

Conditions in refugee camps: the case of Schisto



Network for Children's Rights

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Network for Children's Rights is a non-profit organization founded in 2004 with the aim of drawing awareness to and intervening in problems relating to the rights of the child.

In the 13 years since its founding, the *Network* has successfully promoted children's rights, encouraged their socialisation through educational, cultural and psycho-social activities and has supported them in a variety of ways, such as taking legal action where necessary.

Since 2016 the *Network* has worked with *Save the Children* and *United Nations High Commissioner for Refugees (UNHCR)* in the refugee accommodation centres of Elliniko and Schisto by offering recreational and non educational activities to child refugees. In addition, at Schisto *Network* provides psychosocial and legal aid to children and their parents - if the children are accompanied by them - through a specially set up Child Protection Unit (CPU) manned by two social workers, one psychologist and one lawyer.

It is the experiences of the CPU over the past several months at Schisto camp and the action it has been called to take on a daily basis, that have prompted the report that follows.

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Introduction

Schisto is one of the 54 accommodation centres for asylum-seekers, the majority of which are vast fenced settlements far from urban hubs.¹ Access to city centres is difficult as travel by public transport is not always feasible due to the time and expense required. Schisto is one of the largest accommodation centres (with capacity 2000 persons, according to the UNHCR data²). As a result, the administrative logistics required to run the camp are particularly challenging.

As a result, the camp's residents become ghettoised and it is very difficult for them to be integrated into Greek society. Besides, so far there has been no initiative or even announcement of any specific plan for social integration of the migrant population. The de facto refusal to deal with an issue that requires not only immediate but also substantive solutions gives the impression that the reason for assigning these sites to the migrant population is simply to keep refugees marginalised.

It is remarkable that some accommodation centres, such as Schisto and Diavata, were officially established by ministerial decree as "Temporary Reception and Accommodation Settlements", under the Law 4375/2016, just a few weeks ago, despite being in full operation for about a year. The Standard Operating Procedure of all those Settlements states quite categorically that they are designed only for short-term or mid-term stays and they are not permanent accommodation centres³. The temporary character of the Settlements is also made clear in UNHCR documents, where the type stated is an "emergency response site" and therefore they are not designed for long term accommodation⁴. Yet, despite being defined as temporary

¹UN High Commissioner for Refugees (hereinafter UNHCR), Site Profiles as of 17January 2017, <http://rrse-smi.maps.arcgis.com/apps/MapSeries/index.html?appid=d5f377f7f6f2418b8ebadaae638df2e1> (last accessed 25.1.17).

² <https://data.unhcr.org/mediterranean/country.php?id=83>

³Greek Law 4375/2016 "On the organisation and operation of the Asylum Service, the Appeals Authority, the Reception and Identification Service, the establishment of the General Secretariat for Reception, the transposition into Greek legislation of the provisions of Directive 2013/32/EC «on common procedures for granting and withdrawing the status of international protection (recast)» (L 180/29.6.2013), provisions on the employment of beneficiaries of international protection and other provisions", article 10 paragraph 4, Greek Government Gazette (GGG) A51/3-4-2016; Decision no. 3/14762 "The establishment of Open Centers of Temporary Reception for citizens of third countries or foreign nationals who have applied for international protection, according to the provisions of paragraph 4 article 10 of Greek Law 4375/2016", GGG B 3720/16/11/2016; Decision no. 11.1/6343 "General Regulations of Operation of Accommodation Centers for citizens of third countries that operate under the supervisions of the First Reception Service" article 7 para 1, GGG B3295/9-12/2014.

⁴ See *supra*note 1.

emergency solution, these sites are already giving the impression they are here to stay.

In fact, it is not clear how the above-mentioned camps will function as from the 15th of March 2017 since, following the relevant EU Commission recommendations, the Dublin Regulation is due to come in full force for Greece as first point of entry for asylum seekers from third countries⁵.

In any case, nobody knows what will happen should there be another large-scale influx of refugees coming into Europe via Greece, as no emergency response strategy exists. What is more, official reports by international bodies and national organisations belonging to EU states have pointed out substantial inadequacies, deficiencies and even large gaps in the protection, security, dignity and quality of living conditions of asylum-seekers in Greece, with children making up the largest vulnerable group affected⁶.

Living conditions

In certain camps, an attempt has been made to replace tents with prefabricated housing, in line with the UNHCR «winterisation» scheme. On the one hand, this course of action may be worrying because it reinforces the feeling of permanence, however on the other, it is essential for providing decent living conditions during winter. It has to be pointed out nevertheless, that this prefabricated accommodation (actually containers) was established in December without prior installation of basic infrastructure – electricity, heating, water and sanitation facilities. It was only at the beginning of January that the “houses” were equipped with air-conditioning units for heating and that a sanitation system was installed to allow the use of private indoor toilets. Further, according to the migrants themselves, the containers have been installed on unstable platforms and there is real risk of overturning whenever all their occupant congregate in one corner; Even worse, once the sun sets they are plunged into darkness.

There are problems not only concerning the houses themselves but also the communal areas. There are only 48 public lavatories, which up to a few days ago catered to 790 people⁷, while there are even fewer showers and in particular 28 in total. Therefore, it is not surprising that both lavatories and showers are not in good

⁵ EU Commission, 4th Report on the Progress made in the implementation of the EU-Turkey statement, 8/12/2016; EU Commission Fact Sheet, 8/12/2016;

⁶ Dutch Council for Refugees et al., The implementation of the hotspots in Italy and Greece: A study, available at: <http://www.ecre.org/wp-content/uploads/2016/12/HOTSPOTS-Report-5.12.2016..pdf>

⁷ See *supra*note 1.

condition and often break down. Additionally, the men's toilets adjoin the women's ones, leading to privacy and security issues for the women and children of the camp.

Equally problematic are the communal areas used by the children for their creative activities. These spaces, in spite of being limited in number and therefore not covering the needs of all resident minors, are also inappropriate for children. In particular, there is rubbish and construction debris strewn all over the outdoor space, with which children could be injured (e.g. sharp objects, metal rods, metal edges and screws, piles of stones etc.).



As for the food provided to the camp's residents, it is evident that the basic nutritional rules for minors are not being adhered to. Specifically, there are only three main meals– mostly of inadequate quantity and quality– instead of the five meals stipulated in Appendix 1 of the Standard Operating Procedure for Accommodation Centres.⁸ Fresh fruit and vegetables are rarely provided and dairy products are non-existent, while ready-packaged desserts form part of the daily diet of children. It is therefore up to the residents themselves to use any money they may save to enrich their diet and make it more nutritious. At the same time, they are not allowed to prepare their own meals but have to collect them from a central army canteen.

Due to the fact that so many people live in a limited place and that the quality of their nutrition is extremely poor, camp residents are particularly vulnerable to illness. Yet medical services provided in the so-called "accommodation centres" fall short of ensuring the good health of those residents. The deficiencies in health services in the camps have been pointed out by an Independent National

⁸See *supra* note 2, Decision no. 11.1/6343, Appendix1 E' para.1

Authority in a recent report⁹. More specifically, the state medical-nursing staff is inadequate in number. In some camps, e.g. in Schisto, the surgery is closed from the afternoon till early morning and there is simply an army doctor on call who can be summoned by telephone should an emergency arrives. Consequently, even first aid cannot always be provided promptly.

The safety of refugees is also at risk from the lack of adequate security in the camps. Certain centres that used to function as military camps remain under military supervision, but that applies only to their buildings. Schisto is one of these. The Police are the ones responsible for ensuring public order but their presence is insufficient, as only two or three policemen are assigned to each shift and they just stand in the camp entrance¹⁰.

A mother who reported her husband following an incident of domestic violence was denied immediate intervention by the police authorities responsible for law and order in the Schisto camp because, they said, they did not have clear guidelines on how to respond to such matters and were therefore hesitant to do so. Besides, both at the police station where the offender had been transferred and at the Criminal Court there was no interpreter. The ability of the state authorities to reach a verdict hinged entirely on whether our organization could offer its own interpreter for the statements and the hearing.

The feeling of insecurity that prevails in the camps is exacerbated by the broken sections of fencing and by the poor and inadequate lighting, even of communal areas¹¹. Many residents at Schisto will testify that women and children do not go out of their shelters once night falls. At this stage it has to be stressed that the lack of essential lighting even in communal areas¹² breeds a serious risk of violence, sexual harassment, abuse etc and generally denies even rudimentary safety to the residents, something that Amnesty International first pointed out in September 2016¹³.

«...As soon as night falls we all shut ourselves inside the container because we are afraid. We don't even dare to go to the bathroom because it is very dark and dangerous. There is no way I would allow my wife and children to go. There have been many attacks there...»
Testimony of a refugee to the CPU team of the Network, December 2016

Id. at 13 et seq.

¹¹ See *supra* note 1.

¹² There are floodlights only at the entrance of three buildings at the centre of the camp and at the entrance to the administration building.

¹³ Amnesty International Report, "Our hope is broken – European paralysis leaves thousands of refugees stranded in Greece", September 2016, p 5, available at: https://www.amnesty.gr/sites/default/files/pdf/ehoyme_hasei_kathe_elpida_diethnis_amnistia.pdf

Furthermore, according to the latest information provided by the HC¹⁴, in the majority of centres fire protection systems as stipulated in the Standard Operating Procedure are either non-existent or do not conform with appropriate standards. We must not forget that this deficiency - which has already proven fatal in hotspots on the islands - occurs in spaces occupied by thousands of people, who have never been shown escape routes or what to do should a fire break out¹⁵. The failure to install essential fire-detection and fire-prevention equipment in Schisto is typical. Two months have already passed since the fatal incident at Moria camp on Lesbos and the difficulty – due to labyrinthine bureaucracy – in determining which authority is responsible, does nothing to facilitate the search for solutions and accountability.¹⁶

All the conditions described above indicate that the rights of the largest of all vulnerable groups, namely children, to life, health and security, as enshrined in the International Convention on the Rights of the Child, the European Convention on Human Rights and the EU Charter of Fundamental Rights, (legally binding documents not just in Greece but in all EU countries¹⁷) are being heavily flouted. Not only are the best interests of children not given priority, they do not feature at all in any stipulations regarding the living conditions of refugees¹⁸. Indeed, the living conditions described above can be considered anything but advantageous to children.

«... No one guards the camp. Even the fence has holes in it and anyone can go in and out through them including dangerous individuals who don't live here and whose aim is to sell drugs or do other bad things». Testimony of an unaccompanied minor to the CPU team of the Network, December 2016

The adverse living conditions only serve to worsen the already vulnerable situation in which the refugees find themselves. The majority of them have already been through difficult and traumatic experiences not just before their arrival in Greece but also after it. (These include the unstable situation and/or fear of

¹⁴ See *supra* note 1.

¹⁵ See *supra*note 2, Decision no. 11.1/6343, no 15 para. 5, Appendix 1, D, para 5-7.

¹⁶ See <https://www.savethechildren.net/article/death-child-moria-fire-disgrace-both-eu-greek-government>

¹⁷ Convention on the Rights of the Child, (CRC) 1577 UNTS Greek Law 2101/92 (GGG A 192) article 6; European Convention for the Protection of Human Rights and Fundamental Freedoms 4th November 1950 articles 2,5; EU Charter of Fundamental Rights (EUCFR) 26th October 2012 articles 2,6,24

¹⁸ CRC article 3, para 1; EUCFR article 24, para 2.

persecution in their own country, the dangers encountered after they fled – including possible loss of family members and exploitation by traffickers, - their inability to reach their final destination, which is rarely Greece, their stay in abysmal conditions in the hot spots on the islands and finally, the often hostile attitude of the local population. All this exacerbates their already fragile mental state and drives many refugees to further marginalisation and/or increases the cases of domestic violence, drug abuse and general antisocial behaviour.

A father, whose wife and one of their daughters reside in another EU country, had become addicted to drugs and began to behave aggressively towards his under-age son. Following our intervention, the Prosecutor for Minors removed the boy from the camp and placed him in a hostel for minors for his protection



Vulnerable Groups

The issue of vulnerability is totally ignored in practice¹⁹, despite the fact that it has been highlighted by the Strasbourg Court of Justice and is a key component of all EU documents that regulate asylum procedures and the reception of asylum-seekers in member states. More specifically, a not insignificant number of unaccompanied minors continue to live in camps, because the housing provided by the National Centre for Social Solidarity is full and there is a waiting list for

¹⁹ Directive 2008/115/EC of the European Parliament and of the Council of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals [2008] OJ L348/98, Art.3(9) and 5; Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants of international protection [2013] OJ L 180/96, Art.2(k), 21; EU Regulation No 604/2013 of the European Parliament and of the Council of 26 June 2013 establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person [2013] OJ L180/31, e.g. Art 6, recital 13; M.S.S. against Belgium and Greece, ECtHR, available at: [https://wcd.coe.int/ViewDoc.jsp?p=&Ref=CM/Del/OJ/DH\(2014\)1214/3&Language=lanEnglish&Ver=original&Site=COE&BackColorInternet=DBDCF2&BackColorIntranet=FDC864&BackColorLogged=FDC864&direct=true](https://wcd.coe.int/ViewDoc.jsp?p=&Ref=CM/Del/OJ/DH(2014)1214/3&Language=lanEnglish&Ver=original&Site=COE&BackColorInternet=DBDCF2&BackColorIntranet=FDC864&BackColorLogged=FDC864&direct=true); MajjaMustaniemi-Laakso et al., *The protection of vulnerable individuals in the context of EU policies on border checks, asylum and immigration*, 2016, pp 24-25, available at: <http://www.fp7-frame.eu/wp-content/uploads/2016/08/Deliverable-11.3.pdf>.

vulnerable individuals that require shelter. Greek law does not provide for an organised supervision system to oversee this vulnerable group, despite it being a matter of the utmost importance. This need has been recognized over and over again, but any legislative initiative on this urgent matter has yet to be taken²⁰. As a result, hundreds of minors are in the care of the local Prosecutor for Minors who cannot actually offer any real protection nor have any true knowledge of the individual circumstances of each child. The lack of protection has up to now been compensated somewhat by NGOs who have been authorised by some Prosecutors for Minors to take on certain duties that form part of care obligations. This strategy however simply sidesteps the issue of finding a solution to a true problem. In particular, when babies and under school-age children are involved, the responsibilities passed on by the Prosecutor for Minors are totally inadequate to deal properly with the requirements of such young individuals.

An unaccompanied minor who was a victim of sexual abuse and should have been instantly transferred to a hostel for his own protection remains in the camp where the abuse took place because he suffers from tuberculosis and/or scabies²¹. As a result, he avoids making an official accusation. There are no alternative shelters for minors suffering from infectious diseases, even in the cases of vulnerable abused children.

In addition to unaccompanied minors there is another vulnerable group whose needs are systematically ignored: pregnant women²². The living conditions in the camps as described above are hard enough to bear for anyone, let alone for them. Pregnant women are the first to suffer from the absence of medical staff, the lack of security and the inadequate water and electricity supply.

We must also stress the crucial matter of lack of interpreters in hospitals and maternity wards where these women go for their checkups and ultimately to give birth. Even the most basic information about their pregnancy and their labour is unavailable to them. They are unable to express an opinion as to how they want to give birth (normal delivery, caesarean etc), or to describe accurately and before it is too late, possible complications they feel have arisen during their labour. They therefore end up on operating tables with hospital staff treating them as weak-willed individuals.

²⁰ L. Aggelopoulou, Ch. Emmanouilidou, M. Mourtzaki, "Law 4375/2016 and the challenges relating to the protection of unaccompanied minors" MFHR 2016 available at http://www.mfhr.gr/images/pdf/OmN_4375.2016.pdf

²¹ A basic requirement for the transfer of a minor to a hostel by the NCSS is that the child is not suffering from tuberculosis or scabies.

²² It is estimated that there have been 19 pregnant women at Schisto, on 21/12/2016.

A pregnant woman who miscarried in the fourth month of pregnancy continued to carry the dead foetus for another three days because the public hospital she attended the first day of haemorrhaging diagnosed the death of the foetus but refused to treat her because she had an English and not a Greek interpreter with her²³.

The same is also true of newborns and their mothers who just 24 hours after delivery have to return to the camps where the lack of sufficient heating, lighting, water and drainage put their health and hygiene at great risk. They are obliged to survive – and in the case of newborns, survival is the key word - in conditions which a fully fit adult finds challenging²⁴. Any special dietary requirements of these groups are in most cases provided by NGOs because the food handed out at the centres do not cater for those with special needs, or for newborns and babies who need a certain amount of baby formula per day²⁵.

Even more serious are the problems faced by those with special needs, be they mental, psychological or physical. To be more specific, according to reports by the HC about the provision of services in the camps, there are no professionals with the expertise to identify minors with special needs, let alone to offer them the necessary support²⁶. In Schisto, children with mobility or mental health problems tend to stay out of sight inside their own accommodation, unable to receive the individual care that their condition requires.

Those minors rarely have any social interaction and do not receive the medical treatment necessary for their condition. In most cases they were never registered as vulnerable individuals requiring specialist care when entering the camp²⁷. Once more the onus has fallen on NGO staff in the camps to identify and register them and to offer appropriate care.

A set of pre-school twins with possible developmental and mental problems are finding it difficult to interact with their peers during creative activity sessions.

²³ Even the National Centre for Health Operations, which has been set up specifically to serve refugees, required every refugee to be accompanied by an interpreter.

²⁴ HCDCP, "Report on the situation in refugee accommodation centres from the point of view of public health" 21-7-2016.

²⁵ There were 21 babies under the age of 12 months at Schisto, on 21/12/2016.

²⁶ See *supranote* 1.

²⁷ See *supranote* 8, at 20-21.

The animators who supervise all children who take part in these activities are unable to provide the practical special care that the twins require.

Of course in cases where special needs are not immediately apparent, for example in children with learning difficulties, it goes without saying that there is absolutely no parallel support system for them; there are no specially trained teachers, for example.

In addition, we have found a lack of communication between services in the island hot spots and those in the mainland camps. This failing extends to the management of medical records of children with multiple physical and psychological issues. It is therefore highly likely that in practice the child will be subjected to repeated painful tests because there is insufficient information about what treatment and services have already been provided.

A seven-year old boy suffering from hydrocephalus (diagnosed in a hospital on Lesbos) was about to have his medical examinations repeated, until his mother gave the social worker in our group the medical records that she had received from the hospital on the island. The authorities at Schisto had received no relevant information regarding the unique vulnerability of that family recently arrived on the mainland.

There is no doubt that the basic rights of the most vulnerable groups are being violated. The right to health, to a dignified life and to safety, rights which should be guaranteed for every human being, let alone the most vulnerable, regardless of nationality or of special living conditions, are all regularly flouted²⁸. The refugees' right to information and to inclusion in decision-making for urgent, vital issues (their health for example) is also completely ignored²⁹. In reality it is almost impossible to honour that right when there are no interpreters in public hospitals and the patients do not understand the language spoken to them. The provision of specialist care for those with special needs, as enshrined in the UN Convention on

²⁸See typically , ICRC, articles 3, 6, 22, 27; ECHR articles. 2-3, 5; EUCFR articles 24, 26; CRC General Comment No 9, para 79 about refugee children); General Comment No 14 on "The right of the child to have his or her best interests taken as a primary consideration", Article 3, para 1, <http://hrlibrary.umn.edu/crc/gencom14.pdf> ; CRC General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, Art. 24; CRC General Comment No 6 (2005) about the "Treatment of unaccompanied and separated children outside their country of origin", which declares that children's detention is never in their best interests, <http://www2.ohchr.org/english/bodies/crc/docs/GC6.pdf>.

²⁹ See typically ICRC articles 17,42

the Rights of Persons with Disabilities, ratified by the EU in 2010 and enshrined in Greek law in 2012 is totally disregarded³⁰.



Participation – the role of the community in decisions (that concern them)

There are no official procedures in place to ensure the camp residents' access to regular accurate information on any of the issues described above but neither on what policies dictate their conditions of stay or transfer, on decisions relating to their living conditions, on new developments which may affect them, and on social human rights that concern their health, education and work.

This gap appears to be filled by small NGOs, or in many cases even by trafficking networks with often dangerous consequences, as described below³¹. The total lack of any procedure for dissemination of information means that it is impossible to set any goals for the long-term, or even short-term future of the camp residents.

Regular, organised information would play a crucial role in creating a sense of community amongst refugees in open centres. The coexistence of these people as one social group would mean that they could actively participate in activities inside the camps. It would also lead to the prevention and tackling of addiction, violence and other dangers. They would be in a better position not only to demand better living conditions but also to successfully integrate into the local community.

³⁰UN General Assembly, Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at: <http://www.refworld.org/docid/45f973632.html> as ratified by Greek Law 4074/2012 «Ratification of the Convention on the Rights of Persons with Disabilities and the Optional Protocol to the Convention on the Rights of People with Disabilities» (GGG 88, section. A); See also CRC General Comment No 9 dedicated to children with disabilities, para 79 about refugee children; See also ICCR article .23; EUCFR article. 26.

³¹ See the section “Trafficking Networks”.

Education

The question of refugee children's education needs to be resolved. The children themselves want this while their parents consider it a fundamental problem. Just a month and a half ago daily tutoring was started, based on a school curriculum, overseen by educational coordinators from the Ministry of Education, and taught by teachers supplied by NGOs together with the Borough of Perama.

The educational and creative activities – Greek, English, Maths and Art – are designed for 3-18 year old and it is estimated that 140 children, grouped according to age, take part in these at Schisto. However, as stated earlier, the present teaching content in the camp takes the form of tutoring in lessons that will be taught in proper schools. Although it was expected that refugee children would be placed into state schools in the autumn term, since these are the only places that can offer a proper education, we now find ourselves at the beginning of 2017 and these children are still receiving an informal, rudimentary education inside the camp.

In no way can this “tutoring” be considered to be fulfilling the inalienable right of every child to an education³². Right now, there are children who have never been to school at all, because they were on the move (they had left their home country) prior to reaching school age. One year on, in Greece, they are still totally excluded from the education system and it is actually very doubtful that these children will ever be integrated into any Greek school when their knowledge of the Greek language is so poor.

It should also be noted that any education that may be offered to minors will not be all-encompassing. In fact for 15 to 18 year-olds there is no prospect at all of a state education, as a result of which they are limited to informal teaching and training. Even the solution of intercultural schools (these have a language oriented curriculum) at which adolescent refugees could attend class and therefore receive a dignified education is not a possible one, because all intercultural schools in Athens are over-subscribed, they do not accept new students but have long waiting lists - of unknown waiting time - for all those wishing to enrol.

Yet no national or international document which defines childhood as 0-18 years of age, actually states that an adolescent of 15-18 is «less of a child» than the rest and consequently not entitled to equal protection or the same rights as every other child from the moment of his or her birth to their reaching adulthood at 18 years of age.

Beyond the violation of their basic right to education, the exclusion of these children from educational activities, their confinement inside the camps and the non-existent – apart from initiatives by NGOs – core plan for how they can communicate with the “outside world” and be integrated into their new homeland,

³²ICRC article 28.

all mean that they are at risk of even further marginalisation and of everything else that that implies.

Trafficking Networks

The gaps in protection, safety and information of the international protection system, whose rate of examination of asylum requests is painful slow, are unfortunately being filled by trafficking networks. Human trafficking, prostitution, sexual exploitation, enforced labour, drug smuggling, threat of physical violence and extortion all form part of the traffickers' activities. Besides, even their methods of transportation can cause injury or prove fatal for the refugees³³. It is imperative that the "National Reporting System"³⁴ for the detection of trafficking activities in hospitals, trains stations, bus stops and other transit areas be implemented and expanded.

Instances of abuse and neglect are detected fairly frequently and can only be successfully dealt with through regular cooperation and coordination between public bodies (hospitals, prosecutors etc.) that can then intervene effectively.

Conclusions

From the extensive report above regarding conditions in Schisto camp, it is very clear that the rights of children as defined by the Convention on the Rights of the Child are being flouted on a daily basis.

- The *Network for Children's Rights*, always driven by what is in a child's best interest and by a respect for the Convention on the Rights of the Child, demands the immediate removal of children and their families (in cases where children are accompanied) from the camps, along with other vulnerable groups such as pregnant women. It is essential and of the utmost urgency that these people are housed permanently in protected shelters, appropriately adapted to their specific needs. Until there are enough such special shelters to cater for present demands, it is essential to look for other versatile solutions that might temporarily alleviate the problem (for example the renting of hotel rooms).
- By the same token one should strengthen and broaden the accommodation scheme. The High Commission's plan is presently limited to applicants who are part of the relocation project, who are given priority. This means that families in the high vulnerability group remain outside the scheme and have

³³ For example, they might be transported under lorries close to the wheels, or with plastic bags on their faces so that police dogs cannot sniff them out.

³⁴ Introduced by Hercules Moskov, the National Rapporteur on Trafficking in Human Beings. See also Greek Law 4216/2013, Ratification of the Council of Europe Convention on Action against Trafficking in Human Beings. GGG A 226/10.12.2013.

to stay in camps. This must stop immediately, especially since conditions worsen during the winter months.

- Apart from the housing issue, it is vital to safeguard the rights of children and of other vulnerable groups of refugees (such as pregnant women and nursing mothers) through a holistic approach to their vulnerable status. They should be offered immediate support which should include a register of who they are, the provision of any necessary information, supervision for those that are unaccompanied, psychological support, care of victims of sexual abuse and other violence, with specially trained staff in each of these areas.
- As for the refugee children's education, the tutoring program must move at a faster pace and include all minors. At the same time their much delayed inclusion in formal schooling should begin. The problem of how to educate children who are reaching adulthood should also be addressed with specific initiatives and plans. It is essential to support and work with organisations that are already devising such plans and who are actively focusing on how these adolescents can communicate and integrate.
- At the same time it is necessary to create smaller accommodation centres, which should be positioned in residential areas and not far away from urban centres. Apart from the fact that management of these centres would be easier and more productive, they would allow refugees to enjoy better living conditions as well as reduce their marginalisation.
- Moreover, the problem of equipment directly related to safety inside the existing accommodation centres needs to be addressed. Both communal and private areas need to be better lit, shelters need to be waterproofed and heated, fire protection equipment needs to be installed. These are all matters that should have been solved already; instead, they are still being discussed one year after the centres opened.
- Finally it is essential to recruit more people to work in the centres. More specifically, Schisto needs more police to protect residents from criminal activity inside the camp; more doctors and nurses; and an appropriate number of experienced interpreters and cultural mediators.