GENERAL INFORMATION

The refugee shelter in Ritsona started its operation in 2015 using tents for the accommodation of the migrant population, while in 2016 the tents were replaced by prefabricated houses (containers), offering shelter to singles and refugee families.

The site manager of the camp is the Ministry of Migration and Asylum, while several institutions and NGOs are active, such as EODY, EASO, the International Organization for Migration, Lighthouse Relief, UNHCR, Unicef, Mosaic (KETHEA), Solitarity Now, Syrian American Medical Society (SAMS), Café Ritch (RITS) and Metadrasi.

The total migrant population reaches up to 2,485 persons of which 1,346 are men, 1,139 are women, 452 are underage girls and 348 are underage boys. The nationalities are divided as follows:

Afghanistan 683 people, Democratic Republic of Congo 549, Iraq 121, Somalia 95, Cameroon 88, Palestine 18, followed by nationalities from countries such as Ghana, Senegal, Guinea etc. with few people.

There are sanitary facilities (water supply, sewage system etc.) but several times it has been reported that they are damaged with a long delay in their repair.

An informal market has been functioning inside the camp by the residents themselves (shops and stores), in order to meet the basic needs of the population, since the camp is located quite far from the nearest urban centre (Chalkida).

The HRC provides the following services in the field:

1. Medical services and Primary Health Care through the Mobile Health Team (doctors and nurses)
2. Psychosocial Support Services for Refugees and Migrants through Psychosocial Support Field Officers (PSS)
3. Community Engagement and Accountability (CEA) activities through the CEA field officer
4. Interpretation services for all HRC activities in Arabic, Farsi and French.

The CEA field officer is responsible for the coordination, implementation and supervision of the CEA actions (providing timely and accurate information to the refugee population, receiving, processing and recording feedback on the HRC actions, conducting large-scale surveys, creating and posting relevant communication material and organising participatory and collaborative activities with the target group).
1. PRINTED INFORMATION MATERIAL

One of the key CEA methodologies of providing timely and reliable information to the wider community, is the creation and use of printed material (announcements, posters, etc.). The relevant material is designed according to the needs of the migrant population on information issues and in cooperation with the staff of the Psychosocial Support Team and of the MHT, while it includes key messages regarding the services provided by the MHT and the actions implemented. The information material is uploaded on the available information boards so that the beneficiaries have easy access to printed information.

Also, the credibility of the content is always checked before the material is uploaded, with the support of the interpreters. Up to now, a total of 4 posters and announcements have been created and posted to the available information boards. Their content is translated into all the main languages (English, Arabic, Farsi and French) in cooperation with the Multifunctional Refugee Centre of Athens.

2. SERVICE MAP

The CEA team, in collaboration with the staff of the Mobile Health Team, created a service map, where the provided health and psychosocial services are outlined in a concise and easy-to-understand way. The material was posted in all the outdoor areas, as well as on the main notice board of the camp, and is available in all 4 mainly speaking languages (Arabic, Farsi, English and French).
3. FACE-TO-FACE COMMUNICATION WITH THE COMMUNITY

Face-to-face interaction with the migrant population, is one of the basic components of CEA methodology, aiming to the comprehension of the available information by the community. In particular, the CEA team supported the MHT in conducting community awareness raising meetings regarding the Student Health Card (a prerequisite for children's enrollment in school). Communication with the community members was carried out through face-to-face and door-to-door visits to all the students (235 minors in total). The information sessions took place in October 2021 separately for each community (Arabic, Farsi and African). In cooperation with the MHT, the CEA team assisted to coordinate the migrants availability on the days and hours.

4. PARTICIPATION IN COMMUNITY MEETINGS

The CEA officer participates in the meetings with community representatives/leaders (CwC) both with the communities separately, Arab, Kurdish, Afghan, Congolese, Cameroonian and Somali, and both in meetings with the participation of the communities altogether. The purpose of the meetings is to provide targeted and timely information to the beneficiaries regarding the HRC activities, to maintain interactive communication between community members and HRC, to receive feedback and record the individual needs and challenges that arise among the residents of the camp. Also, the methodology of communication with the community, apart from verbal and printed communication, includes also the use of Whatsup and other apps in collaboration with IOM.

5. MEASURING THE LEVEL OF SATISFACTION IN MOBILE HEALTH TEAM

The activities of the Mobile Health Team have now a stable mechanism for receiving feedback, supported by the CEA field officer in collaboration with the interpreters and the MHT staff. More specifically, those who visit the clinic are provided with the opportunity to express their opinion, suggestions and feedback in the terms of evaluating the overall level of services. HRC based on the collected feedback can adjust and adapt the services according to their needs, offering high-level quality services based on reliability and consistency.

The methodological tool which is used for the feedback collection is face-to-face communication with the migrant population, using a specially designed questionnaire, while the processing and elaboration of the feedback is feasible through Kobotool. The results of the survey are outlined in the monthly report for all programmes under the Emergency Appeals and shared with all relevant reporting persons in order to be analyzed and discussed so as to proceed with necessary changes and improvements if needed.
6. SATISFACTION SURVEY ON THE PSS ACTIVITIES

In order to keep high standards in the delivering PSS activities, at the end of each session a relative feedback mechanism is available so as to secure the quality and credibility of the activities. For instance, when the first cycle of the photograph session was completed a satisfaction survey was conducted to all participants in order to measure their level of satisfaction, hear their opinions and ideas for future projects.

The questionnaire was prepared by the field staff in a simplified form, including short and understandable questions and was disseminated to the participants. The elaboration of the feedback was done manually and an overall summary of the findings was included in the monthly satisfaction survey reports.

The printed questionnaires are placed at the front of the clinic, so that are clearly visible and accessible to people visiting the MHT.

8. SURVEY REGARDING THE VACCINATION AGAINST COVID-19

During October-November 2021, the CEA field officer, together with the interpreters, supported the survey on migrant population perceptions of Covid-19 vaccination. The survey lasted for three weeks and was implemented in all CEA programmes under the Emergency Appeals though the use of Kobotool. Regarding Risotana camp, 5% of the total population of the community participated in the survey. The survey aimed to explore the attitudes and perceptions of the population towards the Covid-19 vaccine and was conducted in collaboration with community members from all nationalities and age groups.

7. SUGGESTION BOX

Apart from the use of Kobotool, HRC gave the opportunity to the beneficiaries who do not wish to participate in a process that requires their verbal expression to use a Suggestion Box regarding their feedback on the Mobile Health Team’s services.

The use of the suggestion box enables the respondent to express their opinion, comment, suggestion, idea or complaint at their own time and space, anonymously and without feeling pressed by the whole process. The questionnaire is also available in printed form, translated into the main languages (Arabic, Farsi, English and French). The feedback is collected by the CEA field officer, translated with the assistance of the interpreters and then is uploaded in the Kobo online database.
9. SURVEY ON THE COMMUNITY’S PREFERENCES FOR PSS ACTIVITIES

In February 2022, a survey was designed and implemented, which aimed to investigate the community’s preferences regarding psychosocial support activities. The methodology included: a) door-to-door visits with the distribution of 45 questionnaires to the Afghan and African community and b) online participation through an online survey tool (surveyplanet and kobo), where the relevant link was distributed to the whole community in collaboration with IOM and via Whatsup.

The questionnaire included demographic data and short questions regarding the type of psychosocial support activities the migrants prefer in their free time. The research is ongoing but the first data obtained has already indicated some clear preferences, such as chess lessons.

10. PHOTOGRAPHY SESSIONS

From the beginning of the program, the CEA team supports and facilitate a series of workshops related to photography lessons. More specifically, this activity was designed according to the residents preferences and its main goal is to obtain basic knowledge on photography theory and practice.

The sessions include a series of workshops with an introduction to the theory and the basic techniques of photography and address to adults of all nationalities. They are conducted twice a week for two hours though two groups, targeting to the development and mobilization of the individual skills of the participants.
11. SENSITIZATION SESSIONS ON RECYCLING

In cooperation with the community members, sessions have been launched in order to raise awareness on recycling issues. This activity aims to inform the population about the basic principles and the important benefits of recycling, such as the proper separation and preparation of waste for recycling and awareness of the effects of environmental contamination.

At the same time it aims to mobilize the participants in reducing their family's and the camp's environmental pollution and adopt a broader concept that targets to a collective effort towards a more "green" thinking and acting, inside the community.

12. CEA COORDINATION MEETINGS

The CEA officer participates to the weekly coordination meetings, that take place between the CEA Coordinator and the other CEA officers both in Lesvos and Athens. The main objective of the meetings is to share best practices, disseminating lessons learned and setting in place new CEA activities. The core area of the these meetings is to keep and maintain the CEA SOP's in all our programs: a) the provision of life saving and accurate information, b) the establishment of stable feedback mechanisms and c) the implementation of participatory activities together with the migrant community.

13. TRAINING ON CEA ISSUES

In order to raise awareness about the CEA approach, a training session was conducted for both staff of the Psychosocial Support Team and members of the Mobile Health Team.

The main goal of the training was the sensitization on the CEA basic principles and Standards of Operational Procedures.

It is worth mentioning that training on CEA issues is provided on a weekly basis to all voluntary and paid staff of the HRC.