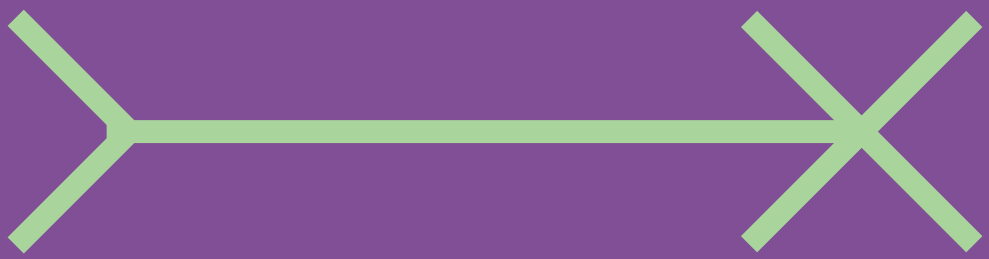
Research on Accessibility and Barriers to Gender-Based Violence Services for refugee and migrant girls, boys, women and men in Greece

Executive Summary



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BACKGROUND

In the period from 2015 to 2016 Greece experienced **an unprecedented influx of migrants and refugees.** The arrival of hundreds of thousands of refugees in the country with very different social realities in relation to ethnic origin, gender, age, cultural background, and their emerging needs, put the existing national response and protection system under strain. Within the extremely challenging context, the priority has been the need to safeguard human rights and to secure protection and safety of the affected population, particularly the most vulnerable groups among which have been **GBV survivors** -male, female and children- and/or **persons at risk of GBV,** such as unaccompanied minors. Another challenge has been that the national system of GBV protection is focusing exclusively on responding to female GBV survivors. Therefore, the urgent need emerged to build Greece's response capacity not only in relation to its cultural diversification competency, but also to the needs of other **groups experiencing GBV,** such **as males as well as children.**

The international humanitarian community provided important aid, as well as know-how and human resources/expertise to address the needs and to offer complementary support to the state to respond to the heightened risk of sexual violence due to the amid tensions and overcrowding at reception facilities that refugee women, men and children faced. These developments resulted in the shifting of the response system, in terms of protection and safety as well as services and operating procedures towards diverse beneficiaries, as regards identification of survivors, PSS provision, safe accommodation/sheltering, health care, legal aid, interpretation, referral pathways and specialized staff.

As outlined above, in comparison with the situation in 2015 and 2016, GBV response has made significant progress. A growing number of female GBV cases have received assistance through public- and NGO-led services, mostly due to the efforts of a few local GBV actors, to which specialized knowledge and expertise have been handed over by the INGOs operating in the first period, through partnerships funded by ECHO and other UN funds in the past 2-3 years. Parallel to that, the capacity of the public system to receive female refugee survivors has been enhanced through trained staff, available interpretation services, the appointment of KEELPNO as the body responsible for the (medical) case management in the camps and RICs, as well as the adoption of the Protocol on Cooperation amongst public actors and the medical protocol for public hospitals. Indicatively, slight progress is observed in response of the public system as proven by a relatively greater number of GBV survivors having accessed helpline (7% female refugees in 2017, 9% in 2018) and of sheltered women (184 in 2016, 224 in 2018).

Despite the progress made so far, persistent gaps and ongoing challenges are still there to be identified and addressed, as **GBV remains an under-researched topic,** especially within the refugee context, where its socio-cultural determinants become particularly challenging to comprehend. Further on, the **GBV refugee response system is currently undergoing structural changes, due to a transition** from a mainly International Organizations and NGO-led response during the emergency situation, to one in which the public sector takes the lead role. A pressing need has thus arisen to account for the progress made so far, to evaluate the current policy approaches and explore sustainable ways forward.

In light of the above, in January 2018, UNICEF commissioned CRWI Diotima to conduct **research on the *Accessibility and Barriers to GBV services for refugee and migrant girls, boys, women and men in Greece,*** to investigate the functionality of the GBV response system and formulate policy recommendations that will contribute to the improvement of the existing response capacity, especially in view of the state's increasing role. To achieve this, the present report brings together the reflections from both state and non-state stakeholders, but also captures the voices of the community and the beneficiaries themselves. In line with its main purpose, the research pursues the following objectives:

1. To better understand the **legal, policy, and procedural framework** regulating GBV prevention and response services in Greece, the ways in which they pertain to refugee and migrant women, men, boys and girls, as well as identify unattended needs.
2. To **map the existing GBV prevention and response services** for survivors provided by public and (I)NGO actors in Greece across a range of sectors and regions and to capture regional variations, such as in Attica, Central Macedonia (Thessaloníki), Eastern Macedonia and Thrace (Evros), and Northern Aegean (Lesvos island).
3. To clarify existing **GBV referral pathways** and analyze the ways in which they are used in practice by the actors involved, identify strengths and challenges, impediments and omissions.
4. To assess the capacity and quality of **health, psychosocial, and safety services** throughout the procedure of identifying, referring and managing a **GBV case.**
5. To identify **good and/or promising practices.**
6. To assess stakeholders' understanding of obstacles and barriers to accessing services and positively **influence policies and administrative practices through evidence-based policy recommendations.**

METHODOLOGY

The present report draws on field research which was carried out between the **7th May and the 26th July 2018,** reaching out to **146 participants** in total. **33 Key Informant Interviews** were conducted (16 in Athens, 4 in Thessaloníki, 9 in Evros and 4 in Lesvos), as well as **4 FGDs with service providers** (one in each location) reaching out to **78 professionals** of various specialties (social workers, doctors, psychologists, police officers, managers, public officers and administrators),many of them holding key positions. Moreover, **10 Interviews with former service users** (6 in Athens and 4 in Thessaloníki) and **7 FGDs with Community Members** (3 in Athens, 1 in Thessaloníki and 3 in Lesvos) were conducted, reaching out to **68 individuals,** out of whom, 53 women and 15 men. As regards male beneficiaries' involvement in the research, this proved to be a particular challenging task; male GBV survivors remain in large invisible and have fewer opportunities to reach services compared to female ones.

SUMMARY OF KEY FINDINGS

The availability, the accessibility and the quality of services, provided by both state and non-state actors, has been examined through the lens of a survivor-centered approach, capable of serving beneficiaries with diverse needs and socio-cultural backgrounds.

DATA AND MONITORING OF GBV RESPONSE

Collection of reliable data on GBV is of paramount importance, still a noticeable lack at a global level. In the Greek context, the absence of the collection of reliable data on GBV cases is a major challenge that the response is facing, especially due to two main difficulties. The first is related to the way that national data are gathered by the GSGE. Although the national SGBV monitoring system is well established with yearly data being published by GSGE, the collected data records exclusively female beneficiaries who reach the public support services i.e. Counseling Centers, shelters and helpline and is disaggregated only by citizenship i.e. Greek or foreign citizens, excluding crucial parameters, such as nationality. Therefore, there is no possibility to monitor more in depth the data regarding refugee women who have been serviced.

The second difficulty is related to the fact that the parallel system of GBV response developed by the actors (NGOs, INGOs and International Organizations), that initially responded and still support to large extend the response within the refugee population, remains non-harmonized in terms of data collection. Although GBV SOPs are endorsed and the interagency referral forms are regularly updated and widely disseminated through the Protection Working Group of UNHCR, the above-mentioned are not practically applied and consistently used by all relevant actors in the field and there is still limited capacity to accurately monitor the GBV trends among the population of interest. As stated by Key Informants and field staff, there is no agreement yet among various actors on a common data collection system. This occurs mainly due to the fact that there is no system in place that would allow an overview of the GBV cases occurring and reported throughout the country, as **no agent/institution is charged with this type of data collection.** Overall, the absence of reliable data about GBV cases leads to limited ability of evidence-based programming, hinders policy design and assessment of the effectiveness of specific policy measures, including the possibility of reliable evaluations based on measurable outcomes.

URGENT GAPS OF THE RESPONSE SYSTEM

"The organizations in Lesvos are not able to cover all the cases that are referred to them. So to say, there are significant gaps and elements lacking in all areas"
(Service Provider)

"And when you go and you want to find someone or a social worker, it is not easy for us, because they will make for you an appointment, and then another one, from appointment to appointment. It is not easy"
(Community Member)

"In general, Evros as an area is treated as a transit area. And this creates gaps in all the procedures. And, obviously, GBV is one of them"
(Service Provider)

Indicatively, urgent gaps, such as the following have been identified **in all different settings**, such as public services (hospitals, police, courts), including GBV-specific services i.e. Counseling Centres and Shelters, but **especially in RICs** (such as in Evros and Lesvos): limited availability of specialized in GBV (female) interpretation/cultural mediation; scarce provision of specialized legal aid services (in particular court representation); limited number of (emergency) shelters in big cities; low capacity to respond properly to the emergency incidents on a 24/7-basis, particularly in the camps. More in details:

→ Regarding RICs (Aegean islands and Evros)

With regard to the RIC at Lesvos, availability of services for GBV survivors (female, male, as well as children) is circumscribed by resource constraints and increasing needs. Therefore, despite the presence of GBV services (state and non-state run), their availability is challenged, especially due to the daily occurrence of emergency GBV incidents that need to be swiftly managed, fact that consequently results in a backlog of (i.e. the incident occurred more than three months ago and the perpetrator is no longer on the island). Moreover, the response capacity of the available state human resources at the RIC (two staff members appointed as GBV focal points) is further reduced by the multitude of often administrative tasks –unrelated to GBV case management they are expected to perform. **At the RIC in Evros,** the identified lack of a GBV actor, in combination with the long distance (1 to 1½ hour), between the RIC and the GBV state services i.e. the Counseling Centre and the Shelter available in urban areas to be referred to, combined with the scarcity of available transportation means leaves the majority of the needs uncared for.

Moreover, safety and security issues, especially at the RICs, as well as at the camp sites, such as reports on GBV incidents, removal and/or arrest of perpetrators, referral of survivors to forensic services, are extremely challenging due to police not always following its mandate to intervene. Underlying this non-intervention is an intersection of various factors, such as lack of available police staff members on the sites, occasionally lack of will by head police officers for fear of creating tensions with male refugees if they intervene, but also lack of consequences for not following the procedures, as well as lack of training and sensitization on GBV related issues to prevent "victim-blaming" attitudes.

"Here, I do not have anything. I don't have law, here, in the camp"
Community Member)

As regards the **vulnerability assessment at RICs,** in the course of the conduct of the field research, an updated system was drafted and shared by KEELPNO. However, the vulnerability assessment procedure remains a challenging and perplex issue. Long delays due to shortage of human resources reduce significantly the capacity to conduct proper vulnerability screenings. Moreover, a shared perception among various actors is that refugees (female and male) may report GBV incidents, in order to be classified as vulnerable. GBV actors in Moria in particular (UNHCR, KEELPNO, Asylum Service, DIOTIMA), are aware of all these risks and make efforts to assist in the process of identification to the best of their capabilities. The vulnerability assessment was further criticized among service providers with regard to whether allocating responsibility to the camp manager (according to recent legislative amendments) may guarantee accuracy. In the above-described context, it is the identification of GBV vulnerability per se which may often limit access to support services.

"And does he (camp manager) know how to judge if the other person has a chronic disease or is a victim of gender-based violence. He lacks the background for this... and it is up to his will if he will accept it or not. He is the one who ticks the box. Not me."
(Key Informant)

→ Regarding Legal and Institutional/Operational aspects

With regard to legal aid, although the **Free Legal Aid System** (Law 3226/2004) offers in theory a legal/institutional option, in practice, most of GBV survivors have no easy access. Barriers in accessing public free legal aid for the great majority of the refugee GBV survivors are created due to the formal obligation to prove penury by submitting the annual tax statement in order to be eligible. Moreover, there is currently no referral pathway between police and bar associations to provide support to survivors who wish to take the first step of legal action i.e. filing a complaint. Last, additional barriers to accessibility are created due to the lack of interpretation services, the scarcity and/or lack of the availability of GBV-sensitised lawyers, as well as lawyers capable of interacting effectively with culturally diverse clients.

Regarding **accessibility barriers related to asylum procedures,** most of the former service users shared that, while issues of legal status/residence are pending and basic everyday life needs are uncovered, they do not prioritize seeking help for their experience of abuse and asking for specialized services. **Additional obstacles related to judicial procedures** arise out of the complexities of regulatory processes, such as the required legal fee of 50 euros to file a complaint (apart from domestic violence cases), inadequate or improper interpretation services, as well as problems in the cooperation of two judicial systems (Greek and that of the country of origin) in cases of divorce. In light of the above, former service users shared that they have been unable for prolonged periods of time to access the legal and judicial protection they are entitled to.

Further on, a critical matter is the absence of state provisions to reinforce the actual implementation of the legal framework, i.e. the implementation of the ***"in flagrante delicto"*** procedures to increase accountability for perpetrators and protect survivors. In the same way, the Protocol on Cooperation makes no specific provision for SOPs that will reinforce its implementation.

→ Regarding availability and accessibility of services

"One of the most significant problems that we face is that there are no clear referral pathways. If the organisation doesn't have its own, it is very complicated and people do not know where to go"
(Key Informant)

Throughout the field research it was evident that the commonly agreed **referral pathways** do exist for all regions. However, from the perspective of the beneficiaries, there are still great difficulties in practice. The main challenge lies in that they are expected to find their way through a system of services constantly changing. Navigating through a maze of referrals is not an exception, but a common experience among most of the interviewees. Extensive re-routing and re-referring the case from one organisation to another, a reality similarly described both by professionals and beneficiaries, apart from disorienting survivors, obliges them to present their demands and needs in a repetitive manner, which is detrimental to the survivors' sense of helplessness, a violation of the 'do no harm' principle and may result in re-traumatisation.

More specifically, in relation to different services offered to GBV survivors, as regards **medical services,** an important step forward has been the increasing involvement of KEELPNO in the GBV case management services on the sites and RICs. However, as stated by many Key Informants and service providers, there are still serious gaps in its response capacity. The number of staff is insufficient, there is a high turnover and many of the staff is on short-term contracts, without specialized training on GBV issues. Overall, KEEPLNO's mandate regarding GBV case management has been for a long period undeclared, leading to a perplexing situation for the response.

"It happened to us a GBV incident on a Friday evening at 6 o'clock. And we didn't know what to do with it. All structures and the whole system are not functioning during the weekend"
(Key Informant)

Further on, there is a major gap with regard to services able to respond effectively to **GBV emergency incidents,** during non-working hours and weekends. Although GSGE and EKKA have established an SOS helpline 24/7, referrals are not easily made without a facilitating actor who would identify the incident, especially on the sites, when most actors are out of the office. Lack of funding to cover staff working in shifts both among state and non state actors, has resulted in the ad hoc coverage of the need to reach shelter. It is only a couple of NGOs, which in the absence of alternatives to safely remove and accommodate and in order to alleviate the urgent situation, provide emergency accommodation (e.g. in independent hotels, till they can access shelters), which in itself cannot be considered an adequate solution since security issues can arise.

Further factors that hinder accessibility, according to field actors interviewed, are the challenges of providing safe accommodation to beneficiaries due to major barriers, created by operational rules and a gender policy according to which female survivors accompanied by male children over 12 years old, are not allowed to be hosted at **public shelters,** as well as those facing mental health issues, even when under therapeutic treatment. Moreover, with regard to sheltered women, lack of interpretation while residing in the public shelters creates feelings of isolation that result in returning back to the abusive environment.

In addition to the above, as commonly shared by field staff during the Focus Group Discussions, the available **GBV psycho-social support** may prove in practice ineffective for as long as major issues regarding the survivors' legal status and livelihood remain in limbo. In cases of camps and mostly of RICs, the living conditions and the environment act as aggravating factors to the further deterioration of the psychological well being of survivors.

"The issue of transfer of survivors has to be a project on itself"
(Key Informant)

Service providers further shared that accessibility barriers are created by the ineffective **transfer system of GBV survivors,** from the sites to the Counseling Centres, as well as from the Counseling Centres to the Shelters. Despite the existence of some programmes, such as the UNHCR-funded project of METAdrasi, as well as other NGOs' initiatives to fill this gap, albeit with limited resources and only when they get the authority to transfer survivors, these short-term projects do not guarantee any sustainable solution. Underlying the persistence of this gap is the intersection of several factors, such as lack of human (drivers) or material (vehicles) resources, and occasional lack of political will of some Municipalities to help, contrary to what is provided by the Protocol on Cooperation signed by the Central Union of Municipalities.

"Many times we have observed that people are stuck, they are not going to the services for this reason exactly, that there is no interpretation available"
(Service Provider)

Last, with regard to interpretation provided to female GBV survivors, although significant progress has been made though the good practice of KETHI that proceeded with the recruitment of interpreters (10 in total), a common concern among NGO staff, state service providers and former service users is the limited number of female **interpreters.** Especially for female service users, such a gap acts as a deterrent to seeking psychological support or medical examination in public hospitals.

Additionally, from the perspective of former service users (female and male) the interpreter is not perceived as a neutral mediator: the gender, the ethno-linguistic background, behavior and professionalism are of paramount importance. Moreover, female former service users interviewees shared that male interpreters occasionally act as gate-keepers in accessing services, discouraging them from proceeding with reporting.

Apart from the aforementioned urgent gaps, there are gaps and bottlenecks that have been observed and identified **in relation to several thematic areas:** indicatively, the great gap in policy and programme making, as well as in service provision towards male survivors remains a major challenge which has no prospects of being overcome for as long as the national system continues to address exclusively female GBV survivors. Likewise, a major gap remains in connection to what provisions should be made and what policies should be initiated by the national child protection system vis-à-vis child GBV survivors in all aspects i.e. identification, safe accommodation, staff training, procedures and binding regulations for Child Safe-Guarding, as well as alternative measures such as the institution of a foster family system

PERSISTENT GAPS IN DIFFERENT THEMATIC AREAS

Inclusion of male GBV survivors

Although a couple of NGOs have recently started accepting cases and providing services to male GBV survivors and providing services to them (i.e. DIOTIMA, Solidarity Now, GCR, Praksis), **the number of males disclosing GBV remains almost anecdotal.** According to DIOTIMA's data, the estimated ratio is approximately six (6) male survivors for every hundred (100) female ones. The service providers revealed that male survivors experiencing GBV do not disclose such incidents, especially when faced with male professionals and/or co-ethnic interpreters. Moreover, based on the interview with the male former service user, a long journey throughout services may be required in order for a male survivor to gain access to specialized GBV actors and receive support. Important to mention the limited solutions available for safe accommodation and/or shelters for males.

"It was not at all easy. I felt that wherever I went it was pointless. I was getting troubled in order to find the place I had to repeat the same stories all over, those stories that are painful for me, my mishaps"
(Former Service user)

Protection of children from GBV

The field staff interviewed critically noted a significant gap caused by the lack of **specialized service provision and procedures for children survivors of GBV.** Although the increase in the number of placements for UAC is a positive step within the Child Protection system, little attention has been paid up to now to children GBV survivors and/or children at high risk of GBV. There is no Child Safe-Guarding policy shared or implemented by all staff members in the shelters, there is a lack of GBV specialized staff capable of identifying signs of sexual abuse, of creating a supportive environment and of encouraging disclosure, while ensuring proper case management. Furthermore, there are no formal procedures in place to ensure that male children are placed in accordance with their age group to avoid the risk of GBV when very young boys are co-residing with older boys.

"The shelter staff mentioned tragically low rates of unaccompanied children disclosing sexual abuse. This fact does not tell us that none of these children is abused, but that the system is structured in such a way that these children never tell us, we never get to know"
(Key Informant)

Response to Victims of Trafficking

Regarding the response to Victims of Trafficking (VoT), as well as children suffering sexual exploitation, substantial gaps are observed in the identification and screening procedures, as well as in the provision of protected accommodation and shelters across many regions in the mainland. Critical gaps are also observed in connection to specific forms of GBV, such as forced and early marriage, Female Genital Mutilation, survival prostitution or transactional sex, which remain in large marginalized at both the legal and policy level. Although KEELPNO (the state responsible health actor in RICs and camp settings) has prepared a set of tools to help identify VoT (including children), difficulties in identification and screening procedures (i.e. overcrowding and inadequate professional expertise to handle cases in scrutiny) remain, especially in RICs. In urban areas public actors relevant to trafficking response are limited to

services offered by hospitals and the police. Furthermore, according to Key Informants the number of children (boys) that are trafficked and/or are trapped in networks of sexual exploitation is constantly –based on empirical observations- growing, yet there are still not enough services or specialized staff to assist them. Last, the positive / important provisions made by the law giving the right to recognized victims to seek compensation for the damage suffered, is rarely exercised in practice.

GENDER MAINSTREAMING IN THE RESPONSE

In terms of methodological approaches and major action points adopted to pave the way forward the following shortcomings have been identified: gender mainstreaming is missing from all programmes with cash allowance being the most troubling example; interagency approaches are only implemented in an ad hoc manner; a comprehensive data collection system to record incidents is still missing; cooperation among all actors to ensure optimum allocation of funding as well as to secure the filling of persisting gaps; reaching a common understanding about an integrated GBV response is of great importance if we are to actually identify and be proactive in the filling of the gaps existing in the field rather than finding ad hoc solutions.

Service providers and Key Informants shared that the quality of GBV service provision is adversely affected by the absence of **rehabilitation and integration programmes.** According to their point of view, female GBV survivors are often deprived of the opportunity to get knowledge about how to secure their livelihood on their own means and, in the absence of other financial support or social network resources, they often end up returning to an abusive environment. What makes the situation even more difficult is that integration programmes, specifically tailored to support the GBV survivors' autonomous living, are in large non-existent, with the exception of job counseling (GSGE) with no access due to lack of interpretation and a few programmes run by NGO's (Melissa, Solidarity Now, Diotima), with either limited time or no GBV specialization.

"You have to support a survivor to build up certain skills, such as language, professional orientation, in order for the person to stand on her own feet. This is extremely important. Most women I know are returning back to their husbands"
(Key Informant)

Last, a common concern for the majority of field professionals and GBV service providers revolves around the impact on the quality of GBV services that existing **gaps in knowledge and/or skills cause.** Practical aspects, such as SOPs and other procedures, protocols (Protocol on Cooperation, Clinical Management of Rape Protocol, PSEA mechanisms), referral pathways as well as matters of gender and cultural sensitivity regarding GBV survivors are only some of the aspects that many GBV related professionals lack deeper knowledge of. Moreover, as regards police staff, most Key Informants identified the need for enhancing awareness on how to handle properly GBV cases and safeguard the rights of vulnerable people. In addition to the above, field staff as well as former service users described breaches of Code of Conduct by interpreters and underlined the lack of proper capacity building for this group of professionals.

POLICY RECOMMENDATIONS

**Despite the institutional reformations bringing about changes in the mandates of some state actors since July 2019, the content of the policy recommendations presented remains conclusive.*

→ Ministry of Migration Policy/RIS

- Strengthen the screening/identification mechanisms at RICs (Aegean islands i.e. Lesvos, Chios, Kos, Leros, Samos, as well asEvros land border) for all different forms of GBV cases by deploying specialized staff and , adopting a survivor-centered approach at all entry points.
- Ensuring RIC planning addresses women's protection needs including in designing provision of basic protection needs (i.e. lighting,food distribution ,access to hygiene/toilets/baths, police guards) with special care for single women.
- Strengthening of the role of GBV focal points at RICs by preparing job descriptions, offering specialized training and clarifying responsibilities and communication lines.
- Allocation of sufficient resources to Fylakio (Evros), in order to raise its hosting capacity and avoid hosting men and women and/or adults and minors in the same section.
- Establishment of clear GBV referral pathways during non-working hours and weekends for emergency situations, through appointment of GBV focal points at all sites. Provision of 24/7-response to emergency cases.
- Enhancement of the PSEA mechanisms by ensuring that each organization has a PSEA policy and procedures, has an appointed a PSEA focal point and that all humanitarian actors respect humanitarian principles and exhibit zero tolerance to such incidents.
- Provision of regular transportation to facilitate access from Evros RIC to the urban (state and non-state) GBV services.

→ Male survivors:

- Provision of specialized GBV services for male survivors (i.e. GBV case management, medical services, MHPSS).
- Establishment of accommodation for male GBV survivors (i.e. emergency accommodation, shelters).

→ GSGE

- Establishment of **shelter and/or safe accommodation** for GBV survivors on the islands, especially for emergency cases in need for immediate removal from the RICs.
- **Revision of the operational rules of the shelters,** in order to allow entrance of female GBV survivors accompanied by their children, irrespective of age and gender criteria, so as to ensure efficient support for women and their children who are f eeing domestic violence.

- Establishment of an **emergency shelter in Athens and Thessaloníki, respectively** where great delays are observed and the available places are not enough for the short-term hosting of urgent GBV cases, namely until a survivor has gone through all the medical exams and other formalities in order to gain entrance into a more permanent (public) shelter.
- Provision of **multilingual interpretation services in all public shelters and in the 15900 helpline,** in order for survivors not to suffer isolation and withdraw.
- **Capacity building** of all GBV focal points, mainly working in sites and RICs, on how to identify and provide first aid services in case of a GBV incident.
- Establishment of a **national system of harmonized GBV cases/incidents data collection** to be shared.
- Revision of the **"Protocol on Cooperation for Refugee Women"** of GSGE to include recent developments i.e. regarding the role undertaken by the major state and non state agents, fill the gaps which have been systematically presented in the findings of the current research and make provisions for survivors living in urban settings.
- Wide **dissemination of the Revised Protocol on Cooperation** accompanied by specific SOPs, both to and within all signatory parties, to guarantee that each participating actor has made the Protocol's information known to all personnel and to establish its role as a binding document for all signatory entities.
- Establishment of a **coordination mechanism** to overview the interventions of all actors, ensuring the participation of state actors i.e. GSGE, KETHI, MoMP, KEELPNO, Asylum service, RICs, IOs and NGOs, focused on services, in order to address and reduce gaps and to reach operational optimization.

→ Ministry of Health

- **Deployment of specialized professionals for the provision of medical and psychosocial support to GBV survivors,** especially at Evros region, where most needed(i.e. child psychiatrist in General Hospitals of Alexandroupolis and Didymoticho and psychiatrist at the Asylum Service)
- Modification of the **Clinical Management of Rape Protocol.**
- Appointment of **female professionals (doctors,) as GBV focal points in selected hospitals,** in order to address the needs of women GBV survivors who mostly prefer to be serviced and examined by women.
- Development of an **FGM Medical Protocol** properly shared to all medical professionals in accordance with the Istanbul Convention, together with information campaigns about this harmful practice.

- Provision of **long-term psychological support services to help survivors** (women, men, girls and boys) who in the majority of the cases suffer (severe) psychological /mental health problems and are unable to even ask for help and given the long waiting lists in public hospitals (more than 3 months) for diagnosis and pharmaceutical treatment.
- Support and **supervision** of front-line professionals at RICs and the public services on the islands (hospitals, police, social services) to avoid their exhaustion due to the great pressure and stress accompanying their everyday working life, as well as establishment of **clinical supervision** for all personnel working with GBV survivors.

→ **Ministry of Interior/Police**

- **Dissemination of the Istanbul Convention** through the appointment of focal points, informed and trained tby GSGE, in various institutions/services (e.g. police, hospitals, educational institutions, social welfare services), in order to raise awareness among public and non-public professionals.
- Establishment of specialized units, i.e. GBV units, within police departments. Appointment of **female professionals, i.e. police officers,** as GBV focal points in selected police departments.
- Assurances for the **enforcement of the "in flagrante delicto" procedures** by police officers to increase accountability for perpetrators.
- Wide dissemination of practical **guidelines to police departments on legal developments** and policy measures relevant to refugee population and specifically for the treatment of GBV incidents, in order to address malpractices, occurring from this lack of information.
- **Abolition of the mandatory 50-eurofee** required from a survivor to file a complaint to the police for all forms of GBV (an exemption currently applicable only to domestic violence incidents).

→ **MoLSS/EKKA**

Child Survivors:

- **Dissemination of the Clinical Management of Rape Protocol** to all Unaccompanied Children (UAC) shelters, in order for staff to be informed and aware of where to refer survivors.
- Establishment of **legally binding regulations for Child Safe Guarding** to be followed in all accommodation facilitiesfor UAC.
- Provision of **emergency accommodation for children GBV survivors,** as a short-term solution, in parallel to piloting and developing foster care programmes.
- Adoption of a **collaborative response model** among state as well as non state actors that offer GBV case management, so as to ensure provision of support to both mothers/carersand children witnessed GBV throughout case management.

→ Ministry of Foreign Affairs

Trafficking:

- Greater effort to **respond to Victims of Trafficking (VoT), along with children that are suffering sexual exploitation,** that will include: staff with expertise in identification and screening, operational safety plan (especially for the sites), provision of protected accommodation and shelters and appropriate ways to deal with high safety risks.
- **Completion of the National Referral Mechanism for Trafficking** and wide consultation with all relevant actors about the new 5-year National Action Plan to fight Trafficking.

→ Ministry of Justice

- **Revision in the eligibility criteria (penury) for public (free) legal aid** so as not to be excluded refugee/migrant GBV survivors

→ Ministry of Economy & Donors

- Provision of uninterrupted, long-term funding for GBV case management services, emergency services (24/7 response, transport and emergency shelter), and targeted services to under-addressed groups: males, unregistered, LGBTQI individuals, homeless etc

→ Municipalities/Local Government Actors

- **Support of the Migrant Integration Centres (KEM)** in order to enhance their capacity to inform and refer GBV survivors accordingly.
- **Joint design and implementation of integration programmes** by state and non-state actors to support refugee and migrant survivors of GBV through customised language courses, job searching skills, soft skills, livelihood and empowerment programmes.
- Ensure the **transfer of survivors** to the relevant services especially in regions which are difficult to reach, as well as from and to camps and in the urban settings, when needed.
- Continuous update of refugee.info, ACCMR platform and other important information-hubs with facilitating access tools for refugees.

→ IO and NGOs

- Implementation of specialized training on Child Protection and GBV issues to all staff working at RICs, open accommodation facilities and UAC shelters.
- Provision of **GBV case management services in urban areas** for those vulnerable GBV survivors who have no or easy access to public system i.e. males, unregistered, LGBTQI individuals, homeless etc, including legal aid, sheltering, MHPSS/ health care.

- Establishment of **prevention, rehabilitation, empowerment, community mobilizing and male engagement programmes,** as well as recreational activities for GBV survivors in the urban and in the sites.
- **Community mobilizing** programmes to ensure systematic involvement of the refugee community in the protection and prevention mechanisms of GBV.
- **Facilitation of the cash card separation** for GBV survivors of intimate partner violence, as the male is considered by default eligible as the head of the family.
- Strengthening of female participation in decision making processes.
- **Support MoMP in conducting communication campaigns** on GBV related issues to all actors involved in camps (army, police, municipality and other administrative personnel).

→ **Cross cutting**

- Ensuring the availability of more interpreters in police, judicial services, hospitals and other social services, including an increased number of female interpreters.
- Conduct of **professional interpretation courses** accessible to all employed interpreters along with the provision of specialized trainings on GBV terminology to enhance cross-linguistic understanding.
- Implementation of **targeted trainings** for both public servants and (I)NGO staff on issues of identification and referral of GBV cases and proper use of interpretation services.

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