematic classification and coding of the text, identifying themes and recurring trends, corresponding to the research objectives.

3.8. Ethical considerations

The protocol was approved by the Greek ethical committee of the National School of Public Health (approval number 3411/02.03.2017) and the Ethical Committee of LSTMH. In addition, the administrative authorities of the cities covered by the survey were officially informed as well as the various actors responsible for camp management. The study was conducted in accordance with the principles of the Helsinki Declaration[14] and the EU guidance note – research on refugee, asylum seekers and migrants[15].

Considering the absence of any medical intervention targeting the population (i.e. no specimen collection, administration of vaccines or any medicine) and the absence of any experimental question, and in accordance with the importance of maintaining anonymity of participants (cf. EU guidance note – research on refugee, asylum seekers and migrants) in such circumstances, only oral consent was requested to adults in their native language.

Special considerations for inclusion of minors
The population under 18 years old was represented by a carer. It was important to understand and document their specific problems and vulnerabilities, in order to respond with specific strategies to this age group. For all participants under 18 years old, the consent of a legal representative was systematically collected if it did exist. If there was no legal representative available, participants under 15 years old were not included in the study. Participants aged 15-18 years old represent a group with specific vulnerabilities and this would be very important to document this population in order to adapt the strategies for this group, The EU guidance note (Research on refugees, asylum seekers and migrants) recommends for vulnerable groups as unaccompanied minors, to consider including an experienced NGO member (this was the case, as one of the field coordinators was a highly experienced MSF medical staff). If there was no legal representative that could give consent, the participants aged 15-17 years old were included after obtaining their oral consent. For the recorded interview, oral consent was collected; in the case of a participant volunteering for the qualitative survey but refusing to be recorded, the interview took place without recording.

Anonymity
Data collected through the questionnaires were confidential and anonymous, each individual was attributed a study identification composed by the 2 first letters of the site, the household number and the individual number in the shelter. Every respondent was free to withdraw his consent at any time of the survey, without any consequence to their family.

Study questionnaires and records were kept in a locked room, under the responsibility of the principal investigator, in Epicentre in Paris. Access to study questionnaires and records were strictly restricted to the principal investigator, the two co-investigators and the data entry clerk.

Safety and Care
If, during the interview, the interviewee showed clear sign of discomfort, the interview was immediately interrupted and the participant was referred to a psychologist. In case of witnessing a potential medical issue, the researcher was asked to call the coordinator (a nurse with 10-year experience) who assessed the presence of a serious medical condition and referred to the local

[14] Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects - http://jamanetwork.com/journals/jama/fullarticle/1760318 - 2013
[15] European Comission - Guidance note - Research on refugees, asylum seekers and migrants - 2013

organization responsible for resident's health in the camp (this organisation was informed prior to the start of the study, if necessary) - even if it was in a household where participation was declined or if the household was not randomly selected for the survey, the support was provided for free. Anyone under 18 years was offered a referral to a social worker if they wished. Anyone requiring assistance and care was immediately referred to a doctor, or a psychologist or a social worker, present in the site.

Considering that reporting their situations to the Greek authorities could expose the participant to a potential risk of reprisal, and that we ensured the confidentiality and anonymity of their participation to the survey, the group did not report the issues faced to the authorities but strongly advised the participant to report himself/herself the situation to the authorities and meet with one of the psychologists and social workers present on site. However, if the field team witnessed an issue during the survey in the camps, the team did automatically inform the camp manager and other competent actors as soon as possible.

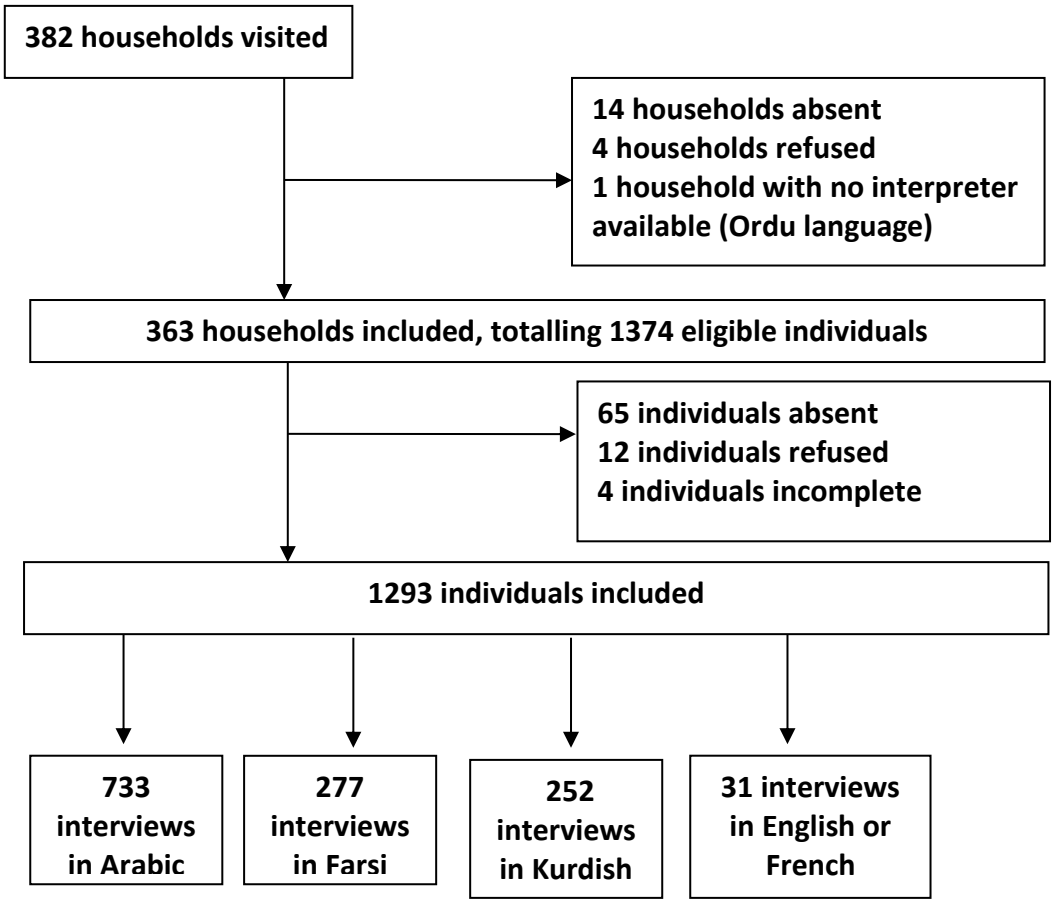
In terms of security of the researchers in the camp, all researchers systematically worked by pair and were not allowed to stay on their own. They were all equipped with a mobile phone and a list of contact details of the coordinators, the camp manager and other researchers. Also, a car was permanently stationed in each site in case of any emergency evacuation. Group plan (all researchers meet together) was explicitly defined in case of any emergency. The researchers received, during their training, information on security rules and behavior by the MSF Security Officer. Furthermore, one experienced logistician was recruited to ensure the security rules were respected and security conditions monitored.

4. Results – Quantitative survey

4.1. Study participants

The study was completed between November 29th 2016 and February 6th 2017 (2 months and 1 week). Of the 382 selected households, 363 (95%) participated totalling 1,374 eligible individuals, of whom 1293 (95%) agreed to participate (See Flowchart of the survey, **Figure 2**). The individual refusal rate (12/1374, 0.9%) was extremely low.

Figure 2 – Flowchart of the survey



4.2. Sociodemographics

4.2.1. Study population characteristics

The characteristics of the study population are presented in Tables 1 and 2, by site and overall. In total, 60.9% of the study population was over 15 years old, this proportion ranged from 46.6% in Ritsona camp to 83.7% in the Hotspot of Samos. The young population (≤5 years old) represented 16.8% of the study population. In Ritsona camp, 27.2% of the camp population was aged 0-5 years old, in Soho Hotel 5.7% of the hotel population was aged 0-5 years old (See Table 1).

Table 1: Distribution of study population by age class, site and overall, Nov 2016 - Feb 2017

	Ritsona N=310 n (%)	Malakasa N=224 n (%)	Katsikas N=140 n (%)	Faneromani N=116 n (%)	Hotel Ioannina N=122 n (%)	Samos N=240 n (%)	Soho Hotel N=141 n (%)	Total N=1293 n (%)
Age class, yr								
0-5	84 (27.2)	41 (18.3)	26 (18.6)	23 (20.0)	20 (16.4)	15 (6.3)	8 (5.7)	**217 (16.8)**
6-14	81 (26.2)	54 (24.1)	32 (22.8)	37 (32.2)	43 (35.2)	24 (10.0)	17 (12.0)	**288 (22.3)**
≥15	144 (46.6)	129 (57.6)	82 (58.6)	55 (47.8)	59 (48.4)	201 (83.7)	116 (82.3)	**786 (60.9)**
Total	**309**	**224**	**140**	**115**	**122**	**240**	**141**	**1291**

**missing data for 2 participants*

Overall, 40.1% of participants were female and their median age was 19 years (Interquartile range [IQR]: 8-30). In the Hotspot of Samos and the Soho Hotel, the majority of the site's residents were male (respectively 77.4% and 75.9%), in Faneromani camps and Ritsona camp, 50.0% of the site's population were males. The median age in Ritsona camp was 12 years old (IQR: 5-30], in Faneromani camp the median age was 14 years old (IQR:7-30), in Ioannina Hotel the median age was 13 years old (IQR: 8-25), in the others sites the population was older, median age was from 17 years old (IQR: 7-29) in Malakasa camp to 24 years old (IQR: 17-31) in the Hotspot of Samos.

Overall, 64% of the study population was from Syria, 16.3% from Afghanistan and 15.6% from Iraq. The communities were grouped by camps, in Ritsona, Katsikas camps, Hotel Ioannina and Soho Hotel the majority of site's population were from Syria or Iraq (from 86.5% to 100%), in Malakasa camp the population was from Afghanistan and Iran (99.6%), in Faneromani the population was from Iraq (98.3%), in the Hotspot of Samos the population was more heterogeneous, with a majority of Syrians (30.3%) (See **Table 2**). The region of origin of the study participants is presented in **Table 3**. The Syrians were, in a majority, from the regions of Aleppo, Damascus and Al Hassaka, the Afghanis were from Kabul, Kunduz and Herat and the Iraqis from Sinjar and Slemani.

Overall, 54.1% of the population over 15 years old was married and 42.7% were single. In the Hotspot of Samos and the Soho Hotel, the majority of the site's population over 15 years old was single (respectively 59.3% and 63.5%), in the other sites the population was married in majority (from 58.2% to 77.2%). Of the total number of the participants over 15 years old, the majority had a secondary or tertiary level of education with heterogeneity between the sites, from 5.7% in

Faneromani camp to 79.7% in Katsikas camp. Concerning the family situation in the site at the time of the interview, 70.4% of the study participants reported to be among a nuclear family.

Table 2: Sociodemographic characteristics of study population, per site and overall, Nov 2016 - Feb 2017

Characteristics	Ritsona N=310 n (%)	Malakasa N=224 n (%)	Katsikas N=140 n (%)	Faneromani N=116 n (%)	Hotel Ioannina N=122 n (%)	Samos N=240 n (%)	Soho Hotel N=141 n (%)	Total N=1293 n (%)
Female,	153 (50.8)	101 (45.9)	56 (40.6)	57 (50.0)	55 (45.8)	54 (22.6)	34 (24.1)	**510 (40.1)**
Median age, yr [IQR]	12 [5-30]	17 [7-29]	21 [9-31]	14 [7-30]	13 [8-25]	24 [17-31]	23 [18-31]	**19 [8-30]**
Country of origin								
Syria	286 (92.3)	-	135 (95.1)	2 (1.7)	117 (95.9)	73 (30.3)	119 (74.4)	**732 (56.6)**
Afghanistan	-	176 (78.6)			1 (0.8)	33 (13.7)	-	**211 (16.3)**
Iraq	14 (4.5)	-	7 (4.9)	114 (98.3)	3 (2.4)	47 (19.9)	17 (12.1)	**203 (15.7)**
Iran	-	47 (21.0)	-	-	-	22 (9.1)	2 (1.4)	**71 (5.5)**
Algeria	-	-	-	-	-	23 (9.5)	-	**23 (1.8)**
Others	10 (3.2)	1 (0.4)	-	-	1 (0.8)	42 (17.4)	3 (2.1)	**57 (4.4)**
Among ≥15 y.o								
Marital status								
Single	25 (19.7)	36 (28.4)	32 (40.0)	17 (32.7)	22 (40.0)	115 (59.3)	73 (63.5)	**320 (42.7)**
Married/Union	98 (77.2)	84 (66.1)	47 (58.8)	34 (65.4)	32 (58.2)	70 (36.1)	41 (35.7)	**406 (54.1)**
Separated/Divorced	1 (0.8)	3 (2.4)	0 (0.0)	0 (0.0)	1 (1.8)	4 (2.1)	1 (0.9)	**10 (1.3)**
Widowed	3 (2.4)	4 (3.2)	1 (1.3)	1 (1.9)	0 (0.0)	5 (2.6)	0 (0.0)	**14 (1.9)**
Missing	17	2	2	3	4	7	1	**36**
Level of education								
None	19 (14.5)	34 (28.1)	5 (6.3)	23 (43.4)	2 (3.5)	7 (3.6)	9 (7.9)	**99 (13.2)**
Primary	56 (42.8)	42 (34.7)	11 (13.9)	27 (50.9)	14 (24.6)	39 (20.1)	18 (15.8)	**207 (27.6)**
Secondary	35 (26.7)	43 (35.5)	40 (50.6)	2 (3.8)	30 (52.6)	113 (58.3)	53 (46.5)	**316 (42.2)**
Tertiary	21 (16.0)	2 (1.7)	23 (29.1)	1 (1.9)	11 (19.3)	35 (18.0)	34 (29.8)	**127 (17.0)**
Missing	13	8	3	2	2	7	2	**37**

The region of origin of the study participants is presented in Table 3. The Syrians were, in a majority, from the regions of Aleppo, Damascus and Al Hassaka, the Afghanis were from Kabul, Kunduz and Herat and the Iraqis from Sinjar and Slemania.

Table 3: Country and region of origin of study population, overall, Nov 2016 - Feb 2017

Region of origin		Total N=1293 n (%)
Syria		732 (100)
	Aleppo	245 (33.5)
	Damascus	121 (16.5)
	Al Hassaka	112 (15.3)
	Others	254 (34.7)
Afghanistan		211
	Kabul	65 (30.8)
	Kunduz	48 (22.7)
	Herat	32 (15.2)
	Others	66 (31.3)
Iraq		203
	Sinjar	119 (58.6)
	Slemani	26 (12.8)
	Duhuk	11 (5.4)
	Others	47 (23.2)

4.2.2. Vulnerability status

Vulnerabilities (according to the individual characteristics that were collected such as pregnant women, children alone, single parents, self-reported chronic disease, participant ≥60 years old) are presented in Table 4

Table 4: Vulnerabilities, per site, Nov 2016 - Feb 2017

Characteristics	Ritsona N=310 n (%)	Malakasa N=224 n (%)	Katsikas N=140 n (%)	Faneromani N=116 n (%)	Hotel Ioannina N=122 n (%)	Samos N=240 n (%)	Soho Hotel N=141 n (%)
Pregnant women	6 (7.8)	7 (8.7)	-	1 (2.4)	2 (6.1)	1 (2.5)	-
Child alone	2 (0.7)	11 (4.9)	1 (0.7)	-	1 (0.8)	17 (7.1)	2 (1.4)
Single parent	9 (2.9)	4 (1.8)	9 (6.4)	3 (2.6)	23 (18.8)	6 (2.5)	5 (3.6)
Chronic disease	22 (7.1)	18 (8.0)	7 (5.0)	7 (6.1)	19 (15.6)	33 (13.7)	13 (9.2)
Age ≥60 years old	2 (0.7)	2 (0.9)	-	1 (0.9)	-	2 (0.8)	3 (2.1)

4.3. Journey

4.3.1. Reasons for departure and time of travel

The reasons of departure and the time of travel are presented in Tables 5 and 6. In Ritsona camp, Katsikas camp, Faneromani camp and the Soho Hotel, a majority of people interviewed had experienced war in their country of origin, which constituted the main reason for travelling (from 86.2% to 100.0%). Heterogeneous reasons for departure were observed among the newly arrived migrants in Samos and refugees in Malakasa camps. Among the population of these two sites, from 23.1% to 33.5% of people surveyed experience threats, aggression and discrimination with important differences between sites.

Important differences in the time of travel were observed between the sites; median time of journey reported was from 573 days (IQR: 554-574) in Malakasa camp to 31 days (IQR: 17-95) in the Hotspot of Samos, including 26 days spent in Turkey.

Table 5: Reason for departure, per site, Nov 2016 - Feb 2017

Reason	Ritsona N=310 % (CI)	Malakasa N=224 % (CI)	Katsikas N=140 %	Faneromani N=116 %	Hotel Ioannina N=122 %	Samos N=240 % (CI)	Soho Hotel N=141 %
War	94.7 (90.1-97.2)	48.4 (37.1-60.0)	95.7	100.0	99.2	48.7 (37.8-59.8)	86.2
Threats, aggression and discrimination against me or/and my family	4.0 (1.8-8.6)	33.5 (23.9-44.6)	4.3	-	-	23.1 (16.5-31.3)	5.8
Economic	1.0 (0.4-2.8)	9.5 (5.2-16.7)	-	-	0.8	12.2 (6.8-21.0)	4.4
Others	0.3 (0.1-0.2)	8.6 (4.4-16.3)	-	-	-	16.0 (10.0-24.4)	3.6

Table 6: Time of journey and time in turkey, per site, Nov 2016 - Feb 2017

Time of journey Median [IQR]	Ritsona N=310	Malakasa N=224	Katsikas N=140	Faneromani N=116	Hotel Ioannina N=122	Samos N=240	Soho Hotel N=141
Median time of journey, days	62 [26-575]	41 [19-92]	34 [13-899]	573 [554-574]	33 [14-952]	31 [17-95]	64 [19-549]
Median time in Turkey, days	31 [16-93]	12 [5-27]	31 [10-544]	545 [30-556]	14 [7-33]	26 [15-49]	30 [13-147]

4.3.2. Arrival in Greece

The details about the arrival in Greece are presented in Table 7 and Figure 3. Differences in the point of entry to Greece have been observed between the sites; 97.4% of the Faneromani camp's people surveyed entered through the Island of Lesbos, as 86.9% of the respondents in the Hotel Ioannina entered through the Island of Chios. More than 10% of the participants of Ristona and Malakasa camps did not know by which Island they entered Greece.

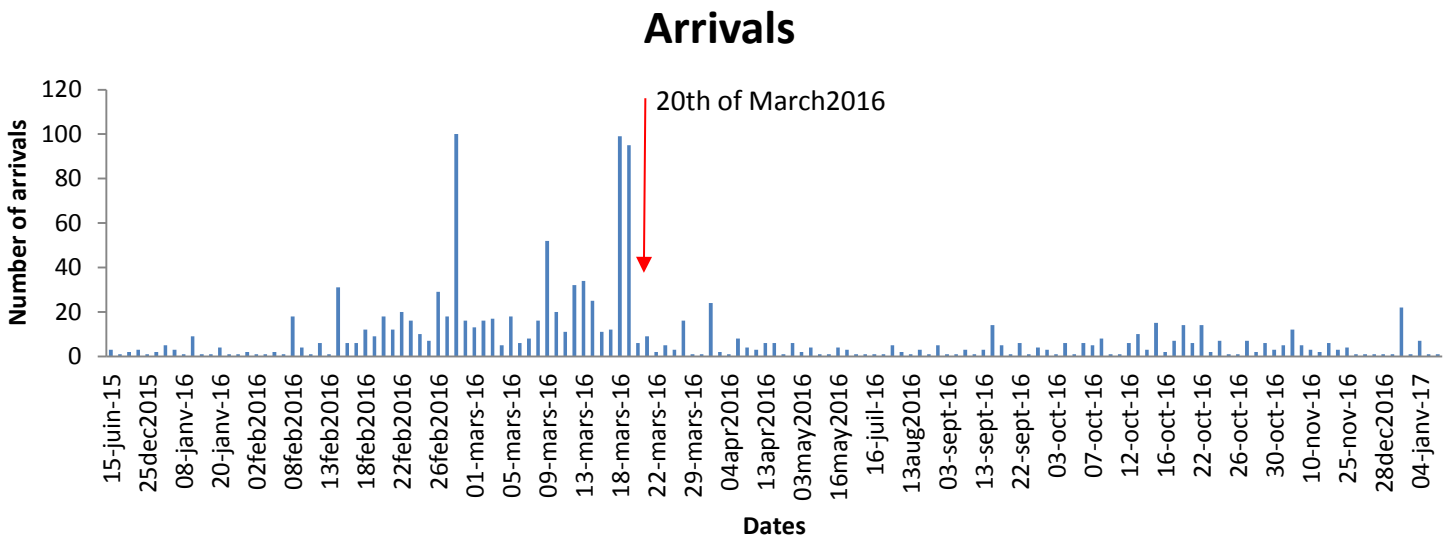
Two peaks of arrival were observed, the first on the 28th of February 2016 and the second just before the 20th of March 2016[16].

Table 7: Point of entry in Greece, per site, Nov 2016 - Feb 2017

Point of entry, n(%)	Ritsona N=310	Malakasa N=224	Katsikas N=140	Faneromani N=116	Hotel Ioannina N=122	Soho Hotel N=141
Lesbos	30.2 (22.8-38.9)	47.1 (35.6-58.9)	22.5	97.4	9.8	57.3
Samos	13.9 (8.9-21.3)	2.7 (0.5-13.6)	2.2	-	0.8	4.4
Chios	39.2 (31.2-47.8)	29.6 (19.6-42.1)	71.0	-	86.9	29.7
Kos	1.7 (0.6-4.4)	3.1 (0.6-15.6)	-	-	-	0.7
Leros	-	-	-	-	-	4.4
Don't know	12.0 (7.4-18.8)	14.4 (8.4-23.6)	4.4	2.6	2.5	2.2
Other	3.0 (0.9-9.7)	3.1 (1.2-8.9)	-	-	-	1.5

[16] On 18th of March 2016, the European Union (EU) and Turkey agreed to replace the illegal migration from turkey to EU with legal channels of resettlement of refugees to the European Union. The agreement took effect as of 20th March 2016

Figure 3 – Arrival in Greece



4.4. Experience of violence

Prevalence of violence experienced, types of violence and perpetrators are presented in Tables 8, 9, 10, 11 and 12. Among the participants of Malakasa camp, 12.9% reported having experienced at least one violent event in their country of origin; 26.7% of the participants of Ritsona camp reported having experienced at least one violent event in their country of origin. Among the participants of the other sites (except in Faneromani camp), from 51.4% (in Katsikas camp) to 66.0% (in the Soho hotel) reported having experienced at least one violent event in their country of origin.
In Turkey, 9.9% of the participants of Malakasa camp and 14.2% of the participants of Hotel Ioannina, reported having experienced at least one violent event. In the other sites, from 21.0% (in the Soho hotel) to 44.8% (in the Hotspot of Samos) reported having experienced at least one violent event in Turkey.
Among the participants in the Hotspot of Samos, 23.1% reported having experienced at least one violent event in Greece, and 24.9% reported having experienced at least one violent event in the Hotspot. Among the participants of the other sites, from 4.6% (in Ritsona) to 8.7% (in Hotel Ioannina) reported having experienced at least one violent event in Greece; and from 1.4% (in Katsikas) to 8.3% (in Hotel Ioannina) reported having experienced at least one violent event in the site where they were living.

Prevalence of violence by groups of characteristics are presented in table 18. Among women, from 18.8% (in Malaksa camp) to 48.1% (in the Hotspot of Samos) reported having experienced at least one violent event during their journey. Concerning the men, from 27.7% (in Hotel Ioannina) to 63.2% (in the Hotspot of Samos) reported having experienced at least one violent event during their journey.
Among the age groups, prevalence of violence experienced was from 14.6% to 25.0% for the youngest (0-5 years old) and from 29.1% to 65.2% for the adults.

Type of violence experienced in Turkey and Greece was mainly “Beat” (from 40.0% to 90.5% of the reported violent events in Greece).

Table 8: Prevalence of violence experienced per country, per site, Nov 2016 – Feb 2017

Prevalence of experienced at least one violent event	Ritsona N=310 % (CI)	Malakasa N=224 % (CI)	Katsikas N=140 %	Hotel Ioannina N=122 %	Samos N=240 % (CI)	Soho Hotel N=141 %
In country of origin	26.7 (21.0-33.5)	12.9 (9.2-17.8)	51.4	58.7	63.5 (55.1-71.2)	66.0
In turkey	23.5 (17.7-30.6)	9.9 (5.8-16.6)	26.9	14.2	44.8 (37.1-52.7)	21.0
In Greece	4.6 (2.5-8.2)	5.5 (3.2-9.3)	6.2	8.7	23.1(16.9-30.9)	8.3
In site	2.3 (1.2-4.4)	5.5 (3.0-10.0)	1.4	8.3	24.9 (17.6-33.9)	2.4
During the journey (except country of departure)	28.0 (21.9-35.0)	24.3 (18.3-31.6)	32.9	24.6	54.7(46.6-62.6)	31.2

Table 9: Prevalence of violence experienced by characteristics, per site, Nov 2016 – Feb 2017

Prevalence of experienced at least one violent event during the journey (except country of departure)	Ritsona % (CI)	Malakasa % (CI)	Katsikas %	Hotel Ioannina %	Samos % (CI)	Soho Hotel %
Men	29.7(22.9-32.6)	36.9 (27.8-46.9)	33.7	27.7	63.2(54.2-71.4)	31.8
Women	29.2 (22.0-36.9)	18.8 (11.7-28.8)	36.0	21.8	48.1 (32.3-64.4)	32.3
Age group						
0-5	17.8 (11.5-26.7)	14.6 (6.5-29.7)	19.2	20.0	20.0 (7.5-43.4)	25.0
6-14	30.0 (21.0-42.3)	16.7 (9.0-28.7)	28.1	23.3	41.7 (19.9-67.2)	17.6
≥15	34.0 (27.0-41.9)	29.1 (21.7-37.8)	40.5	28.8	65.2 (56.7-72.8)	34.5

Table 10: Type of violence experienced in the country of origin, per site, Nov 2016 – Feb 2017

Type of violence experienced	Ritsona N=119 n (%)	Malakasa N=44 n (%)	Katsikas N=91 n (%)	Hotel Ioannina N=87 n (%)	Samos N=249 n (%)	Soho Hotel N=142 n (%)
Sexual violence	4 (3.4)	-	1(1.1)	2 (2.3)	13(5.2)	4 (2.8)
Kidnapping	1 (0.8)	1 (2.3)	-	-	1 (0.4)	-
Gas	8 (6.7)	-	1 (1.1)	-	-	1 (0.7)
Bomb	75 (63.1)	2 (4.5)	51 (56.0)	49 (56.3)	70 (28.1)	93 (65.5)
Physical torture	-	1 (2.3)	1 (1.1)	-	11 (4.4)	7 (4.9)
traumatism	13 (10.9)	3 (6.8)	6 (6.6)	3 (3.4)	21 (8.4)	3 (2.1)
Knife	-	1 (2.3)	-	-	1 (0.4)	-
Beat	14 (11.8)	16 (36.4)	22 (24.2)	3 (3.4)	94 (37.7)	21 (14.8)
Other	3 (2.5)	3 (6.8)	1 (1.1)	1 (1.1)	8 (3.2)	3 (2.1)
Threats	1 (0.8)	17 (38.6)	8 (8.8)	29 (33.3)	28 (11.2)	10 (7.0)
Guns	-	-	-	-	1 (0.4)	-
Detention	-	-	-	-	1 (0.4)	-

Table 11: Type of violence experienced in Turkey, per site, Nov 2016 – Feb 2017

Type of violence experienced	Ritsona N=106 n (%)	Malakasa N=21 n (%)	Katsikas N=36 n (%)	Hotel Ioannina N=17 n (%)	Samos N=151 n (%)	Soho Hotel N=45 n (%)
Sexual violence	-	1 (4.8)	-	1 (5.8)	1 (0.7)	-
Kidnapping	-	-	-	-	-	-
Gas	3 (2.8)	-	-	-	-	-
Bomb	6 (5.6)	-	1 (2.8)	-	1 (0.7)	1 (2.2)
Physical torture	1 (0.9)	-	-	-	5 (3.3)	3 (6.7)
traumatism	23 (21.7)	1 (4.8)	-	-	15 (9.9)	8 (17.8)
Knife	-	-	-	-	1 (0.7)	-
Beat	38 (35.8)	5 (23.8)	4(11.1)	4 (23.6)	91 (60.3)	13 (28.9)
Other	34 (32.1)	5 (23.8)	31 (86.1)	6(35.3)	32 (21.2)	15 (33.3)
Threats	1 (0.9)	8 (38.1)	-	3 (17.6)	3 (2.0)	4 (8.9)
Guns	-	-	-	2 (1.3)	2 (1.3)	1 (2.2)
Detention	-	1 (4.8)	-	-	-	-
Perpetrator of violence experienced						
Police/army	74(81.3)	17 (77.3)	20 (57.1)	13 (72.2)	105 (70.0)	34 (72.3)
Smugglers	17 (18.7)	3 (13.6)	12 (34.3)	5 (27.8)	28 (18.7)	4 (8.5)
refugees	-	-	-	-	3 (2.0)	-
Local	-	-	1 (2.8)	-	6 (4.0)	8 (2.1)
Others	-	2 (9.1)	2 (5.7)	-	8 (5.3)	1 (2.1)

Table 12: Type of violence experienced in Greece, per site, Nov 2016 – Feb 2017

Type of violence experienced	Ritsona N=21 n (%)	Malakasa N=23 n (%)	Katsikas N=10 n (%)	Hotel Ioannina N=10 n (%)	Samos N=76 n (%)	Soho Hotel N=15 n (%)
Sexual violence	-	2 (8.7)	-	-	1 (1.3)	-
Kidnapping	-	1 (4.3)	-	-	-	-
Gas	-	-	1	2 (20.0)	-	-
Bomb	-	-	-	-	-	-
Physical torture	-	-	-	-	-	-
traumatism	-	-	-	-	3 (3.9)	-
Knife	1 (4.8)		-		3 (3.9)	-
Beat	19 (90.5)	16 (69.6)	8 (80.0)	8 (80.0)	48 (63.2)	6 (40.0)
Other	1 (4.8)	2 (8.7)	1 (10.0)	-	16 (21.1)	7 (46.7)
Threats	-	1 (4.3)	-	-	5 (6.6)	2 (13.3)
Guns	-	-	-	-	-	-
Detention	-	-	-	-	-	-
Perpetrator of violence experienced						
Police/army	7 (3.3)	3 (13.6)	5 (71.4)	3 (27.3)	34 (45.3)	9 (56.2)
Smugglers	-	-	-	-	-	-
refugees	9 (42.9)	16 (72.7)	1 (14.3)	8 (72.7)	25 (33.3)	5 (31.2)
Local	2 (9.5)	2 (9.0)	-	-	9	2 (12.5)
Others	3 (14.3)	1 (4.5)	1 (14.3)	-	7	-

4.5. Daily life

The livelihoods are presented in Table 13. Majority of the study participants were receiving money through the UN cash transfer system, from 68.9% among the participants in Ritsona camp to 100.0% in Faneromni and Hotel Ioannina; with the exception among the surveyed in the Hotspot of Samos (1.9% were receiving cash transfer and 83.9% had no livelihood).

Table 13: Livelihoods, per site, Nov 2016 - Feb 2017

Livelihoods	Ritsona N=310 % (CI)	Malakasa N=224 % (CI)	Katsikas N=140 %	Faneromani N=116 %	Hotel Ioannina N=122 %	Samos N=240 % (CI)	Soho Hotel N=141 %
Cash transfer from UN	68.9 (59.5-77.0)	89.3 (81.2-94.1)	99.3	100.0	100.0	1.9 (0.6-5.7)	76.5
Money from home	10.5 (6.2-17.2)	3.9 (1.1-13.2)	-	-	-	9.0 (5.1-15.6)	-
Money from family	2.1 (0.5-7.9)	-	-	-	-	5.2 (1.8-14.5)	0.8
None	18.5 (12.0-27.5)	6.8 (3.5-13.0)	0.7	-	-	83.9 (74.9-90.1)	22.7

4.6. Health status

4.6.1. Health status from the country of departure to the site of interview and access to healthcare

Health status of the study population in Turkey and in site are detailed in Table 14. Types of health problems are detailed in Tables 15 and 16.

Differences in prevalence of experienced at least one health problem in site have been observed between the sites, from 32.4% (in Ritsona camp) to 78.1% (in the Hotspot of Samos) reported having experienced at least one health problem since the arrival in the site. The majority of types of health problem (in site) reported was respiratory problems, from 3.0% (in Malakasa camp) to 36.9% (in Hotel Ioannina), and digestive, from 2.4% (in Soho hotel) to 8.9% (in Malakasa camp).

In Turkey, access to healthcare is poor for people of Malakasa and Samos (71.8% and 81.8% of health problems reported were not cured).

Table 14: Prevalence of problems in Turkey and in site, per site, Nov 2016 – Feb 2017

Prevalence of experienced at least one health problem	Ritsona N=310 % (CI)	Malakasa N=224 % (CI)	Katsikas N=140 %	Faneromani N=116 %	Hotel Ioannina N=122 %	Samos N=240 % (CI)	Soho Hotel N=141 %
In site	32.4 (27.3-38.1)	76.1 (68.7-82.3)	47.1	63.4	35.5	78.1 (70.7-84.0)	47.5
Turkey	24.6(19.9-29.9)	33.1 (26.3-40.5)	29.8	83.6	33.3	46.9(40.0-53.8)	33.3

Table 15: Type of health problems reported in Turkey, per site, Nov 2016 – Feb 2017

Type disease and access to health care	Ritsona N=92 n (%)	Malakasa N=79 n (%)	Katsikas N=43 n (%)	Faneromani N=94 n (%)	Hotel Ioannina N=48 n (%)	Samos N=142 n (%)	Soho Hotel N=55 n (%)
Trauma/Injuries	6 (6.5)	3 (3.8)	2 (4.6)	7 (7.4)	-	13 (9.2)	4 (7.3)
Gyneco/Obstetric	3 (3.3)	-	2 (4.6)	9 (5.6)	4 (8.3)	1 (0.7)	2 (3.6)
Cardiology	6 (6.5)	4 (5.1)	2 (4.6)	2 (2.1)	7 (14.6)	8 (5.6)	4 (7.8)
Respiratory/URTI*	31 (33.7)	32 (40.5)	16 (37.2)	34 (36.2)	30 (62.5)	44 (31.0)	15 (27.3)
Digestive	12 (13.0)	6 (7.6)	3 (7.0)	20 (21.3)	3 (6.3)	11 (7.8)	8 (14.6)
Skin problems**	-	2 (5.3)	2 (4.6)	2 (2.1)	-	1 (0.7)	-
Neurology	2 (2.2)	9 (11.4)	2 (4.6)	-	-	8 (5.6)	3 (5.5)
Urinary/Nephrology	5 (5.4)	1 (1.3)	1 (2.3)	3 (3.2)	-	8 (5.6)	4 (7.3)
Other	27 (29.3)	22 (27.8)	13 (30.2)	17 (19.0)	4 (8.3)	48 (33.8)	15 (27.3)
No access to health care, %	57.6%	71.8%	53.3%	33.0%	50.0%	83.8%	53.6%

*URTI: Upper Respiratory Tract Infection

** Including burns

Table 16: Type of health problems reported in site, per site, Nov 2016 – Feb 2017

Type disease	Ritsona N=121 n (%)	Malakasa N=226 n (%)	Katsikas N=90 n (%)	Faneromani N=84 n (%)	Hotel Ioannina N=46 n (%)	Samos N=274 n (%)	Soho Hotel N=47 n (%)
Trauma/Injuries	8 (6.6)	6 (2.7)	7 (7.8)	12 (14.3)	-	13 (4.7)	1 (2.1)
Gyneco/Obstetric	9 (7.4)	7 (3.1)	3 (3.3)	8 (9.5)	4 (8.7)	7 (2.6)	4 (8.5)
Cardiology	8 (6.6)	8 (3.5)	5 (5.6)	2 (2.4)	7 (15.2)	16 (5.8)	1 (2.1)
Respiratory/URTI	30 (24.8)	94 (41.6)	37 (41.1)	32 (38.1)	22 (47.8)	94 (34.3)	8 (17.0)
Digestive	12 (9.9)	24 (10.6)	9 (10.0)	8 (9.5)	3 (6.5)	27 (9.9)	3 (6.4)
Skin problems	-	3 (1.3)	3 (3.3)	2 (2.4)	-	4 (1.5)	-
Neurology	2 (1.7)	7 (3.1)	1 (1.1)	-	-	6 (2.2)	2 (4.3)
Urinary/Nephrology	7 (5.8)	5 (2.2)	2 (2.2)	3 (3.6)	1 (2.2)	14 (5.1)	6 (12.8)
Other	45 (37.2)	72 (31.9)	23 (25.6)	17 (20.2)	9 (19.6)	93 (33.9)	22 (46.8)
No access to health care, %	9.7%	6.4%	13.6%	-	17.0%	10.2%	15.7%

4.6.2. Access to health care in Greece and long term disease prevalence

In **Table 17**, we present the proportion of surveyed, by site, reporting a disease that requires a treatment. Among the participants in Hotel Ioannina, 15.6% reported a disease that required treatment, among them 9.8% were suffering from asthma. In the Hotspot of Samos, 13.7% of the surveyed suffered from a disease that required treatment, among them 5.0% with asthma and 2.9% with diabetes. In the other sites, comparable lower proportions were observed; from 0.9% (in Faneromani camp) to 2.3% (in Ritsona camp) reported suffering of Asthma, and from 0.7% (in Katsikas camp) to 2.6% (in Faneromani camp) reported suffering from diabetes, none of the participants in Ritsona reported suffering from diabetes.

Concerning other diseases that required chronic treatment we documented, from 0.5% (in Malakasa camp) to 1.7% (in the Hotspot of Samos) reported suffering from hypertension, which is not surprising considering the median age of the study population. None of the participants in Faneromani camp reported having hypertension. From 0.7% (in the Soho Hotel) to 2.5% (in the Hotel Ioannina) of the surveyed reported having heart problems that require a treatment and from 0.7% (in Katsikas) to 2.8% (in the Soho Hotel) of the surveyed reported having kidney troubles that require a treatment.

Among the participants who reported suffering of a disease that required treatment, from 38.1% (in Ritsona camp) to 80.0% (in Katsikas camp) reported having access to appropriate medicine. Poor access to a specialist and appropriate medicine was reported by the participants in Ritsona camp, the Hotspot of Samos and the Soho Hotel.

During the time of the survey, from 2.7% to 12.1% of women aged >15 were registered as pregnant (except in Katsikas and Soho Hotel where no woman reported being pregnant), and among the pregnant women, poor access to antenatal care (ANC) was reported in Ritsona camp (only 4 of the 6 pregnant participants were followed for ANC) and Samos (the only one pregnant woman was not followed for ANC). In Malaksa, of the 7 pregnant women, 6 were followed for ANC at the time of the survey, the unique pregnant participant in Faneromani camp was also followed for ANC, and in Hotel Ioannina the 2 pregnant participants were followed for ANC.

During the time of the survey, from 16.4% (in Malakasa camp and the Hotspot of Samos) to 29.1% (in Faneromani camp) of the surveyed reported been referred at least once for X-Ray to a hospital in Greece, from 14.6% (in the Hotspot of Samos) to 44.6% (Faneromani camp) reported been referred at least once for blood analyses to a hospital in Greece. And from 1.8% (in Malakasa camp) to 7.8% (in Faneromani camp) reported been referred for surgery to a hospital in Greece.

Table 17: Long-term disease reported and access to health care, per site, Nov 2016 - Feb 2017

	Ritsona N=310 % (CI)	Malakasa N=224 % (CI)	Katsikas N=140 %	Faneromani N=116 %	Hotel Ioannina N=122 %	Samos N=240 % (CI)	Soho Hotel N=141 %
Chronic disease:							
Diabetes	-	1.8 (0.8-4.0)	0.7	2.6	0.8	2.9 (1.4-6.2)	1.4
Hypertension	1.3 (0.7-2.5)	0.5 (0.1-2.4)	1.4	-	1.6	1.7 (0.7-4.1)	0.7
Heart problems	1.9 (1.1-3.3)	1.8 (0.8-4.1)	-	1.7	2.5	2.1 (0.9-4.6)	0.7
Kidney	1.3 (0.7-2.5)	0.9 (0.3-2.9)	0.7	0.9	0.8	1.7 (0.7-4.0)	2.8
Epilepsy	0.3 (0.0-1.3)	1.3 (0.5-3.5)	-	-	-	0.4 (0.1-2.6)	2.1
Asthma	2.3 (1.1-4.4)	1.8 (0.6-5.0)	2.1	0.9	9.8	5.0 (2.8-8.7)	1.4
None	92.9 (90.5-94.7)	92.0 (87.6-94.9)	95.0	94.0	84.4	86.3 (81.7-89.8)	
Access in Greece to (if chronic disease):	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**
Specialist	9 (42.9)	10 (71.4)	5 (100.0)	3 (75.0)	14 (82.4)	10 (40.0)	4 (36.4)
Translator	8 (38.1)	7 (50.0)	5 (100.0)	2 (50.0)	12 (70.6)	8 (32.0)	5 (45.5)
Appropriate medicine	8 (38.1)	7 (50.0)	4 (80.0)	2 (50.0)	12 (70.6)	9 (37.5)	6 (54.6)

Table 18: Referrals, per site, Nov 2016 - Feb 2017

	Ritsona N=310 % (CI)	Malakasa N=224 % (CI)	Katsikas N=140 %	Faneromani N=116 %	Hotel Ioannina N=122 %	Samos N=240 % (CI)	Soho Hotel N=141 %
Referred to:							
X-Ray	17.0 (14.1-20.1)	16.4 (12.1-21.9)	17.1	29.1	22.7	17.1 (12.7-22.8)	23.9
Blood analyses	20.6 (16.9-24.9)	20.4 (15.1-26.8)	19.6	44.6	29.7	14.6 (10.4-20.2)	21.6
Specialist	19.9 (16.4-24.1)	14.1 (10.2-19.3)	27.1	41.1	28.9	12.2 (9.2-16.1)	22.8
Surgery	2.5 (1.5-4.0)	1.8 (0.8-4.2)	2.2	7.1	2.5	4.6 (0.1-2.9)	4.4

4.7. Mental Health RHS15

Results from the anxiety disorder screening are presented in Tables 19, 20, 21, 22 and 23. The following results are presented only for study population groups over 14 years old (the RHS15 tool was administrable only among the participants aged 14 years old or more). We will not present confidence intervals but only observed numbers and percentages; in several camps the tool was not administrated with the Kurdish speakers because of a lack of a Kurdish interpreter working the psychologist and thus ethical considerations (i.e. no possibility to refer).

Among the 786 participants over 14 years old (excluding Kurdish speakers), 630 (80.2%) participants were screened using the RHS15. From 73.6% (in Katsukas camp) to 100.0% (in Faneromani camp) of the screened participants were screened positive, which means that these participants were in need of a psychological consultation. Among the screened positive participants, heterogeneous proportions of referring refusal (which means that the positive screened participant refused to be referred to the on-site psychologist) were observed, from 71.4% (in Faneromani camp) to 34.0% (in Malakasa camp) actually refused the referral to an on-site psychologist.

Proportions of participants screened positive are presented in Table 20, by characteristics. Among the screened women, from 80.8% (in Katsikas camp) to 100.0% (in the Hotspot of Samos) were screened positive. From 66.7% (in Hotel Ioannina) to 96.9% (in the Hotspot of Samos) of screened men were screened positive. Significant differences of prevalence of anxiety disorder morbidity were observed only in Malakasa camp between gender and age groups; in Malakasa camp, women were more likely to be screened positive comparing to men and young participants were less likely to be screened positive comparing to older participants. No differences were observed between young women and older women, and between young men and older men.
Concerning the youth population (14-25 years old), from 69.2% (in the Soho hotel) to 96.9% (in the Hotspot of Samos) were screened positive; and among the older population (≥26 years old) from 73.4% (in Katsikas camp) to 96.2% (in the Hotspot of Samos) were screened positive to anxiety disorder.

Regarding the marital status and the family situation in the site, prevalence of anxiety disorder morbidity were similar among the participants. Among the screened participants reporting having family in Europe, from 75.8% (in Katsikas camp) to 95.2% (in the Hotspot of Samos) were screened positive; among those who reported having no family in Europe, from 60.0% (in Katsikas camp) to 100.0% (in the Hotspot of Samos) were screened positive. No significant differences have been observed between the participants who reported having family in Europe and those who reported having no family in Europe.

No significant differences was observed concerning the prevalence of anxiety disorder morbidity among the participants who experienced at least one violent event, from 72.7% (in the Soho hotel) to 100.0% (in Katsikas camp, Hotel Ioannina and the Hotspot of Samos) were screened positive; and

from 72.1% (in Hotel Ioannina) to 96.1% (in the Hotspot of Samos) of screened participants who reported having experienced no violent event were screened positive.

We observed significant differences between the screened participants of Malakasa camp who stayed in Greece more than 9 months and those who stayed less than 9 months, and between the participants of Malakasa who travelled for more than 2 months and those who travelled for less than 2 months. In the other sites we did not observe any significant differences in relation with the length of stay in the camp.

In Table 22, we present the proportion of population who refused to be referred to a psychologist on-site by groups of characteristics. Among screened positive women, from 32.0% (in malakasa camp) to 69.0% (in Faneromani camp) refused to be referred to a psychologist. Among the screened positive men, from 34.5% (in the Hotspot of Samos) to 75.0% (in Faneromani camp) refused to be referred. Between the age groups, we observed similar proportions of refusal; among the youngest group screened positive (14-25 years old), from 32.0% (in the Hotspot of Samos) to 68.4% (in Faneromani) refused to be referred, and among the eldest group of screened positive, from 33.9% (in Malakasa camp) to 73.3% (in Faneromani camp) refused to be referred. Regarding the time of stay in Greece, among the screened positive who were staying in Greece since more than 9 months, from 20.0% (in the Hotspot of Samos and in Katsikas camp) to 1.4% (in Faneromani camp) refused to be referred.

In Table 23, we present the symptoms used to score the anxiety disorder, based on a self-report score from 0 to 4 (corresponding to “Not at all” and “Extremely). These results are presented among all participants who answered to at least one of the symptoms (even if the participant did not complete the screening tool). We observed that from 22.8% (in Hotel Ioannina) to 94.2% (in Faneromani camp) answered “extremely” in the sentence “Too much thinking or too many thoughts”.
In Samos, 82.7% of the participants and 46.3% in Faneromani; answered “extremely” to the condition “Feeling helpless”.
To the condition “suddenly scared for no reason”, from 35.0% in the Hotspot of Samos to 68.0% (in Katsikas camp) answered ‘Not at all”, except in Faneromani, where they were only 17.3% to answer “Not at all”.

Table 19: Anxiety disorder morbidity, per site, Nov 2016 – Feb 2017

RHS15	Ritsona N=106 n (%)	Malakasa N=112 n (%)	Katsikas N=72 n (%)	Faneromani N=49 n (%)	Hotel Ioannina N=50 n (%)	Samos N=144 n (%)	Soho Hotel N=97 n (%)
Screened positive	85 (80.2)	97 (86.6)	53 (73.6)	49 (100.0)	38 (76.0)	139 (96.5)	74 (76.3)
	n=85	n=97	n=72	n=49	n=50	n=144	n=97
Refused to be referred	38 (44.7)	33 (34.0)	21 (39.6)	35 (71.4)	19 (50.0)	50 (35.9)	31 (41.9)

Table 20: Prevalence of anxiety disorder morbidity by characteristics, per site, Nov 2016 – Feb 2017

RHS15 Screened positive	Ritsona N=106 n (%)	Malakasa N=112 n (%)	Katsikas N=72 n (%)	Hotel Ioannina N=50 n (%)	Samos N=144 n (%)	Soho Hotel N=97 n (%)
Women	43 (84.3)	50 (98.0))	21 (80.8)	24 (82.8)	22 (100.0)	14 (93.3)
Men	41 (75.9)	47 (79.7)	31 (68.9)	14 (66.7)	116 (95.9)	60 (73.2)
Age group						
14-25	16 (72.7)	33 (76.7)	17 (73.9)	16 (69.6)	64 (96.9)	27 (69.2)
>25	69 (82.1)	64 (92.7)	36 (73.4)	22 (81.5)	75 (96.2)	47 (81.1)
Marital status						
Single	14 (70.0)	27 (75.0)	24 (72.7)	13 (68.4)	86 (95.6)	49 (76.6)
Married/Union	63 (80.8)	64 (92.8)	27 (73.0)	21 (77.8)	45 (97.8)	23 (74.2)
Separated/Divorced	-	2 (100.0)	-	1 (100.0)	3 (100.0)	1 (100.0)
Widowed	2 (100.0)	4 (100.0)	1 (100.0)	-	2 (100.0)	-
Family status in the site						
Nuclear family	57 (79.2)	70 (89.7)	27 (69.2)	12 (63.2)	24 (100.0)	10 (83.3)
Single parent	7 (100.0)	4 (100.0)	6 (100.0)	14 (87.5)	2 (100.0)	4 (80.0)
Child alone	2 (100.0)	6 (60.0)	1 (100.0)	1 (100.0)	16 (100.0)	1 (100.0)
Alone	11 (84.6)	6 (75.0)	17 (73.9)	1 (50.0)	74 (96.1)	54 (76.1)
Family in Europe						
Yes	71 (78.9)	78 (89.7)	47 (75.8)	33 (76.7)	99 (95.2)	66 (78.6)
No	14 (87.5)	19 (76.0)	6 (60.0)	4 (66.7)	40 (100.0)	8 (61.5)
At least one violent event						
Yes	26 (83.9)	41 (89.1)	21 (72.4)	10 (76.9)	95 (96.9)	24 (72.7)
No	59 (78.7)	56 (84.9)	32 (74.4)	28 (75.7)	44 (95.7)	50 (78.1)

RHS15 Screened positive	Ritsona N=106 n (%)	Malakasa N=112 n (%)	Katsikas N=72 n (%)	Hotel Ioannina N=50 n (%)	Samos N=144 n (%)	Soho Hotel N=97 n (%)
Chronic disease						
Yes	9 (100.0)	6 (85.7)	3 (100.0)	7 (100.0)	16 (100.0)	8 (72.7)
No	76 (78.4)	91 (86.7)	50 (72.5)	31 (72.1)	123 (96.1)	66 (76.7)
Vulnerable						
Yes	16 (94.1)	17 (81.0)	8 (100.0)	15 (79.0)	19 (100.0)	5 (62.5)
No	69 (77.5)	80 (87.9)	45 (70.3)	23 (74.2)	120 (96.0)	69 (77.5)
Time of stay in Greece						
>9 months	25 (89.3)	56 (91.8)	20 (69.0)	31 (75.6)	5 (100.0)	68 (76.4)
<=9 months	58 (76.3)	39 (79.6)	33 (76.7)	7 (77.8)	134 (96.4)	6 (75.0)
Time of travel						
>2 months	48 (85.7)	37 (94.9)	25 (71.4)	19 (95.0)	56 (98.3)	33 (70.2)
<=2 months	33 (73.3)	58 (81.7)	28 (75.7)	19 (63.3)	83 (95.4)	39 (81.3)

Table 21: Prevalence of anxiety disorder morbidity, per site, Nov 2016 – Feb 2017

RHS15 Screened positive	Ritsona N=106 n (%)	Malakasa N=112 n (%)	Katsikas N=72 n (%)	Hotel Ioannina N=50 n (%)	Samos N=144 n (%)	Soho Hotel N=97 n (%)
Women vs Men	Not significant (NS)	Significant (S)	NS	NS	NS	NS
14-25 years vs >25 years	NS	S	NS	NS	NS	NS
Young women (14-25) vs older women	NS	NS	NS	NS	-	NS
Young men (14-25) vs older men	NS	NS	NS	NS	NS	NS
Having family in Europe vs no family in Europe	NS	NS	NS	NS	NS	NS
Experienced at least one violent event vs no violent event	NS	NS	NS	NS	NS	NS
Chronic disease vs no chronic disease	NS	NS	NS	NS	NS	NS
Vulnerable vs not vulnerable	NS	NS	NS	NS	NS	NS
Stayed in Greece <9 vs >9months	NS	S	NS	NS	NS	NS
Travelled >2 vs <2 months	NS	S	NS	S	NS	NS

Table 22: Proportion of referral refusal by characteristics, per site, Nov 2016 – Feb 2017

Referral refusal	Ritsona N=85 n (%)	Malakasa N=97 n (%)	Katsikas N=53 n (%)	Faneromani N=49 n (%)	Hotel Ioannina N=38 n (%)	Samos N=139 n (%)	Soho Hotel N=74 n (%)
Gender							
Women	14 (32.6)	16 (32.0)	10 (47.6)	20 (69.0)	13 (54.2)	9 (40.9)	6 (42.9)
Men	23 (56.1)	17 (36.2)	11 (35.5)	15 (75.0)	6 (42.9)	40 (34.5)	25 (41.7)
Age group							
14-25	9 (42.9)	14 (34.2)	8 (36.4)	13 (68.4)	9 (52.9)	24 (32.0)	13 (34.2)
>25	29 (45.3)	19 (33.9)	13 (41.9)	22 (73.3)	10 (47.6)	26 (40.6)	18 (50.0)
Marital status							
Single	7 (50.0)	9 (33.3)	8 (33.3)	10 (62.5)	7 (53.9)	24 (27.9)	18 (36.7)
Married/Union	29 (46.0)	22 (34.4)	12 (44.4)	22 (75.9)	11 (52.4)	24 (53.3)	11 (47.8)
Separated/Divorced	-	-	-	1 (100.0)	-	1 (33.3)	1 (100.0)
Widowed	-	2 (50.0)	1 (100.0)	2 (66.7)	1 (33.3)	-	1 (100.0)
Family status in the site							
Nuclear family	27 (47.4)	25 (35.7)	14 (51.9)	32 (76.2)	4 (33.3)	12 (50.0)	3 (30.0)
Single parent	-	2 (50.0)	1 (16.7)	-	9 (64.3)	-	3 (75.0)
Child alone	2 (100.0)	3 (50.0)	1 (100.0)	-	-	4 (25.0)	1 (100.0)
Alone	6 (54.6)	1 (16.7)	4 (23.5)	-	1 (100.0)	21 (28.4)	21 (38.9)
At least one violent event							
Yes	12 (46.2)	17 (41.5)	12 (57.1)	25 (67.6)	6 (60.0)	28 (29.5)	8 (33.3)
No	26 (44.1)	16 (28.6)	9 (28.1)	10 (83.3)	13 (46.4)	22 (50.0)	23 (46.0)
Vulnerable							
Yes	5 (31.3)	7 (41.2)	2 (25.0)	1 (33.3)	9 (60.0)	4 (21.1)	4 (80.0)
No	33 (47.8)	26 (32.5)	19 (42.2)	34 (73.9)	10 (43.5)	46 (38.3)	27 (39.1)

Referral refusal	Ritsona N=85 n (%)	Malakasa N=97 n (%)	Katsikas N=53 n (%)	Faneromani N=49 n (%)	Hotel Ioannina N=38 n (%)	Samos N=139 n (%)	Soho Hotel N=74 n (%)
Time of stay in Greece							
>9 months	12 (48.0)	18 (32.1)	4 (20.0)	35 (71.4)	16 (51.6)	1 (20.0)	30 (44.1)
<=9 months	25 (43.1)	15 (38.5)	17 (51.5)	-	3 (42.9)	49 (36.6)	1 (16.7)

Table 23: Anxiety disorders symptoms, per site, Nov 2016 – Feb 2017

RHS15	Not at all n (%)	A little bit n (%)	Moderately n (%)	Quite a bit n (%)	Extremely n (%)	Total N
Muscle, bone, joint pains						
Ritsona	52 (44.8)	17 (14.7)	18 (15.5)	14 (12.1)	15 (12.9)	116
Malakasa	43 (35.3)	13 (10.7)	24 (19.7)	20 (16.4)	22 (18.0)	122
Katsikas	46 (58.2)	10 (12.7)	12 (15.2)	7 (8.9)	4 (5.1)	79
Faneromani	11 (21.2)	-	4 (7.7)	12 (23.1)	25 (48.1)	52
Hotel Ioannina	34 (59.7)	8 (14.0)	6 (10.5)	5 (8.9)	(7.0)	57
Samos	58 (35.2)	11 (6.7)	19 (11.5)	29 (17.6)	48 (29.1)	165
Soho Hotel	64 (62.1)	8 (7.8)	12 (11.7)	9 (8.7)	10 (9.7)	103
Felling down, sad, or blue most of the time						
Ritsona	16 (13.9)	16 (13.9)	27 (23.5)	27 (23.5)	29 (25.2)	119
Malakasa	8 (6.5)	14 (11.4)	20 (16.3)	26 (21.1)	55 (44.7)	123
Katsikas	10 (12.7)	14 (17.7)	27 (34.2)	15 (19.0)	13 (16.5)	79
Faneromani	2 (3.9)	1 (1.9)	3 (5.8)	4 (7.7)	42 (80.8)	52
Hotel Ioannina	5 (8.8)	13 (22.8)	26 (45.6)	8 (14.0)	5 (8.8)	57
Samos	3 (1.8)	6 (3.7)	20 (12.2)	36 (22.0)	99 (60.4)	164
Soho Hotel	26 (25.2)	18 (17.5)	12 (11.7)	15 (14.6)	32 (31.1)	103
Too much thinking or too many thoughts						
Ritsona	8 (7.0)	11 (9.7)	15 (13.2)	47 (41.2)	33 (29.0)	114
Malakasa	5 (4.1)	4 (3.3)	20 (16.3)	31 (25.2)	63 (51.2)	123

RHS15	Not at all n (%)	A little bit n (%)	Moderately n (%)	Quite a bit n (%)	Extremely n (%)	Total N
Katsikas	8 (10.3)	11 (14.1)	10 (12.8)	24 (30.8)	25 (32.1)	78
Faneromani	-	-	1 (1.9)	2 (3.9)	49 (94.2)	52
Hotel Ioannina	2 (3.5)	6 (10.5)	8 (14.0)	28 (49.1)	13 (22.8)	57
Samos	5 (3.1)	4 (2.4)	12 (7.3)	42 (25.6)	101 (61.6)	164
Soho Hotel	8 (7.8)	13 (12.6)	10 (9.7)	24 (23.3)	48 (46.6)	103
Feeling helpless						
Ritsona	38 (33.0)	11 (9.6)	28 (24.4)	21 (18.3)	17 (14.8)	114
Malakasa	22 (17.9)	11 (8.9)	21 (17.1)	31 (25.2)	38 (30.9)	123
Katsikas	25 (31.7)	8 (10.1)	14 (17.7)	20 (25.3)	12 (15.2)	78
Faneromani	3 (5.8)	-	4 (7.7)	2 (3.9)	43 (82.7)	52
Hotel Ioannina	15 (26.8)	11 (19.6)	17 (30.4)	8 (14.3)	5 (8.9)	57
Samos	12 (7.3)	6 (3.7)	23 (14.0)	47 (28.7)	76 (46.3)	164
Soho Hotel	29 (28.2)	4 (3.9)	24 (23.3)	21 (20.4)	25 (24.3)	103
Suddenly scared for no reason						
Ritsona	78 (67.2)	3 (2.6)	16 (13.8)	12 (10.3)	7 (6.0)	116
Malakasa	65 (53.3)	19 (15.6)	14 (11.5)	13 (10.7)	11 (9.0)	122
Katsikas	53 (68.0	8 (10.3)	10 (12.8)	4 (5.1)	3 (3.9)	78
Faneromani	9 (17.3)	3 (5.8)	4 (7.7)	6 (11.5)	30 (57.7)	52
Hotel Ioannina	38 (66.7)	6 (10.5)	6 (10.5)	5 (8.8)	2 (3.5)	57
Samos	57 (35.0)	12 (7.4)	24 (14.7)	24 (14.7)	46 (28.2)	163
Soho Hotel	77 (74.8)	6 (5.8)	6 (5.8)	4 (3.9)	10 (9.7)	103

RHS15	Not at all n (%)	A little bit n (%)	Moderately n (%)	Quite a bit n (%)	Extremely n (%)	Total N
Faintness, dizziness, or weakness						
Ritsona	69 (59.5)	16 (13.8)	14 (12.1)	12 (10.3)	5 (4.3)	116
Malakasa	48 (39.0)	15 (12.2)	22 (17.9)	23 (18.7)	15 (12.2)	123
Katsikas	52 (66.7)	8 (10.3)	12 (15.4)	5 (6.4)	1 (1.3)	78
Faneromani	3 (5.8)	6 (11.5)	5 (9.6)	4 (7.7)	34 (65.4)	52
Hotel Ioannina	31 (55.4)	13 (23.2)	5 (8.9)	3 (5.4)	4 (7.1)	56
Samos	47 (28.8)	26 (16.0)	36 (22.1)	23 (14.1)	31 (19.0)	163
Soho Hotel	65 (63.7)	9 (8.8)	13 (12.8)	7 (6.9)	8 (7.8)	102
Nervouness or shakiness inside						
Ritsona	45 (39.1)	17 (14.8)	24 (20.9)	18 (15.7)	11 (9.6)	115
Malakasa	49 (41.2)	10 (8.4)	20 (16.8)	24 (20.2)	16 (13.5)	119
Katsikas	31 (39.2)	18 (22.8)	11 (13.9)	14 (17.7)	5 (6.3)	79
Faneromani	6 (11.5)	1 (1.9)	6 (11.5)	7 (13.5)	32 (61.5)	52
Hotel Ioannina	14 (25.0)	11 (19.6)	18 (32.1)	8 (14.3)	5 (8.9)	56
Samos	32 (19.8)	16 (9.9)	26 (16.1)	43 (26.5)	45 (27.8)	162
Soho Hotel	57 (55.3)	16 (15.5)	10 (9.7)	8 (7.8)	12 (11.7)	103
Felling restless, can't sit still						
Ritsona	49 (43.0)	10 (8.8)	22 (19.3)	19 (16.7)	14 (12.3)	114
Malakasa	29 (23.8)	17 (13.9)	25 (20.5)	28 (23.0)	23 (18.9)	122
Katsikas	26 (33.8)	10 (13.0)	14 (18.2)	18 (23.4)	9 (11.7)	77
Faneromani	1 (1.9)	-	7 (13.5)	1 (1.9)	43 (82.7)	52
Hotel Ioannina	23 (40.4)	16 (28.1)	7 (12.3)	4 (7.0)	7 (12.3)	57

RHS15	Not at all n (%)	A little bit n (%)	Moderately n (%)	Quite a bit n (%)	Extremely n (%)	Total N
Samos	30 (18.3)	18 (11.0)	24 (14.6)	32 (19.5)	60 (36.6)	164
Soho Hotel	42 (40.8)	8 (7.8)	23 (22.3)	15 (14.6)	15 (14.6)	103
Crying easily						
Ritsona	34 (29.3)	19 (16.4)	16 (13.8)	29 (25.0)	18 (15.5)	116
Malakasa	35 (28.5)	10 (8.1)	17 (13.8)	23 (18.7)	38 (30.9)	123
Katsikas	24 (30.4)	13 (16.5)	17 (21.5)	13 (16.5)	12 (15.2)	79
Faneromani	4 (7.7)	-	4 (7.7)	2 (3.9)	42 (80.8)	52
Hotel Ioannina	14 (24.6)	8 (14.0)	12 (21.1)	9 (15.8)	14 (24.6)	57
Samos	42 (25.8)	21 (12.9)	28 (17.2)	26 (16.0)	46 (28.2)	163
Soho Hotel	42 (40.8)	11 (10.7)	20 (19.4)	13 (12.6)	17 (16.5)	103
Had the experience of reliving trauma; acting or feeling as if it were happening again						
Ritsona	54 (46.6)	13 (11.2)	15 (12.9)	22 (19.0)	12 (10.3)	116
Malakasa	61 (51.3)	15 (12.6)	11 (9.2)	17 (14.3)	15 (12.6)	119
Katsikas	25 (31.7)	8 (10.1)	20 (25.3)	13 (16.5)	13 (16.5)	79
Faneromani	-	6 (12.0)	2 (4.0)	6 (12.0)	36 (72.0)	50
Hotel Ioannina	17 (29.8)	13 (22.8)	11 (19.3)	12 (21.1)	4 (7.0)	57
Samos	33 (21.2)	12 (7.7)	22 (14.1)	40 (25.6)	49 (31.4)	156
Soho Hotel	38 (36.9)	8 (7.8)	16 (15.5)	25 (24.3)	16 (15.5)	103

RHS15	Not at all n (%)	A little bit n (%)	Moderately n (%)	Quite a bit n (%)	Extremely n (%)	Total N
Been having physical reactions when reminded of the trauma						
Ritsona	69 (59.5)	19 (16.4)	13 (11.2)	10 (8.6)	5 (4.3)	116
Malakasa	55 (44.7)	15 (12.2)	22 (17.9)	19 (15.5)	12 (9.8)	123
Katsikas	39 (49.4)	12 (15.2)	11 (13.9)	15 (19.0)	2 (2.5)	79
Faneromani	2 (4.1)	2 (4.1)	-	4 (8.2)	41 (83.7)	49
Hotel Ioannina	27 (47.4)	7 (12.3)	10 (17.5)	10 (17.5)	3 (5.3)	57
Samos	43 (27.2)	17 (10.8)	26 (16.5)	35 (22.2)	37 (23.4)	158
Soho Hotel	61 (60.4)	12 (11.9)	8 (7.9)	8 (7.9)	12 (11.9)	101
Felt emotionally numb						
Ritsona	59 (52.2)	21 (18.6)	15 (13.3)	12 (10.6)	6 (5.3)	113
Malakasa	29 (23.6)	24 (19.5)	14 (11.4)	32 (26.0)	24 (19.5)	123
Katsikas	43 (55.1)	10 (12.8)	9 (11.5)	10 (12.8)	6 (7.7)	78
Faneromani	-	2 (4.1)	1 (2.0)	6 (12.2)	40 (81.6)	49
Hotel Ioannina	34 (60.7)	12 (21.4)	3 (5.4)	3 (5.4)	4 (7.1)	56
Samos	46 (28.6)	16 (9.9)	24 (14.9)	31 (19.3)	44 (27.3)	161
Soho Hotel	45 (44.6)	18 (17.8)	15 (14.9)	7 (6.9)	16 (15.8)	101
Been jumpier, more easily startled						
Ritsona	74 (63.8)	17 (14.7)	11 (9.5)	8 (6.9)	6 (5.2)	116
Malakasa	64 (52.5)	14 (11.5)	16 (13.1)	14 (11.5)	14 (11.5)	122
Katsikas	36 (45.6)	11 (13.9)	12 (15.2)	17 (21.5)	3 (3.8)	79
Faneromani	3 (6.1)	-	3 (6.1)	5 (10.2)	38 (77.6)	49
Hotel Ioannina	33 (57.9)	10 (17.5)	7 (12.3)	5 (8.8)	2 (3.5)	57

RHS15	Not at all n (%)	A little bit n (%)	Moderately n (%)	Quite a bit n (%)	Extremely n (%)	Total N
Samos	60 (36.8)	13 (8.0)	24 (14.7)	24 (14.7)	42 (25.8)	163
Soho Hotel	75 (74.3)	7 (6.9)	9 (8.9)	3 (3.0)	7 (6.9)	101

4.8. Access to information

4.8.1. Legal procedure initiated

Details on the legal procedure initiated are presented in the Table 24.

In Faneromani camp and in the Hotspot of Samos, the majority of respondents reported that they had initiated a procedure of asylum (from 64.8% to 84.4%); in Ritsona and Katsikas camps and the Soho Hotel, the majority initiated a procedure of relocation (from 66.2% to 74.6%). The participants of the Ioannina hotel reported in majority, that they had initiated a procedure of family reunification (59.8%). Among the residents of Malakasa camp, 16.3% did not know which procedure to initiate. At the moment of the study, the majority of surveyed were waiting for an answer concerning the procedure (from 77.0% in Soho Hotel to 100.0% in Malakasa, Katsikas, Faneromani camps and Hotel Ioannina).

Table 24: Number and percentage of respondents who initiated a legal procedure, per site, Nov 2016 - Feb 2017

Procedure	Ritsona N=310 n (%)	Malakasa N=224 n (%)	Katsikas N=140 n (%)	Faneromani N=116 n (%)	Hotel Ioannina N=122 n (%)	Samos N=240 n (%)	Soho Hotel N=141 n (%)
Asylum	11.4 (7.0-18.0)	5.0 (2.2-10.8)	1.5	84.4	-	64.8 (53.9-74.3)	14.7
Relocation	66.2 (57.6-73.8)	-	74.6	-	38.5	-	69.1
Reunification	17.9 (12.1-25.6)	4.5 (2.0-10.1)	15.7	15.7	59.8	4.3 (2.0-9.0)	16.2
None	0.7 (0.2-2.7)	73.8 (63.9-81.7)	1.5	1.5	0.8	26.2 (17.8-36.8)	-
Don't know	3.8 (2.1-6.8)	16.3 (9.7-26.0)	6.7	6.7	-	3.4 (1.9-6.2)	-
Other	-	0.5 (0.1-2.4)	-	-	0.8	1.3 (0.3-4.9)	-
Status							
Don't know/In process	95.8 (88.9-98.5)	100.0	100.0	100.0	100.0	94.7 (86.7-98.0)	77.0
Accepted	4.2 (1.5-11.1)	-	-	-	-	1.3 (0.4-4.5)	20.6
Rejected	-	-	-	-	-	4.0 (1.5-10.5)	2.4

4.8.2. Access to information

Details on access to information are presented in Table 25. Among the study participants, the majority considered they received the necessary information about access to health care (from 76.9% in Hotel Ioannina to 95.6% in Faneromani camp); in the opposite a lower proportion of the surveyed considered they received the necessary information about the legal assistance (from 7.8% in Malakasa camp to 28.8% in Katsikas camp) and the procedure for Asylum (from 8.4% in Malakasa camp to 39.8% in Hotel Ioannina).

Table 25: Access to information, per site, Nov 2016 - Feb 2017

Considered they received the necessary info about:	Ritsona N=310 % (CI)	Malakasa N=224 % (CI)	Katsikas N=140 % (CI)	Faneromani N=116 %	Hotel Ioannina N=122 %	Samos N=240 % (CI)	Soho Hotel N=141 %
Legal assistance	15.4 (10.5-22.1)	7.8 (4.8-12.3)	28.8	15.0	22.7	8.0 (5.0-12.6)	13.9
Procedure for Asylum	17.0 (12.0-23.5)	8.4 (5.5-12.8)	30.2	11.5	39.8	11.0 (7.3-16.2)	13.9
Access to healthcare	78.7 (72.9-83.6)	84.1 (75.1-90.2)	77.0	95.6	76.9	63.7 (54.1-72.3)	83.5

4.9. Life project

From 40.5% (in Faneromani camp) to 77.3% (in Soho hotel) of the study participants reported still having first-line family in their home country, and from 33.8% (in the Hotspot of Samos) to 74.6% (in Hotel Ioannina) reported having at least first-line family in Europe. The majority of surveyed reported Germany being their ideal final destination, from 31.7% of the participants of the Hotspot of Samos to 1.6% of the participants of Faneromani camp. Still heterogeneous proportions were observed. In the hotspot of Samos, 8.9% of the participant reported France as being their ideal final destination and 12.5% reported Greece was their ideal final destination. None of the participants of Katsikas camp and Hotel Ioannina reported Greece was their ideal final destination.

In Table 26 we present the difference between the expected time of stay in Greece when arrived in the country and the real time of stay.

Table 26: Time in Greece, per site, Nov 2016 - Feb 2017

Time of stay, in days	Ritsona N=310 Median [IQR]	Malakasa N=224 Median [IQR]	Katsikas N=140 Median [IQR]	Faneromani N=116 Median [IQR]	Hotel Ioannina N=122 Median [IQR]	Samos N=240 Median [IQR]	Soho Hotel N=141 Median [IQR]
Median real time of stay in Greece	269 [261-277]	273 [252-290]	272 [270-277]	293 [291-295]	276 [275-278]	82 [62-96]	340 [326-348]
Median expected time of stay in Greece	7 [3-10]	3 [2-7]	7 [3-10]	2 [1-7]	5 [3-7]	7 [3-13]	5 [2-10]

5. Results – Qualitative survey

5.1. Study participants

In total, eighty-three people participated in the qualitative study (IDIs and FGDs). Of these, forty-two were from Syria, nineteen from Afghanistan, twelve from Iraq, and five from Iran. In additions, individuals from Sudan, Algeria, Congo, Pakistan and Kuwait were interviewed. The participants from Syria mainly came from Aleppo, Deir Ezzor and Damascus. The Afghan participants were mainly from Kabul, other cities as well as rural regions. The largest proportion of the Iraqis were Yazidis and from Sinjar. Interviews were held with men and women with the age span of 19-70 years old. Sixty-four of the participants were married, eight were single, six were widowed and five divorced.

The qualitative study was concomitant to the quantitative survey as voluntary respondents were immediately selected from the quantitative survey. Forty-seven in-depth interviews were conducted with 21 men and 17 women (See Table 25). Nine of these interviews were conducted with couples.

In total, five focus group discussions were conducted, three focus group discussions were held with female participants and two with male participants. The number of participants ranged from three to seven with an average of five participants.

Table 27: Number of IDIs and FGDs, per site, Nov 2016 – Feb 2017

Site	IDIs (women)	IDIs (men)	IDIs (couples)	FGDs (women)	FGDs (men)	Total
Ritsona	3	4	1	1	1	10
Malakasa	4	2	2	1	1	10
Katsikas	3	4	1	1	-	9
Faneromani	3	2	2	-	-	7
Hotel Ioannina	2	6	-	-	-	8
Samos	1	-	1	-	-	2
City Plazza	1	3	2	-	-	6
Total	17	21	9	3	2	52

5.2. Reasons for departure and violence in home country

People have different reasons for leaving their country depending on where they are from and their individual circumstances. During the qualitative interviews, reasons for leaving home-country included a wide range of reasons from war and violent attacks to violent family disputes, lack of citizens' rights and economic reasons. For the Syrian individuals, the different effects of the war on their life were the main reason mentioned for leaving while the Yazidis from Iraq fled because of the massacres perpetuated by the Islamic State of Iraq (ISIL) in August 2014[17]. The Afghan refugees highlighted diverse reasons for departing, however, most often in relation to violent family disputes over children, marriages etc. In addition, some left Afghanistan because of security issues caused by the Taliban or Daesh. What stood out in the qualitative interviews was how leaving their country was the only possible alternative to avoid death.

> "After Daesh came, they started killing people. We fled from death. There was no one left. After we left, all our houses were blown up with TNT". (Yazidi man from Iraq)

> "The reason that I came here is that I was obliged to leave because otherwise they [not clear who "they" are] would have killed my son." (Woman from Afghanistan)

Many of the participants interviewed had experienced different forms of violence for example torture and bombing of their houses, some had been detained, and others not only lost property but also family members and did not feel that they had any reason to stay at their home any more:

> "They [Daesh] brought me to in a room, where I had to turn against the wall and raise my arms. Then they started whipping me. I was pregnant, eight months pregnant." (Woman from Syria)

> "When my wife and children died, it was because of Daesh. They all died. When I arrived, I saw that none of them was left. They had taken the corpses away, none was left. I stayed there one or two weeks and then I came [to Greece]." (Man from Afghanistan)

5.3. Journey

5.3.1. The expensive and difficult journey to Greece

Some of the participants explained how they had tried to make a living either in another area of the country or in the neighboring country before deciding to migrate beyond and go to Europe. Especially Syrians described how they moved to Turkey and found underpaid work in factories as a temporary measure, with the hope that they would eventually be able to return to their home in Syria[18]. Many of the participants described how they had had a good life before the "difficulties" started:

[17] UN Human Rights Council. Thirty-second session. "They came to destroy": ISIS Crimes Against the Yazidis - Human Rights Council Report. http://www.ohchr.org/Documents/HRBodies/HRCouncil/CoISyria/A_HRC_32_CRP.2_en.pdf

[18] The current Turkish labor laws make it very difficult for Syrians to obtain work permits and find employment in the formal economy. Therefore, many end up working in heavy industries such as construction, textile manufacturing etc. for a very low salary (Kirişci 2014)

> "I told you before that we were not very rich, but we were living a simple life. All what we needed, we could afford it, which means we were happy with our lives. I don't believe that any European, American, German, anyone were as happy with their lives as we were in Syria." (Man from Syria)

Not all had originally planned to migrate to Europe, however, when life after a couple of years turned out to be too difficult in often Iran (the Afghans) or Turkey (the Syrians), some decided to move on to Europe. To be able to go to Europe, many of the participants had often sold all their belongings. During the journey, participants experienced how the smugglers would trick them into paying all their money, and they would find themselves stranded and had to find a way of getting money to continue the journey to Europe (e.g. work in the informal sector or lend money from family members). When participants had not paid the full payment to the smuggler, they were at times detained in poor conditions until payment was made. A couple of participants also mentioned how the smugglers took them as hostages, and how they were only released after their families paid a ransom:

> "They [the smugglers] detained us in a place. They took us as hostages […] It was a place close to the mountain. It was a house and there was a woman in it. Every day, she brought us 2 pieces of bread and a little bit of yogurt and then locked the door on us. There was no way out. All around us were mountains and fields." (Woman from Afghanistan)

The Afghan women above were with her son taken as hostage son between Iran and Turkey for around 2 months. They were released, when they paid 5,000 US dollars.

During the journey, people often found themselves in situations where they receive limited information from smugglers and where they are only able to exercise little or no control over their journey. The ability to negotiate with the smugglers are further complicated by the fact that one smuggler hands over people to another smuggler and so on, through a chain of delegation. As one Afghan woman described, when travelling with smugglers: "you are being sold to 40 smugglers". In addition, the smugglers often separate and combine different groups to be able to control the numbers of people crossing the border. Here at times, families are separated. One man from Syria narrated how he and the rest of his family were separated from their 2-year old son while crossing the border to Turkey:

> "One guy was caring one of my sons when we walked through the mountains as I couldn't carry both. […] We got lost because of the huge numbers of people who were trying to cross the borders. The Turkish police caught this guy with my son and sent them back to Syria." (Man from Syria)

5.3.2. Relationship with smugglers

The refugees interviewed have an ambivalent relationship with smugglers. When asked about their perception of smugglers, most participants described the smugglers as "liars", as people who could not be trusted and who would take advantage of you, when an opportunity would present itself. However, at the same time, some participants also expressed an acceptance of the smugglers' behavior and profession by explaining how the smugglers were just "doing their jobs" and that they knew the best routes and how to cross borders without being caught. Some expressed gratitude to

the smugglers as they had made it possible for them to leave a life-threatening situation in their home country. However, the interactions with smugglers were also filled with tensions and challenging incidents:

> "The smuggler in Turkey ate 4,000 dollars of our money. Around 24 days, we were waiting in Turkey. We paid 4,000 dollars to go by fast, not inflatable, boat. I did not keep the money until we got to the destination. I trusted the smuggler". (Man from Afghanistan)

The smugglers were often hostile towards their clients during the journey. The smugglers became aggressive and threatening in order for people to go into the overcrowded boats to Greece:

> "At 4.25 am, they told us to embark the boat, but our agreement was to take the boat during daylight. The smugglers, who had prepared the boat, had guns and threatened to kill us if we refused to go inside the boat. People were scared". (Yazidi man from Iraq)

Many found these conditions of travel emotionally distressing. The fact that smugglers were aggressive and at times violent and often mislead participants about the conditions and duration of the travel, added to these feelings of distress.

5.3.3. The difficult and violent conditions of border crossings

When crossing borders, the participants often faced violence and difficult conditions. Besides crossing the border to Turkey, the Syrians highlighted difficulties and violence when crossing checkpoints inside Syria. The Afghans and Iraqis faced mountainous and rocky road between Iraq, Iran and Turkey, which made it very difficult, especially for the individuals with limited mobility, to cross the border. The Yazidis from Iraq were caught for several days on the mountain Sinjar with little or nothing to eat or drink, until a safe passage was opened into Syria. Elderly people and the sick often had to be carried by others during the border crossing, and several participants who travelled with children, described how they were struggling in slippery snow and in the cold:

> "During the four days we spent in the mountain, we were hungry, and my youngest son was very weak. We only had a handful of dried grape fruits that I gave him one at a time for him to stay alive. On the way we took, one was left behind […] We walked 10 hours in the snow, and I had no training for that. I didn't have proper shoes and it was very slippery. Really, in our journey towards Greece and on these illegal paths, I thought many times we should go back." (Woman from Iran)

When trying to enter Turkey, the participants were often shot at by either the Iranian or the Turkish police and border guards:

> "They [the police] fired at us and some people were injured or killed. Others crossed the border and others were caught by Turkish border guards and pushed back to Syria again." (Palestinian man from Syria)

When crossing the sea from Turkey to Greece, it was not rare for the participants to be threatened with guns by the smugglers and shot at by the Turkish coast guards. In addition, those who try to enter into Greece by land also face violence when being caught:

> "Crossing the border by land, there is violence. They [the border guards] put you in a cell, beat and rob you. When you are in Turkey, they release you. They are violent people, they place

everyone near the river, choose someone and beat him in front of everyone. This is their way of convincing people not to return to Greece." (Man from Algeria)

For many, crossing the border to Greece took several tries. People were caught by the Turkish police and taken to detention centers, for example when being caught by the coast guards. An Afghan woman described the conditions of detention in Turkey:

> "The place was horrible, there was no place to sleep or relax for us or our children. It was full of people. It was like a prison. There were two rooms, and we were around 60 people there together. We were hungry and thirsty. The Turkish police were treating people so badly; we only once had some water and dry bread. We asked them to bring us some food, but they paid no attention to us. Horrible people, with no sense of humanity." (Woman from Afghanistan)

When being detained, the Syrians were generally released after one day, while the other nationalities stayed longer, up until a month. People were not informed how long they would be detained, and some had to pay a bribe to be released.

5.3.4. The sea voyage

From Turkey to Greece most participants travelled by sea, often from Izmir. The descriptions people gave of the sea voyage were remarkably similar and included how they left during the night in an overcrowded boat. People paid extra for life jackets or wooden boat but in the end did not receive any life jackets and departed in inflatable dinghies. At sea, they ran into problems with the engine, a hole in the boat or other issues related to the fact the one steering the boat, a refugee/migrant, had no sea experience. In the end, the Greek coast guards would come to their rescue. The sea voyage stood out for most of the interviewees as the scariest and most fearful event:

> "Fear was with me and us from the first moment until we reached Greece. Death was just around the corner for us. The fear of the Turkish police shooting us, what would happen to my children, me or my wife. The whole experience was fearful." (Man from Afghanistan).

> "I was holding my daughter's hand and my husband was with my son. However, there was a moment where the water came really up, and I did not understand what had happened. I was so afraid of the water and our cloths were heavy. At that moment, I was just thinking about myself." (Woman from Afghanistan)

Often, the interviews on the sea crossing took a very emotional turn. People expressed how they had regrets of making their families face this fearful experience. Some felt guilty that they had only thought about saving their own life when the boat had started to sink and had not been able to ensure the safety of their children. A Sudanese man expressed great remorse that he had not been able to save a drowning co-passenger who had been helping him earlier on the journey. Beyond the guilt, many participants emphasised the loss of control over their life and their destiny. Praying to God was all one could do at sea, emphasizing how their fate was out of their hands.

5.4. Housing in camps[19] in Greece

During the survey, winterization[20] of the camps in the mainland were ongoing or completed, however, is Samos hotspot a large proportion lived in tents (especially single men) and were struggling heavily with the cold, heavy rain and wind in the beginning of January 2017. For people in the mainland, living in tents for several months had been a difficult situation, and they recounted, how the tents would get soaked during heavy rain and how they struggled with the cold during wintertime (the time of the survey). With the isoboxes or containers, people felt their general situation had improved a bit, however, being located into a hotel or an apartment was still a great aspiration for most.
While there was generally, a strong feeling of discrimination and injustice among the participant, the issues of housing and who was selected to move into hotels especially engendered such feelings:

> "They did not take us to a hotel, because we are not considerate as a vulnerable case, but still it is not fair. I have little children, they are not sick but they took single man to the hotel, while there are still a lot of families in the camp." (Woman from Syria)

At the overcrowded hotspot in Samos, housing constituted a big issue for the participants and they often had to share containers and tents with people, whom they did not know:

> "The camps manager wanted to put another man with us, as I had a free bed, but I refused to accept the guy. We are Muslims and I we do not accept that a stranger stays with my wife and me. One of the camp managers came with the Egyptians interpreter, she said: "he will stay with you it is not your choice." (Male participant)

In Samos and City Plaza, where people were living together with different nationalities, there was a strong feeling among the non-Syrians that the Syrian population was prioritized generally and in particularly in relation to housing arrangements and privileges.

5.4.1. Passivity, dependence and lack of autonomy

During the qualitative interviews, the participants talked about their daily lives in the camps in relation to a strong feeling of being passive and dependent. Furthermore, they associated this passivity, dependence and lack of autonomy as causing distress and anxiety.
First, passivity is linked to not having much to do during everyday life which most of the participants reported. Some talk of their life in the camp as only consisting of sleeping and eating:

> "I do not wish to stay like this: just wake up, eat and go back to sleep. We are so tired [mentally]." (Man from Afghanistan)

As the quote indicates, being passive is associated with having a negative psychological effect on people. Some of the participants also highlighted a lack of understanding as to why professional and qualified skills of people living in the camp were not being used by camp authorities:

[19] As the largest proportion of the interviews were conducted with people living in camps (the main accommodation form on the mainland), the term "camp" will be employed. It will be indicated clearly when the "hotspot", the hotel in Samos or City Plaza is in question.
[20] Winterization here referring to moving people from tent into isoboxes or containers in the camp, or moving people from the camps into hotels.

> "Now that we got here, my son is asleep 24 hours a day […] He knows four languages, why don't they [camp authorities] give him a job? It is better for him to do this job than sleeping and being anxious." (Woman from Afghanistan)

Lastly, passivity is also linked to the fact that people had no influence over what was going to happen to them and their asylum claims. They were left in a situation of waiting for a decision that was beyond their control. Some of the participants described how the biggest part of their daily lives consisted of waiting for the phone to ring with news on their asylum procedures:

> "For one year, I have been waiting for the telephone to ring. Every day when I wake up in the morning, I am waiting with the telephone the whole day. I do not do anything. I do not go out the whole day. After five o'clock, then my life starts". (Woman from Syria)

For the participants, being dependent had negative connotations. As an Afghan women said: "I don't want to be a burden. I'm disgusted by eating free bread". For the participants, being dependent on aid relief included everything from money (cash transfers), food (provided three times at all sites), shelter, clothes etc. As mentioned earlier, many had used all their money to be able to go to Europe and some were in debt to family members and friends, which caused them a lot of distress. Furthermore, being dependent was something the participants find humiliating and as influencing their self-esteem:

> "I was really humiliated here [in Greece], and I have even experienced the bombing in Syria. However, I still had dignity there [in Syria]. Here, I lost it completely. When you have to stay long time in line just to bring food to your children. My son asks me for some chips, but I can't buy it for him. In Syria, I was buying everything: clothes, food, everything." (Man from Syria)

While most of the female participants can still support their families in terms of doing domestic work, taking care of children etc., most of the male participants had lost this ability as they could not work and provide for the family and often had little or no influence on the housing of the family. Not being able to work and provide as the breadwinner of the family negatively affected the male participants. Some expressed how they struggled with the expectations of their wife to come up with a solution to improve the family's living condition:

> "My wife's personality does not help me. She is complaining all the time, and she makes me feel useless because I could not arrange a good place to live for her and my son." (Male participant)[21]

Not only parents experienced changes in social roles and daily activities, but so did the many children who were still out of school in Greece. The lack of education and the future of the children are cause for concerns for many parents:

> "What is written for us, for me, my children, my wife. Especially, when I think of my children. We took them out of Afghanistan, to come to Europe, and they are lacking education in the meantime." (Man from Afghanistan)

The parents at times, emphasized how these new conditions and surroundings had created a behavior change in their children, who had become rude and difficult to manage. These changing social roles created tensions and disputes within some families.
At times, the participants described their current situation of living in the camp as being in a prison, an analogy that participants most often used when explaining how they were stuck in Greece

[21] In order to protect the anonymity of the participants, some nationalities are not mentioned.

against their will. However, the comparison also pointed to the lack of autonomy that the organization of the camps in many ways fostered. In relation to self-determination, the main wish that the participants raised was to be able to cook for themselves, instead of receiving the prepared food, which they found of low quality and often uneatable. In reality, most used the monthly cash transfer money[22] to buy food that they could prepare themselves[23]. In addition, the participants at times found the camp authorities authoritative and not considering their perspective. This was especially, the case in Samos hotspot whereas in other camps, the participants found ways of making compromises with the camp authorities. For example, in Ritsona, some of the male participants build a sheltered terrace in front of their caravans in order to be able to cook outside. In the beginning, it was not well-received by the camp authorities, however, a compromise was made.

5.4.2. Being separated from family members

Another issue that caused a lot of worry and pain to the participants was being separated from family members. People might get separated on the journey or leave their country of origin at different times. Some family members were already in other European countries, while others were still in the home country. Some of the participants experienced being separated from their adult children, adult siblings or other family members, not defined as "core" family (spouses and under aged children) within Greece. This was the case when families had arrived at different islands in Greece, or the Greek authorities treated their files separately:

> "Their names did not come out [the daughter and the daughter's family], and they had to stay with their three children on the island. They were not allowed to continue the journey so they took a lawyer. […] My heart is with her. I am constantly thinking and worrying about that. How is it possible that we were separated? We all registered together, we put our fingerprints the same day and they were refused. How is that possible?" (Woman from Syria)

> "My papers are ready to go to Athens. However, I am just waiting for my son's papers. It has been two months that I am waiting here [Samos hotspot]. Why do they want to separate us? I told the truth about his age. I said, he is 24 years old. I did not say he is under age." (Woman from Afghanistan)

Thus within Greece, parents and their adult children, as well as adult siblings were separated and other key networks that often constituted an emotional support were broken.

5.4.3. Tensions, violence and feelings of insecurity

In Malakasa and Samos hotspot, the participants mentioned tensions and violent episodes in the camp making them feel unsafe for themselves and their families:

[22] Except for Samos hotspot and City Plaza, almost all residents in the camps receive a monthly cash transfer.
[23] In end December 2016, the Greek minister of migration policy announced that by March 2017, Greek authorities plan to stop distribution of food in some sites. To cover the necessities of migrants and refugees, the government will install kitchens and provide cash through a cash assistance program in cooperation with the EU and other international and non-governmental organisations.

> "There were nights when I would be in the tent and would not find sleep. The only solution was to pray, that they [referring to a group of trouble makers] would not hit us in the tent with their knifes, that they would not kill me or anybody." (Man from Afghanistan)

> "We had a neighbor from Syria, he was alcoholic. He shouted at my wife and hit me in my face. I went to the police but they did not help us. Then they move us up in the camp [Samos hotspot], where we were living near some young guys from Algeria. They were drunk all the time, they beat my wife, push her against the door and insulted her all the time. She was afraid to go and tell the police." (Male participant)

Living in tents and the strong feeling of not being protected by the police increased the feeling of insecurity in these two camps. In Malakasa, many expressed a concern about the group of men and some minors who use drugs and behave in unpredictable ways. Some of the single female participants also mentioned being harassed in these two camps by male refugees:

> "During the first month, I was really bothered […] The Iraqis, it seems that they have not met humans before. It seems that they have not met a woman alone before. They were pulling my nose, blocking my way. One of them wanted to take me in his arms." (Woman from Iran)

Two times, the Greek police (both in Samos) was mentioned as being violent towards the participants or their family members:

> "When we arrived on the island, they asked us where the boat driver was, but we did not know […] Then my son was beaten by the Greeks who wanted to know where the driver was. It was the police who beat him, but I was not present. My son told me later, he said that the police had put him on the ground and hit him." (Woman from Iraq)

Other male participants narrated how the police would stop them, when moving outside of the hotspot in Samos and ask them to return.

5.4.4. Expectations and access to health care services

At all the sites, the perception of the quality of health care services in the camps were low and unsatisfactory, which in some cases might also have had an impact on the utilization of these services. The participants reported that they do not receive proper treatment but are told to drink water or given a few painkillers and therefore do not go there:

> "I did not go to the doctor here because he just tells us to drink water, and if we are lucky he will give a few painkillers, but this does not cure the pain or illness. Nobody is satisfied with the healthcare here". (Woman from Afghanistan)

Generally, among most of the participants, there was an expectation to be prescribed medication, when going to the health care services. One of the MSF field psychologist also mentioned how people at times would approach her in order to obtain psychotropic drugs. These expectations of obtaining pharmaceuticals might have to do with experiences of healthcare systems in home country, as other researchers have also pointed out[24]. In Syria and Iraq, antibiotics can be

[24] O'Donnell, Catherine A. Higgins, Maria, Chauhan, Rohan, Mullen, Kenneth, 2008, Asylum seekers' expectations of and trust in general practice: a qualitative study, British Journal of General Practice

purchased directly from pharmacies without prescriptions[25, 26], and among doctors in Afghanistan there is a tendency to overprescribe medicines generally and antibiotics in particular[27]. Furthermore, in Afghanistan there is an overuse and misuse of psychotropic drugs[28].

In Samos, a big group of people was everyday queuing for a consultation with the doctor. Here, it was often difficult for people to even be seen by the doctor, when they went for a consultation:

> "I went to see him [the doctor] 2 or 3 times, but every time I stayed 3 hours there and the doctor does not see us […] The doctors here are complicated; they do not make us enter." (Woman from Iraq)

The fact that people in Samos are often not allowed to enter into the consultation room further strengthened the feelings of not being treated appropriately or being taken seriously.
At all the sites, people have greater expectation to health services than those that are provided to them in the camps. The fact that there are no health services in the camp at night were repeatedly mentioned as something that made people feel insecure. They did not trust that in case of an emergency, an ambulance would arrive in time. In their interactions with local hospitals, people often mentioned the inability to communicate with the health care personnel as a barrier to receiving the needed care:

> "I had severe pain in my stomach, so I went to the hospital. I could not find anyone that could speak Farsi, and after walking around for hours, I gave up and came back. I was in big pain still after a week". (Woman from Afghanistan)

In receiving medical care outside of the camps, the participants also mentioned issues of transportation, as hindrances. The participants interviewed not only have the need to access primary health care, but also to dental and specialized care. Some emphasized how they borrowed money or used the monthly cash transfer on health services or medications that were not offered to them in the camp, for example to see a dentist, an ophthalmologist etc.:

> "My daughter has issues with her sight, so we were referred to another camp to see an eye doctor. When we sat there, the doctor had a few glasses on the table, telling my daughter to pick one. This is so unprofessional. I took my daughter and left, because for me this was a joke. So I took her to a specialist. I had to borrow money, so I could pay the doctor and the glasses." (Woman from Afghanistan)

In Samos, where people do not receive cash transfer, some participant reported how they were not able to obtain the medication that had been prescribed to them at the local hospital, as it was not available in the camps:

> "At the hospital, they gave me three injections in the morning and three in the evening. Now for this last medication, they asked me to buy it from the pharmacy. Of course they know I do not have money for this." (Male participant)

[25] Al-Faham, Zaid, Habboub, Ghaith, Takriti, Farah, 2011, The sale of antibiotics without prescription in pharmacies in Damascus, Syria, J Infect Dev Ctries, 5(5):396-399.
[26] Inas R. Ibrahim, Haider K. Al-Jawadi, Manal M. Younus 2012, Self-medication practice in Baghdad, Iraq, Australasian Medical Journal, 5(11): 600-602
[27] Paterson, Anna and Karimi, Asif, 2005, Understanding markets in Afghanistan: A Study of the Market for Pharmaceuticals
[28] Macdonald, David, 2008, Afghanistan's Hidden Drug Problem: The Misuse of Psychotropics

5.4.5. Lack of guidance on asylum procedures and uncertainty about the future

For the participants, knowing what will happen to them and their families are what matters the most at the current moment in Greece. The lack of guidance and information in relation to asylum procedures increases the participants' uncertain feelings about the future. The uncertainty about the future have a strong impact on the participants' mental and psychosocial wellbeing. When seeking information about asylum options, consequences, the participants did not receive the guidance and information, they wished. They mentioned how they left UNHCR or EASO services in the camps, without getting their questions answered or had the opportunity to ask to pose these questions during their forthcoming interview. Instead, the participants asked for the advice to peer refugees and migrants in a similar position.
Among the Syrians, they all wished for guidance on procedures of family reunification or relocation to another EU country[29]:

> "I want to know if relocation is quicker or if it is reunification, which is quicker? […] The UN and the organizations here do not really know. When you will go to the interview, you can ask questions. I had an interview the 2nd of December and asked everybody there, and everybody initiated procedures for relocation nobody for reunification." (Man from Syria)

Some participants had under aged children or a spouse in another EU country, who they wanted to join, however, they were discouraged by the long reunification procedures[30] Discouraged, some had decided to apply for relocation, which was said to be faster, knowing that the chance of re-joining their family in another European country was low. Others were tempted by the possibility of being relocated into an apartment or a hotel.
Some of the participants experienced to see their procedures being further delayed since they had not been properly informed about the eligibility claims for family reunification:

> "We did the interview for the reunification program. However, my daughter was over 18 years and not eligible, which they did not inform us about at that time. We were waiting and after 4 months, they told us this, and asked us to apply for the relocation program. Now all our procedures are stuck and when we go to the asylum office to ask, they do not allowed us to enter and they give us no information at all." (Woman from Syria)

This Syrian family had at the time already been in Greece for more than 8 months and were desperate to see their under aged children who were in Germany and who they had been separated from each other for 5 years. Through the relocation program, the Syrians (Ritsona and Katsikas) and the Iraqis (Faneromani) interviewed were able to select and wish for eight European countries, however, in the end, it was not up to them, where they will go and whether they will get accepted. This fostered uncertainty and difficulties in planning for the future. For the Afghani population (Malakasa) and for the population in Samos, the uncertainty of the future were further associated with a fear of being deported:

[29] Only nationals or stateless persons from Syria, Burundi, Eritrea, Mozambique, Bahrain, Qatar, Yemen are eligible to apply for relocation. Iraqi nationals who arrived March 24th 2015 and before 20th of March 2016 are also eligible.
[30] It seems that there are no clear indication of how long a family reunification will take, however, as this unit of the asylum service is completely overloaded, it seems that this may take more than a year (MSF Greece, 2016, Greece in 2016: Vulnerable people get left behind, http://w2eu.info/greece.en/articles/greece-family.en.html).

> "What will and will not happen? Will we stay here, or be moved? Will they want to deport us back to Afghanistan? All this questions also have a huge impact on our mental state. Many of us are struggling psychologically now. It can and will drive you crazy not knowing what will happen to you or your loved ones." (Man from Afghanistan).

The Afghan and Iranian population were well aware of their little chance of getting asylum in another EU country, as they are not among the nationalities eligible for relocation. With the only option of family reunification (if eligible) or applying for asylum in Greece, many consider illegal options. Daily, these participants discussed two options: sending under aged children (below 18 years) with smugglers or going themselves with smugglers, in the hope that it will then be possible to reunite the family through a family reunifications process:

> "It seems that we are forced to send some of our family members with smugglers. We are stuck here for a year, and we see no solution. Since I have children that are close to being legal [18 years], I feel forced to send them somewhere. Because soon they will be judged as adults, and we know that somehow this will make it more difficult, regarding the asylum process." (Woman from Afghanistan)

The Afghans often expressed how they felt they that did not have another choice than going forward with smugglers. It is not something they were comfortable with, considering their previous experiences with smugglers.

In Samos, the pressure on the asylum system has created long delays primarily between registration/identification and the start of the asylum/admissibility procedure. Especially for non-Syrians, delays and postponement of asylum/admissibility interviews have been significant, as Syrians were initially the only nationalities processed[31]. Some of the participants interviewed had been given a postponement three or four times, and they did not understand why:

> "Here in the camp, there is a lack of information for everything: asylum, medicine, or any other thing, which increase the psychological problem for everybody because no one provide any information. Even the asylum procedures [admissibility interview] have been postpone several times for me with no reason." (Male participant)

For those who had been postponed, it was not explained to them why, which often created frustration and strong feelings of discrimination and injustice, when they saw that the Syrian population were given priority.

5.5. Mental wellbeing

While war, violence, and harsh conditions during the journey stood out as traumatic experiences for most of the participants, their current living conditions in Greece and the uncertainty about their futures were especially emphasized as negatively affecting their mental wellbeing. Daily stressors, defined as everything from poverty, social marginalization, isolation, inadequate housing, to changes in family structure and functioning have been

[31] Except for vulnerable cases identified

emphasized in relation to the high rate of psychological distress often found in conflict driven migrants[32,33,34].

When describing their current situation in Greece, participants would often employ terms as "hopelessness" and "loosing hope":

> "During the entire road, we had hopes to reach for happiness and peace. Now that we are here, our hopes are getting destroyed little by little." (Woman from Afghanistan)

In Samos and among the unregistered[35] in Greece, people described their situation as extremely stressful:

> "The fear [of being deported] is always there, and always I find myself stressed. I try to forget, not to think about the issues. I am on my nerves all the day, thinking is the lawyer going to call me, I never leave my phone." (Woman from Syria)

Worrying and being stressed led many of the participants to have difficulties sleeping:

> "I have problem sleeping at night. I often cry. I am not like before. I have insomnia and I am hysteric. Last night, I was awake until 4 am and then I woke up at 8 am. Recently, I have started to smoke cigarette but it does not calm me down." (Woman from Iran)

The concern for other family members' mentally wellbeing also causes many worries. Especially women expressed concern for the mental wellbeing on their children:

> "I recognize all the stress of my son. I often cry about it. […] For example, look at his fingers. He is that much stressed out that he bites them. […] At first, I thought that is due to a lack of vitamin or calcium or something but I saw that it became a frequent habit, and I noticed that when he is anxious or sad, he does it more." (Woman from Afghanistan)

According to the mother, the ten-year-old son had been abused sexually[36] by a minor in another camp, and was struggling with this experience and the bullying of other children in the camp, who had witnessed the incident. A recent report indicates that self-harm among children and adolescents are not uncommon in refugee camps in Greece[37], which was also emphasised by some of the MSF field psychologists.

While the symptoms described above were common at all the sites, in Samos, the team was overwhelmed by how distressed and desperate people appeared. When people at the hotspot heard someone speaking their language and in some cases from their home country, they immediately approach them as if they saw this as a possibility to get help in one way or another. In addition, the team reported how the respondents would communicate thoughts about suicide, which in the camps at the mainland, were not something typically brought up. At times in Samos, suicide seemed to be a desperate cry for people in a position with very little possibility to influence

[32] Miller, K. E., Omidian, P., Rasmussen, A., Yaqubi, A., Daudzai, H., Nasiri, M., et al. (2008) Daily stressors, war experiences, and mental health in Afghanistan. Transcultural Psychiatry, 45, 611–639.
[33] Fernando, G., Miller, K., & Berger, D. (2010) Growing Pains: the impact of disaster-related and daily stressors on the psychological and psychosocial functioning of youth in Sri Lanka. Child Development
[34] Miller, K. E., Rasmussen, A. (2010) War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. Social Science & Medicine 70 (2010) 7–16
[35] Two people in City Plaza were unregistered refugees. One had entered Greece by land without being caught, while another had left one of the Greek islands with smugglers.
[36] During the interview, the mother avoided saying exactly what kind of sexual abuse the son had been submitted to
[37] Save the Children, 2017, A tide of self-harm and depression. The EU-Turkey Deal's devastating impact on child refugees and migrants

their current living situation as well as their own future. One participant interviewed stated how he had threated to commit suicide in front of the camp manager, during a dispute over housing arrangements:

> "I got angry and shouted at her [the camp manager]. I said; I will kill myself. […] The police took me to prison, and they took the knife I had. They took me to prison for 10 days." (Male participant)

At the Greek islands, suicide attempts are not uncommon. The 27th of January, four suicide attempts were registered in Samos hotspot[38].

5.6. Coping

During the interviews, the participants were asked how they coped and dealt with the current situation of living in the camp and not knowing what the future would bring. A couple of coping strategies stood out in the participants narratives: Family and community support, religious belief, reframing the situation and distraction.

5.6.1. Family and community support

In terms of family and community support, some of the participants explained how they coped with the difficult situation thanks to the support of other family members and other refugees:

> "I am able to keep going with the support of the people around me here in the camp. We became just like one big family inside the camp and supporting each other." (Palestinian man from Syria)

Knowing that other people were going through a similar experience generated a sense of community and responsibility towards each other, making the current situation more bearable both practically and emotionally. While there were tensions between different groups and nationalities in some camps, the participants found support from smaller groups of people in the camps. Especially, among the minority groups (Palestinians, Yazidis, different African nationalities etc.) in separate camps like Faneromani or within larger camps the feeling of being part of a community or family was strong.

In City Plaza, some of the participant also described how they felt part of a bigger community of refugees and volunteers:

> "I wish that I had arrived here [City Plaza] since the beginning. Here, I feel like I am with my family. They [the volunteers] are nice in a way that I cannot describe. (Woman from Syria)"

Some of the participants also highlighted how their families supported them emotionally. For example, some female participants talked about how their husbands support had been important in making a decision on seeing a psychologist. As part of the winterizations plans in Katsikas and Faneromani, some people were relocated into hotels while other stayed in the camps. A Syrian woman alone with her three young children in Katsikas was offered twice to be moved to a hotel,

[38] Save the Children, 2017, A tide of self-harm and depression. The EU-Turkey Deal's devastating impact on child refugees and migrants

but declined the option. When asked why she had refused, she replied: “I wanted to stay with the rest of the family here”. From Syria, she had taken the journey with her sister in law and the sister in law’s family and now they were all together in Katsikas. This case was not isolated, more of the participants said that they had decided to stay in the camp, since they would then be with their extended families.

5.6.2. Religious belief

Another coping strategy that helped the participants in dealing with uncertainty is related to religion. Faith and the belief in a higher ‘being’ that is in control provided the participants with some comfort and peace:

> “When you see me really becoming crazy, I give myself to God. This is our destiny and we will see what will happen. We count on God’s help. (Woman from Syria)”

By believing in the will and ability of God, the participants appeared more able to accept their circumstances. Given the drawn out nature of the asylum process and it’s association with heightened anxiety and worries for the participant, it is an adaptive response that may protect mental health.

5.6.3. Reframing the situation

The third type of coping mechanism used by over half of the participants interviewed was a cognitive strategy of reframing the situation and interpreting it in a different manner. Two methods of reframing emerged from the participants’ narratives: hope for the future and comparison with the situation in their home country. Some participants reported that they could cope with their current situation because they had hope that the future would be better. As one participant reported:

> “I have life goals and dreams to build up my future life and responsibility towards my family, without these I would not be able to wait nine months here.” (Palestinian man from Syria)

Other participants tried to focus on positive aspects of their present situations (through comparison to past difficulties), which generated a sense of thankfulness and hope, which in turn helped them to cope with difficulties in their present lives:

> “I cheer myself up by telling myself that I could save my children from the war, from the misery. Every time that I feel blue, I remind myself all of this. I am thankful that we are not in Afghanistan, we do not hear the sounds of shotguns, and there is no warning, no threat.” (Woman from Afghanistan)

5.6.4. Distraction

As mentioned above being passive was for the participants something negative and when asked how they coped with the current situation, some mentioned that they kept themselves busy in order to forget their problems and worries:

> "I am most out looking for jobs, a way of making money for us […]. I do not want to sit still; if I do then my thoughts will only get worse. It is a way of distracting myself. Even if I do not find a job right away, I try to create something to do. I need to be busy; if you are not busy then time will be an enemy."

Through distraction and keeping busy, some minimized the feelings of anxiety, worry, and sadness and were able to carry on with everyday life. Furthermore, for the participants, keeping themselves busy also encouraged a sense of autonomy and independence. A few participants mentioned negative coping mechanisms such as smoking or drinking alcohol in order to calm down and be able to sleep.

5.7. Barriers to access to mental health care

As the quantitative results show, 80, 2 % was screened positive using the RHS15 screening tool, whereas between 37 - 71, 4% refused to be referred to a psychologist. In reality, even less showed up for a consultation in the end. The high number of refusals and the few appointments taken point to barriers to mental health care. Three issues have been identified in relation to barriers to mental health care: Vague ideas of and lack of familiarity with mental health services, daily stressors perceived as main cause for distress, and social stigma.

5.7.1. Vague ideas of and lack of familiarity with mental health services

In 2014, the number of psychologists working in the mental health sector per 100 000 inhabitants in Syria were 0, 12. In Afghanistan and Iraq, the numbers of psychologist per 100 000 inhabitants were even lower: 0, 04 for Afghanistan and 0, 09 in Iraq. To compare the number of psychologists in France in 2014 were 10, 77 per 100 000 inhabitants[39]. Thus, the participants interviewed were mainly from countries where mental health services were few and often not available for ordinary people. As a young female teacher from Syria said: "In Syria, it is rich people who go to the psychologist". During the qualitative interviews, the participants were informed about the MSF on site services and be referred, if they wished. While most participants expressed that mental health services were important and beneficial, their answers changed slightly when asked about their own needs. Some replied that they did not have the need to consult a psychologist or that they did not see how 'talking' would improve their current situation. Some expressed hesitation and reluctance as, they explained they did not know the person and was afraid of being misunderstood:

> "I would like to come and talk, but I have to see. I have to see this person. I don't know her. What is hard for me is not being understood. […] I can't tell my story to everyone." (Women from Afghanistan)

Other participants had the idea that going to the psychologist could negatively influence their asylum procedures. When introducing MSF mental health services to the participants, it was clear from their responses that some did not have a clear idea about how a mental health service could be beneficial for them. For example, some asked if the psychologist was the same as a medical doctor. In addition, the participants asked if the psychologist could help them on a more practical

[39] WHO. Global Health Observatory data repository. http://apps.who.int/gho/data/node.main.MHHR?lang=en

level, such as assisting them in being reunited with their family members in other camps or to get them out of the camp and into a hotel or an apartment.

Seven[40] of the participants interviewed responded that they had seen a psychologist in Greece. Three of these mentioned that they were familiar with mental health services from their home countries and an afghan woman mentioned how her previous good experiences with a psychologist in Afghanistan had made her see a psychologist in Greece and to send her son to consult one:

> "I have had the experience of going to the psychologist in Afghanistan because of my stress issues and the problems that I had in my life […] I was aware of the importance of a psychologist, and I wanted to send my son to consult one. I had a good experience with the psychologist. My stress has decreased." (Woman from Afghanistan)

In addition, four of the participants, all well-educated teachers and an engineer, recounted that they had sought the help of a psychologist on their own or their spouses' initiative. Two of the participants had been referred to MSF through one of the medical clinics in the camps.

5.7.2. Current situation as cause for distress

Among the participants, the perception was often that the main cause of their distress was the current situation, they find themselves in, e.g. poor living conditions and not knowing what will happen in the future. They express that if living conditions were solved, then the distress would also be resolved:

> "We welcome mental health treatment, however, when living in dirty living conditions, mental issues arise. If they took the people out from this dirty, uncomfortable place, their mental health issues would solve themselves." (Man from Iraq)

Other times, the current situation were seen as adding to the distress and making it more difficult for participants to find the strength and motivation to seek help from a psychologist. The participants favored concrete actions and change, for example to get out of the camp (into a hotel/apartment), to fast track asylum procedures (especially in Samos) or seeing an immediate behavioral change in their children. These aspirations and expectations to the psychologist at times leave the participant with a feeling of disappointment and not having their expectations met. One of the MSF field psychologists pointed at the difficulties of the collaboration with parents as they expected the psychological consultations to change the bad habits of their children. Some parents did express a disappointment, that they had not seen such an immediate change in the child's behavior:

> "It has been 3 or 4 sessions that he [the son] goes there [to the psychologist], but I have not seen him change as much as I have changed. I do not want to say that they are not doing their job. I just expected more change." (Woman from Afghanistan)

The expectation or hope seeing an immediate change in their children, might have to do with the fact that many of the parents are very distressed themselves and do not have the energy to deal

[40] Five women and two men, aged between 22 – 37 years old

with or do not notice the distress of their children. This was also a point highlighted by the MSF field psychologist. Other parents expected that the psychologist informed them about what their children communicated during a consultation:

> "In Iran, the psychologists tell the parents what are the problems of their children, but here they don't say anything." (Woman from Iran)

As mentioned earlier, people's expectation to health services are often influenced by previous experiences in their home country.

5.7.3. Social stigma

Going to a psychologist constituted a source of shame, embarrassment and fear of scandal, because of the risk of being considered 'crazy'. 'Madness' or being 'crazy' was associated with having a poor character and casts shame on the individual and their families:

> "Our culture and the people around us they think that the one who consults a psychologist is a crazy person. What is wrong with her? With her child? That they go see a psychologist." (Woman from Afghanistan)

The women interviewed further explained that she stopped going for consultations as other refugees and migrants in the camp judged and talked ill about her and her family. In addition, some of the female participants stressed the fear of being mocked and judged as 'a bad mother', as preventing them from going to the psychologist. Those who already did see a psychologist emphasized the role and encouragement of their spouses in persuading them to go. Some of the male participants stressed the fear of being perceived as weak as a possible factor to why men did not go to the psychologist:

> "Regarding why men do not go, it could be that they feel ashamed to go. They will feel judge if people see you go in [in the MSF clinic] that they will think that he is crazy, or not a strong man." (Man from Afghanistan)

For a couple of the participants, it constituted an issue of anonymity that the MSF clinic is located within the camp where it is easy for other people to notice who goes in and out.

6. Discussion

To our knowledge, this is the first study done in Greece willing to describe quantitatively and qualitatively the rate of violence experienced and the prevalence of symptoms of anxiety and depression among refugees.
In this study, we describe the characteristics, the rate of violence they experienced and the high prevalence of anxiety disorder morbidity of refugees living in seven sites, with different contexts, in Greece from November 2016 and February 2017.

This study provides important information on living experience in different refugee settings in Greece during winter 2016 and a mass refugee crisis. It included 1293 individuals coming from heavy conflicts area, reporting a high level of violence experienced and being in high distress conditions. Furthermore, the study highlights the high prevalence of acute diseases among the study population, living in difficult conditions during winter. And finally, a lack of access to information, particularly access to legal information, has been observed.

The differences between the sites, with their specific contexts (camps/hotel/hotspot), in terms of nationalities, number of residents, governmental status, are major and this makes the comparison impossible, thus the description of each site and their residents are done here separately.

Surprisingly, the refusal rate was very low. Indeed, the refugees were particularly keen to participate to the survey because they wanted somehow to testify about their journey. Tired of not being heard by the authorities, participation to the survey was felt as an opportunity of expression. Sometimes, the interviews were particularly difficult to conduct because they provoked intense emotional reactions and surprisingly this had no impact on the participation rate. The population was predominantly young and belonging to a nuclear family. This is related to the fact that many of the camps were hotels or camps designed to receive families (Ritsona, Katsikas, Malakasa). The presence of many families, and not only single young men, reflects the fact that the reasons of migration are probably not only for economic reasons but reflects also and mainly the reality of fleeing heavy countries. Camps were organized by communities (Syrians, Afghans and Kurdish) except for the hotspot of Samos where several nationalities where represented. This might have led to a group effect, differences in terms of understanding in some notions (violence, procedures and access to information) and differences observed in journeys and procedures: Syrians are more likely to obtain asylum than Afghans. The results presented by sites may be different because of this group effect.

The majority of Syrians observed is a direct consequence of the camps' contexts where we conducted the survey. However, geographically Greece is an obvious country to cross for Syrians who want to reach Europe. According to UNHCR, Syrians represent 21.7 % percent of the refugees in Greece and the war in Syria generates the largest number of new refugees and internal and external displacements on a large scale in the world[41].

As noticed above, the majority of the participants were coming from hard conflicts areas, Syria, Iraq and Afghanistan, representing almost 90% of the study population. And inside their home countries, the refugees come from cities where, at the time of their departure, the conflicts were important, like Iraqis come from cities in Kurdistan (Sinjar, Slemani) where the conflict with Daesh

[41] UNHCR - A million refugees and migrants flee to Europe in 2015 - Press release December 2015

is at a high level since August 2014, the Syrians from Aleppo and Damascus, and Afghans from Kabul. Geographically, Greece is the first European country in the route from the three main countries where come the participants of this study from. Furthermore, the Syrians come from Aleppo, the closest big Syrian city to Turkey, which could explain the high proportion of Syrian from Aleppo in the study's Syrian population. The level of education of the study population is very heterogeneous, excepted for the residents of Faneromani camp, perhaps due to a poor access to education for the Yezidi community in Iraq. At the time of the study, a winterization of the camps was in process, which means that all residents of the camps were resettled to hotels or containers just before the winter, with a priority given to the vulnerable people. The analysis of the vulnerabilities, defined in our study as self-reported chronic disease, single parents, pregnant women, children alone or elder persons shows that in the Hotel in Ioannina, where the winterization had already started just before the study, the majority of the residents were single parents or with a chronic disease, indeed.

In this survey, we document the reason the refugees had to leave their own country. As shown by the qualitative approach, depending on the country of origin, the reasons for leaving the home country was different. However, for the majority, the reported reason for fleeing their country was fleeing from war, coming from severe conflicts areas. The residents of the Malakasa camp, who were from Afghanistan for the majority, reported that they left Afghanistan mainly for threats against themselves or their family. As explained in the qualitative approach, Afghans report violent attacks threats or insecurity due to the presence of Daesh in the country. The war was not the main reason reported by the Afghans, The war in Afghanistan lasts since decades, and long period of war may have led to a different perception of the situation in the country, not considering anymore that their country is in war.

In the analysis of the time of journey and time of stay in Turkey, we observe homogeneous times of journey between the sites, excepted for the resident of the Faneromani camp, where the median reported time of journey was 573 days, due to a long time of stay in Turkey. This high length of stay in Turkey can be explained by a probable lack of money for this community and thus a need of work in the country in order to pay the smugglers. The Afghans reported a time of journey relatively low, median being 41 days, considering the distance between Afghanistan and Greece and the difficult conditions of the journey reported by the qualitative approach. However, several Afghans were fleeing from Iran, this may explain the lower length of journey than expected. We also documented the point of entry (island) in Greece. The Island by which the refugees entered in Greece are very different depending on the site of interview. The residents of the Hotel Ioannina entered in Greece through Chios while majority of the residents of the Faneromani camp entered Greece through Lesbos. These two islands were, equally, the major points of entry for the residents of Ristona camp. This can be explained by the strategy of the government in resettling refugees in the mainland camps, putting all people from the same community staying in an island to a specific site in the mainland.

In 2016 an agreement between the European Union and Turkey has been done, starting the 20th of March 2016. It agreed that all new illegal migrants crossing from Turkey to Greece after this date would be returned to Turkey. Furthermore the FYROM borders were closed. This explains the proportions we report in the study, concerning the date of arrival in Greece. A majority of the study population arrived in the country before the 20th of March, after this date, the Turkish police blocking the sea border and bringing back to Turkey all refugees trying to reach Greece.

One of the objectives of the study was to document the rate of violence experienced by the refugees, in their country of origin, during the journey but also in Greece. Our description of reported violence is highly detailed in terms of time and place, but also in terms of type and perpetrators. For each site, the rate of violence experienced reduced during the journey, starting at a high level in the country of origin, where conflicts were important to a lower level in Greece, a European country with no conflict, but still violence events were reported. The refugees fleeing from war, threats, were facing violence in their country of origin and continue to experience violence during their journey and in Greece. In Turkey and in Greece, the majority of the violence types reported were beatings, perpetrated by Police, in both countries. This observation being done also through the qualitative approach. Indeed, a report done in 2016 by the organization "Human Rights Watch" document abuse from the Turkish police and coast-guard against refugees[42] . Also in the camps, local violence is reported, this may explain the significant differences observed in the prevalence of violence reported by men and women in the Malakasa camp and Samos Hotspot, with inter-gender fights.

The analysis of the health status of the study population highlights a high prevalence of acute diseases of the residents in the sites, mainly acute respiratory symptoms, which is consistent with what local NGOs, World Health Organization[43] and MSF[44] reported in 2016. This can be explained by the difficult conditions of life in the camps and the hotspot, also the weather, the study being done during autumn and winter. Access to health care for the health problems reported in Greece was good in Faneromani and acceptable in the other sites, due to a good medical presence in the sites. However when focusing to Chronic disease, the rate or reported chronic disease was not surprising comparing to the prevalence of chronic diseases observed in the regions where the study population comes from[45] but access to a specialist and an appropriate treatment was very heterogeneous between the sites. In Samos, the reported access to healthcare was not poor but when we look at the perception about access to healthcare, this was low, due to the expectations of the refugees, as explained in the qualitative approach; when consulting a doctor, the refugees expect to receive a treatment and not only painkiller.

The objective of the study was also to document the mental health status of the refugee population in the seven sites, using a screening tool that detects the symptoms of anxiety and depression among refugees. The study highlights a high prevalence of positive screening to this anxiety disorder tool, this tool being probably very sensitive in the context of a refugee population living in difficult conditions, added to a recent trauma experience in their journey. However, no significant differences have been observed when focusing to individual characteristics, meaning that independently of any individual factors, the chance of being screened positive to this tool was the same, except in Malakasa where women were more willing to be positively screened compared to the men living in this camp. As highlighted by the qualitative conclusions, cultural perceptions of the anxiety symptoms could be minimized by the Afghan men. Furthermore, the goal of this screening was to refer all positive refugees to an on-site psychologist. However, the rate of refusal for being referred was high, in all sites. This could be explained, as shown qualitatively, by the cultural perceptions of the psychological services, but also by a lack of trust, refugees being

[42] Report Turkey Events 2015 - https://www.hrw.org/world-report/2016/country-chapters/turkey

[43] http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/migrant-health-in-the-european-region/migration-and-health-key-issues#292115

[44] https://www.msf.org.uk/article/migrants-assistance-urgently-needed-number-refugees-arriving-greek-islands-increases

[45] Diet, Genetics, and Disease: a focus on the Middle East and North AfricaRegion - https://www.hindawi.com/journals/jnme/2012/109037/

struggled with the legal procedures and not willing to discuss with a psychologist without getting anything back in terms of procedure. In these contexts, camps with communities leaving in a close area, can nourish the rumors, pushing residents not to consult a psychologist, feared to be judged by the rest of the community.

The analysis of the legal aspects shows a lack of information, especially among Afghans living in Malakasa. Knowing that any of the refugees residing in a camp or hotel for refugees has been registered by the authorities, it is surprising to observe that a majority of residents of Malaksa camp reported that they did not initiate any procedure. This highlights the weakness of the procedure system, especially among this community, perhaps due to languages issues or cultural perception of the registration but essentially due to a lack of organization inside the administration responsible of the procedures for refugees in Greece. Furthermore, in all sites, the majority of the study population did not know the status of their procedure, at the time of the survey, reporting that the procedure was pending. The long process emphasizes the distress of the refugees, receiving no update about their initiated legal procedure, waiting months to receive information. And when analyzing the perception about the access to information, this previous observation if confirmed. The majority considered that the access to legal information about legal assistance and procedure for asylum was non-existent, due to an overloaded administration and a not organized system. In addition, the study shows that the time of stay in Greece was much longer that what was expected when arriving in the country, a majority of the refugees considering that they would stay few days in Greece before being relocated, especially when they arrived before the close of the borders. As shown in the report done by MSF, the relocation system is not working. When the agreement was done, it was agreed that more than sixty thousands refugees would be relocated in Europe since only 4700 were in the reality in one year.[46] Limitations not already mentioned and related to the difficulty of documenting an individual history included the complexity of reporting sexual violence, especially among population from these communities, but also probably due to the fact that they were travelling by groups, family groups and less vulnerable and exposed to sexual assaults. Furthermore sexual assaults might not be that common on the routes we described, compared to refugees travelling through Libya. Furthermore, any survey that collects data on events that occurred before the day of the survey is subject to recall bias; in relation to the date of occurrence of events and the ages of the persons concerned, uncertainty levels emerge.

Conclusion

Our findings support the notion that refugees reaching Europe were fleeing from war, experiencing traumatizing events during their journey and also in Greece, and having limited access to important information. Similar studies should be conducted in other countries to better respond to this vulnerable population.

[46] MSF – Report Greece in 2016 Vulnerable People Get Left Behind

7. Annexes

Annex 1

Field visit report - Epicentre

Introduction

In 2015, Europe was facing an unprecedented arrival of refugees and migrants: more than one million entered via land and sea routes, 972,500 people made the often dangerous crossing of the Mediterranean, according to statistics of UNHCR, while more than 34,000 people by land in Bulgaria and in Greece from Turkey, according to the IOM.

To respond to the considerable needs of this population, OCP is currently working on several projects in Greece: at Samos, in Ioannina, in Attica and in Athens.

Europe and Turkey agreed to deport all migrants coming illegally in Greece (through Turkey) to Turkey, starting the 21st of March, even the eligible to asylum application.

To document migrants' journey, vulnerabilities, access to information and endured violence during the journey and in Greece, Epicentre will conduct several surveys in 6 sites (Katsikas, Faneromani, Ritsona, Malakasa, Samos, Athens' squat and City plaza) starting early November. The study will be divided in three parts: one quantitative survey, one qualitative survey and one mental health screening.

General Objective:

The general objective of this visit was to visit 6 study sites and to meet the MSF teams, coordination and local authorities

Visit to Ioannina:

MSF is doing a handover to MDM for medical activities (gap not filled for the moment) and will focus only on MH and Psychosocial activities (plus few NFI distribution). Among others, the team consists of one MH activities manager, 2 psychologists, 1 psychiatrist and 5 translators (2 Arabic, 2 Kurdish and 1 Farsi). A social worker will also join the team soon.

A short meeting with the coordo team have been held, in order to introduce the research and the study, focusing on the needs in the future to start the survey.

Short meeting with the MH activities manager, discussing about the needs in terms of Refugee Health and the referral system we'll put in place. Support for the training will be received from Anna (MHAM) – she advised us to focus also (in qualitative part) on the concept of "hope" and "resilience". One of the main observation concerning MH consultations is that few men and very few children are using the services.

- Faneromani

  Yezidis community is staying in this camp. They are around 220 and mostly families (only 2 single men in the group). MSF is well integrated, one translator has a very good contact

with the community and we plan him to introduce the surveys to the local community leader just before starting.

This group is very mobile and can leave the camp in one day…but also, there is a relocation plan (government) and it seems that this community can be relocated very soon.

UNHCR and MSF are present, UNCHR has rented the land from a private owner till the end of the year. Catering and food distribution are organized twice a day with the Greek army.

The study will be exhaustive for this site, only Kurdish interpreter will be needed; considering instability of the community, this methodology will need to be confirmed just before the start of the survey, we will probably need to mobilize the community to be certain to interview everyone.

- Katsikas

Mostly Syrian families and few Afghani families, around 350 at the moment of the visit (waiting for demographic data of Epirus of September 2016).

The relocation plan has not included the Afghani families, no information about the start of this relocation plan for the other communities. Plan to bring more refugees from the hotspots very soon.

GPS coordinates of the camp and strategic places have been collected.

Several NOGs are working in Katsikas: MSF, UNHCR (providing the tents), MDM (starting the med activities), IOM (NFI distribution) and local associations. Army does also food distribution.

To save time, it will be probably better to conduct the quantitative surveys at the same time in the two sites, Arabic and Farsi interviewers will be working in Katsikas and Kurdish interpreters in Faneromani.

Visit to Samos:

The team has been recently reduced, due to decrease of activities and of number of migrant arrivals in the island. MSF is focusing on psychosocial activities and support to volunteers in the Hotspot, there are actually 1 social worker, 4 interpreters (3 Arabic and 1 Farsi) and 1 psychologist. MSF is arranging accommodation for vulnerable migrants (pregnant women >6months, families with children <6 months, single mothers, elderly) in a hotel "shelter", providing psychosocial services; there are actually 44 people staying in the shelter. Psycho consultations are available in the shelter and the hotspot.

A short meeting has been held with the field administration manager and the social worker, introducing Epicentre, general research and the survey. The emphasis on the meeting was on the local authorities approval process (army, police, governmental organizations), the needs for the survey and the possible collaboration.

- Shelter

The survey is not planned to be conducted in the shelter, but considering that the most vulnerable migrants are located In this hotel, it would be very interesting to conduct the

qualitative study among this population in order to compare the results with the migrants' located in the hotspot.

Mostly Syrian families are staying in the shelter, only Arabic speakers (10 families at the time of the visit). The situation in the island is unstable, MSF, until more information is available from the authorities, is not taking any more family and the number of beneficiaries can decrease in the future.

- Hotspot

The Hotspot is situated 2 kilometres from the town on a military camp (no pictures allowed, control at the gate). 750 residents were registered at the time of the visit (around half in the "quarantaine situation", and half have passed this 25 days period). Some discussions are in progress, to open the Hotspot only to the migrants who have passed the 25 days period, for the moment the Hotspot is open for anyone. The density is high, tents, temporary shelters and containers are mixed up. For the moment, only vulnerable families are accommodate in the shelters (this leads to few tensions among the residents).

Many actors are working in the hotspot:

- International NGOs (MSF, UNHCR, MDM, Advocates Abroad…)
- National associations (IOM, IRC, …)
- RIS office and Asylum office

MSF is offering Mental Health consultations, the psy proposed consultations through "Door to Door" approach.

GPS coordinates of the hotspot and strategic places have been collected.

Maybe qualitative can be done in the shelter…Need to discuss with Army and Police before starting in the Hotspot. No real leaders in the communities. GPS random selection will be the most appropriate methodology - Pilot phase could be done for 3 days in the hotspot.

Visit to Athens:

7 squats around Athens (only visit to City Plaza), one clinic (open to all refugees…psy and medical activities…located close to the meeting place of migrants), several camps in the Attica region of which MSF has activities in 5.

Malakasa, City Plaza and Ritsona have been visited with Karl Blanchet and Philippe Mayaud from the London School of Hygiene and Tropical Medicine in order to discuss the probable collaboration we could have in the future for these surveys.

Short meetings with coordination team in Athens have been held, Erini, the log/admin for the surveys has been introduced to the study, we agreed to start the contract mid-October (exact date needs to be confirmed very soon) in order to start the log/admin activities. Recruitment of interpreters has started, but it seems very difficult to recruit locally, especially Farsi and Kurdish speakers; we will probably need to recruit internationally

(expat contract…maybe among MSF France team in Paris or former team in Calais for the survey).

- City Plaza

This is one of the 7 squats around Athens, but considered as the most "organized". The place is run by political activists volunteers, who are in charge of the "smooth running" of the place, the security, the catering, school activities and any other support needed among the residents. MSF doesn't intervene in this squat, only drugs donations to the clinic (run by volunteer doctors…mostly refugees). Social criteria for beneficiaries are applied (vulnerability, family etc…), accommodation is provided, 900 meals per day, vaccines has been done (with OCG); limited access to legal information for residents (few ONGs helping). City Plaza hosts 400 refugees and several nationalities are present - Somalis, Syrians, Pakistanis, Afghanis, Iran, Irak, Ghana - No Yezidis. Few isolated minors (taken in charge by Save the Children mainly)

The group running the place has not received any fund, only donations and some crowdfunding.

At each arrival, for all residents, several information are collected (nationality, members of family, rooms assigned…) and the plan of the rooms can be at the disposal of Epicentre MSF if needed for the survey, also consultations data are available and can be shared.

- Malakasa

The camp was formerly a vacation camp, with 900 residents at the time of the visit. There are several actors (UNHCR, IOM, MSF, Save the Children, etc…), supporting in many different aspects: school (save the children), mental health (MSF), food distribution (IOM), Dental and Optometrist activities (Local NGOs) etc…

In Malakasa, there are only Afghanis families or single Men (partly separated), but they are mostly families. Malakasa has been opened in April, we had limited access to information concerning the organisation of the camp (quick meeting with the local community leader and some discussions with the residents. No information about stability of the situation (Afghanis are not eligible to asylum and can be deported in Afghanistan at any time). The relocation plan seems to not include the Afghanis, but the situation is vague. The local community manager is the Camp Manager, and a meeting needs to be organized with him and any other local leader before the survey, oral approval must be received.

MSF is present at this site each day and is mostly doing Psychological consultations: group session for children, individual consultations for adolescents and adults, and referral for severe MH cases to Athens.

GPS coordinates of the camp and strategic places have been collected. GPS selection can be done but actual coordinates should be taken just before the start of the survey (it seems that the camp will extend in the future).

- Ritsona

The visit of the camp has been done with the camp manager from Light House Relief, just arrived three weeks before. The place is the property of Greek Army, this complicates any intervention, especially for logistics (approval is needed for any logistic intervention, electricity can be installed only through army electricity group etc...). There were 600 residents in tents at the time of the visit, plan to move the residents in shelters soon. The residents are mainly Syrians (80% Kurdish of Syria, 20% Muslims of Syria), few other nationalities.

Several actors are present, mainly international NGOs (Croix rouge Française, Hellenic and Sweden, MSF, Light House relief, etc…) and local associations. Priority has been given to the "winterization" of the camp, security (access is open to anyone) and WASH activities.

MSF is present two days a week for mental health support. Primary health care activities are supported by local organizations.

GPS coordinates of the camp and strategic places have been collected.

The qualitative study should include City Plaza and there needs to be a discussion with the volunteer leaders there first. Need to review the methodology, planned to do the two camps as a unique site - 300 participants → this is applicable with only Farsi in Malakasa and Arabic and Kurdish in Ritsona. One pilot phase of three days can be done in Malakasa with three Farsi interpreters and in Ritsona with the others.

Conclusions and recommendations

After visiting all the camps, we propose to recruit 11 interpreters both male and female (5 Arabic, 3 Kurdish and 3 Farsi) for a period of 2 months minimum. Time can be saved since different surveys can be done simultaneously in two camps with different languages (example Faneromani and Katsikas can be done at the same time), but still to reach the sample size, 2 months minimum are needed. Knowing the recruitment can be difficult, the human resources needs can be reviewed with a longer time of survey.

The ethical approval is pending, for several reasons and to be sure to start efficiently, we propose to start the survey mid-November, with a training of 3 days (from the 7th of Nov to 9th and pilot phase from 10th to 16th).

Accommodation, flight tickets, logistic for training and moves etc…will be done independently to MSF teams, and with the support of the log/admin coordination in Athens.

The training will take place in Athens, support from MHAM is needed and procedures for MH referral needs to be approved. Also we need to be sure that a psychologist is available at each site.

Annex 2

ID#

DATE

REFUGEE HEALTH SCREENER-15 (RHS-15)

PATHWAYS TO WELLNESS

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

Developed by the Pathways to Wellness project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

Pathways to Wellness: Integrating Refugee Health and Well-Being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Michael Hollifield, M.D. of Pacific Institute for Research & Evaluation. For more information, please contact The Pathways Project at 206-816-3253 or pathways@lcsnw.org.

ID#

DATE

REFUGEE HEALTH SCREENER-15 (RHS-15)

PATHWAYS TO WELLNESS

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

Developed by the Pathways to Wellness project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

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refugee camps in Greece

ID#

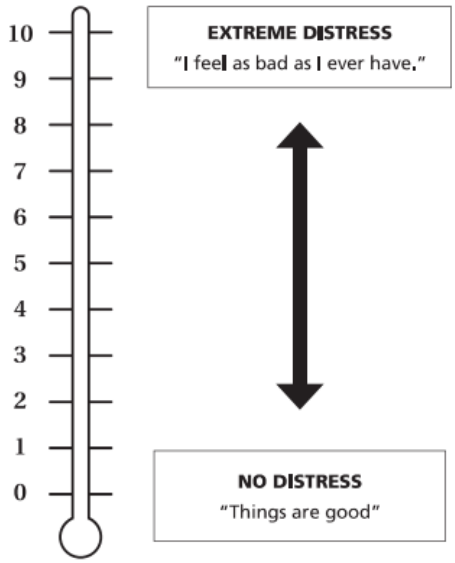
DATE

REFUGEE HEALTH SCREENER-15 (RHS-15)

PATHWAYS TO WELLNESS

Add Total Score of items 1–13

15. Distress Thermometer



Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: ❶ ITEMS 1–13 IS ≥11 OR ❷ DISTRESS THERMOMETER IS ≥5

CHECK ONE: ☐ **POSITIVE** ☐ **NEGATIVE** ☐ SELF-ADMINISTERED ☐ NOT SELF-ADMINISTERED

Annex 3

Survey Greece questionnaire

Doctors Without Borders is a neutral Non-Governmental-Organization that is working independently with migrants worldwide. Our main focus is to improve the health care, life conditions and access to information of migrants living in the camp. In order to have a better idea what the main problems in the area of health care, life conditions, difficulties during the journey for migrants in the camp are, we would like to ask you few questions. The result of this survey will be used in order to make recommendations on how the situation of migrants may be improved in future. The procedure is done in an entirely anonymous way, and thus we are even not taking note of your name. We ask you most kindly to answer us shortly the following questions, if you agree to do so. Would you have 40 minutes please?

DATE OF INTERVIEW: ___/___/_____ INTERVIEWER ID : [__][__]

SITE OF INTERVIEW:_____ SPECIFY : Open camp[_] Squat[_] Closed camp[_] Hotspot[_] Other[_]

Household number: [__][__][__]

ID Number: [__]. [__][__][__] . [__][__]

Number of people living in the shelter: [__][__]

Language of Interview: _____

Participate in this survey? Participated [_] Absent [_] Refused [_] → why :_____

A. DEMOGRAPHIC

A.1 Country of origin: _____
A.2 Nationality: _____
A.3 Region: _____
A.4 Ethnic group : _____
A.5 Spoken languages: English[_] Greek[_] Arabic[_] Farsi[_] Pashtun[_] Kurmanji[_] Sorani [_] French[_] Turkish[_] German[_] Other[_]
Specify:_____
A.6 Mother tongue : Arabic[_] Farsi[_] Pashtun[_] Kurdish[_] Other[_] Specify : _____
A.7 Gender : Male[_] Female[_]
A.8 Age: [ ] years [ ] months
A.9 For unknown age: 0-5years[_] 6-12years[_] 13-18years[_] 19-60years[_] 60years

or +[_]

A.10 Marital status: Single[_] Married[_] Separated/ Divorced[_] Widowed[_] In a Union[_]

A.11 Level of education: None[_] Primary[_] Secondary[_] Tertiary[_]

A.12 Occupation in home country: Farmer/Forestry[_] Teacher[_] Engineer/IT[_] Student[_] Sales[_] Construction[_] Medical[_] Soldier/Policeman[_] Housewife[_] None[_]

Other [_] Specify _____

A.13 Family situation in the camp : Nuclear family[_] Single mother/father[_] Extended family[_] Polygamous family[_] Inter-generation family[_] Child alone[_] Family without adults[_]

Other[_] Specify :_____

A.14 Did you get a Refugee status before arrival in Greece : Yes[_] No[_] DK[_]

A.15 If yes, in which country? _____ _____

B. DEPARTURE

B.1For which reasons did you leave your country?

C. JOURNEY (Complete the table)

C.1 Who were you travelling with? Alone [_] in a group [_]

C.2 Have you ever been kept in an immigration detention center? Yes[_] No[_] RTA[_]

C.3 If yes in which country(ies): _____

D. ARRIVAL IN GREECE

D.1 Point of entry in Greece (Island): _____

D.2 Date of arrival in Greece: ____/____/____

D.3 Date of arrival in this camp: ____/____/____

D.4 List the different camps/hot spot/apartments by which you passed and the length of stay:

_____ DK [_] Length : _____ days
_____ DK [_] Length : _____ days
_____ DK [_] Length : _____ days
_____ DK [_] Length : _____ days
_____ DK [_] Length : _____ days

D.5 Upon your arrival, by whom you were taken care of?

NGO[_] Police/Army[_] UN organization [_] National Organization[_] Local people[_]

DK[_]

E. STATUS

E.1 What procedure did you initiated? Asylum [_] Relocation (Syrians) [_]
Reunification [_] None [_] DK [_] Other [_]
Specify_____
What is the current status?_____ DK[_]

F. DAILY LIFE IN THIS CAMP

In the camp, do you have daily access to :
F.1 Toilets : Yes[_] No[_] DK[_]
F.2 Showers : Yes[_] No[_] DK[_]
F.3 Drinking water (fountains, cans…) : Yes[_] No[_] DK[_]
F.4 Blanket : Yes[_] No[_] DK[_]
F.5 Phone : Yes[_] No[_] DK[_]
F.6 Food Yes[_] No[_] DK[_]
F.7 On an average, how many meals (including breakfast) do you have per day?
1 [_] 2 [_] >2 [_]
F.8 In general, in terms of living conditions in the camp what are the main problems you meet?
_____
_____
_____
F.9 what are your 3 priority needs?_____
F.10 Which are your livelihoods in the camp?
_____
_____
F.11 What are your main activities during the day ?_____
_____
_____
F.12 Have you been approached by organizations, local people, or others concerning the various aspects of the everyday life? Yes[_] No[_] DK[_]
F.13 If yes, specify which ones :
_____
_____

G. ACCESS TO INFORMATION

Do you consider you received all the necessary information in terms of?
G.1 Legal assistance (rights for refugees) : Yes[_] No [_] DK[_]
G.2 Procedure for asylum/relocation/other questions :Yes[_] No[_] DK[_]
G.3 Access to healthcare: Yes[_] No[_] DK[_]
G.4 Food/NFI distribution: Yes[_] No[_] DK[_]

G.6 Which other ones are missing :_____

_____

_____

G.7 Have you been approached by any organization, association or others concerning the various aspects of the available legal aid? Yes[_] No[_] DK[_]

G.8 If yes, specify which ones :

_____

_____

H. ACCESS TO HEALTH CARE IN GREECE

H.1 Do you have any chronic disease/disease which persists for some time? Yes[_] No[_] DK[_]

If yes:

H.2

Pathology :_____

___

For this pathology; (when you searched for it) did you have access to:

H.3 Specialist consultation Yes[_] No[_] DK[_]

H.4 An appropriate translator Yes[_] No[_] DK[_]

H.5 Specific health care Yes[_] No[_] DK[_]

H.6 Appropriate medicine Yes[_] No[_] DK[_]

Have you ever been referred to hospital for:

H.7 X-Ray/echography? Yes[_] No[_] DK[_]

H.8 Blood analysis? Yes[_] No[_] DK[_]

H.9 Specialist? Yes[_] No[_] DK[_]

H.10 Delivery? Yes[_] No[_] DK[_] NA[_]

H.11 Surgery Yes[_] No[_] DK[_]

H.12 If woman: Are you pregnant? Yes[_] No[_] DK[_]

H.13 If yes; are you being followed-up for this pregnancy, do you receive ANC? Yes[_] No[_]

I. PROJECT OF LIFE

I.1 Do you still have first line family in your country of origin? Yes[_] No[_] DK[_]

I.2 Do you have family in Europe: Yes, first line [_] Yes non first line [_] No [_]

I.3 If yes: in which countries?

_____

I.4 In the future, do you plan to return to your country of origin? Yes[_] No[_] DK[_]

I.5 Reason :

_____

I.6 If it is possible, do you want to stay in the camp or find another place to live in?

Stay in the camp[_] Stay in another camp[_] Apartment[_] Squat[_] Shelter[_]

Other[_] Specify

:_____

I.7 Initially, how long did you think you would stay in Greece? _____Days/Months DK[_]

I.8 From now, how long do you think you will stay in Greece? _____Days/Months DK[_]

I.9 What is your final destination (ideally)?

Greece[_] Other[_] Specify :_____ DK[_]

I.10 If other, by which means do you consider leaving Greece?

Official authorization[_] Smuggler [_] Alone(clandestinely) [_] DK[_] RTA[_]

REMARKS

_____
_____
_____
_____
_____
_____
_____
_____

J. MENTAL HEALTH

Screening RHS15/SDQ

J.1 Final result of RHS15/SDQ screening: [_] positive [_] negative

refer to Psychologist if screening positive

J.2 Referral : Yes[_] No[_] if no, reason:_____

Annex 4

Epicentre and MSF recruit

Interviewers-Translators Mission Greece
Arabic/Farsi/Kurdish

Médecins Sans Frontières (MSF), an international humanitarian medical organization established in 1971, provides medical assistance to populations whose survival is threatened by crises, primarily armed conflicts, but also epidemics, natural disasters and exclusion from care. The French section is present in about thirty countries.

Epicentre is a non-profit organisation created in 1987 by Médecins Sans Frontières (MSF), which groups health professionals specialised in public health and epidemiology. In 1996, Epicentre became a World Health Organization Collaborating Centre for Research in Epidemiology and Response to Emerging Diseases.

Doctors Without Borders is a neutral Non-Governmental-Organization that is working independently with migrants worldwide

Context

In 2015, Europe was facing an unprecedented arrival of refugees and migrants: more than one million entered via land and sea routes, 972,500 people made the often dangerous crossing of the Mediterranean, according to statistics of UNHCR, while more than 34,000 people by land in Bulgaria and in Greece from Turkey, according to the IOM.

To respond to the considerable needs of this population, OCP is currently working on several projects in Greece; in Ioannina, Attica, Athens and in Samos

Position and function

Under the supervision of the principal investigator and the study field coordinator, the interviewer will be in charge of conducting the study interviews among the refugees in the six designated sites, in Arabic or Kurdish or Farsi. Specifically, his/her role will be to:

- Translate the study questionnaires and any document of interest, from/to English to Mission language, on demand
- Follow the sample methodology to draw the interviewed shelter (GPS coordinates and sample table)
- Conduct the quantitative questionnaire in the appropriate language
- Administrate a mental health screening tool and refer to the MSF psychologists if necessary
- Translate the focus groups discussions and the qualitative individual interviews
- Ensure the anonymity and confidentiality of the participants and translations, following the coordinators instructions
- Guarantee neutrality and precision of translations
- Refer to the coordination any change of situation in the camps
- Inform the teams in terms of cultural tradition and local customs etc… and communicate any conflict of interest (eg. Personal implication) that needs the help of another interviewer/translator for the interview
- Always maintain respect between all parts: participants, MSF teams, other NGOs, local authorities, police, coordination

He/she will closely collaborate with the MSF team in Greece to ensure smooth collaboration with MSF and its local partners and will work under the supervision of the principal investigator at Epicentre, Paris.

Candidate requirements

Knowledge, skills and abilities

- Fluent English speaking
- Fluent Arabic or Farsi or Kurdish speaking
- Greek and/or French speaking is appreciated
- Knowledge of medical vocabulary
- Dynamic, rigorous and able to work within a team
- Good communication skills
- Adherence to MSF principles

Conditions

- Place: Greece
- Status: Volunteer MSF status
- Duration: 2 months (November-December 2016)

Please send you CV and motivation letter to

For further information about the position, please contact: Jihane Ben Farhat, + 33 (0)1 4021 5492, **jihane.ben-farhat@epicentre.msf.org.**