

# Kara Tepe, transit camp for refugees, Lesvos (Greece)

Outline development proposals

(v. 19.08.2015)



Satellite 3D image of the location of future Kara Tepe refugee camp

**Update: 19.8.15: The situation is getting worse. Lot of the refugees have no tents, some have no shoes/clothes. There is not enough food and no soap. People have to stay here longer as there are no seats free on the ferry and some have waited for 7 days for papers.**

## 0. Foreword

Volunteers for UNICEF Spain, my wife (Master in International Relations, 15 years of professional experience) and I (Master in International Economics, 25 years of professional experience, part of the field and abroad) have come (entirely on volunteer basis) specifically to help refugees in Lesvos, Kara Tepe camp (and in Turkey, Izmir area); we begin our third month in the field, mainly in Lesvos.

While going from tent to tent, interacting directly with refugees in their shelters and listening to their stories, we have observed in detail the living conditions of refugees in Kara Tepe camp and noticed that the humanitarian situation there is catastrophic.

Thanks to numerous discussions with refugees, volunteers, NGOs and the UNHCR, we have drawn up this paper and hope the recommendations presented here will be found worthy of consideration.

## 1. Situation

Depending on the boats coming every day from Turkey, Kara Tepe camp houses an average of 1,000 to 2,000 mainly Syrian refugees<sup>1</sup>. The stay in this transit camp is supposed to last until 2 or 3 days. Our findings on site, however, reveal that some refugees (in July) would have waited their papers up to 11 days.

## 2. Hygiene conditions

Despite the goodwill and considerable help of volunteers, and also some refugees, hygiene conditions remain catastrophic. International rescue comity contracted with a local cleaning company that dispatches 5 workers in the camp six days a week. Unfortunately, it has to be said that only the left side of the camp (from direction Mytilini-Moria) is regularly cleaned. The right side is filled with garbage bags, and trash bags sliced, rats have taken up residence.



Photos of the east side of the camp

The 16 toilets in the camp have a very insufficient water flow what causes quickly considerable evacuations problems; thus the toilets are not operational, and this situation prompts refugees to satisfy their natural needs around or in the camp, behind tents, what causes permanently very unpleasant odours.

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<sup>1</sup> Other people come from: Pakistan, Afghanistan, Iraq and some from Eritrea. The exact figures can be obtained at the port police in Mytilini which registers the arriving refugees or by UNHCR office in Moria camp

The camp has two showers in sanitary area and a line of operational showers at the camp's edge (along the north end and west end).



Kara Tepe camp toilets in July before the first cleaning action, Eric Kempson's initiative

The garbage problem has become a recurring problem, most of the refugees are not cleaning up their trash using the argument that the camp is already dirty and that they are only passing through. However, I have seen some families in the western camp (left), who respected the site using the bins provided.

### 3. Sanitary conditions

Some refugees are very tired and weak when they arrive in the camp, because they haven't take the buses provided by UNHCR or MSF and walked about 6 km (distance between the port police station where refugees are registered and the camp of Kara Tepe, where they will stay until they get their document authorizing them to travel freely in Greece) with their bags under a blazing sun. In going from tent to tent and talking with families, we identified children with conjunctivitis, sun pain, or symptoms of gastroenteritis (vomiting, diarrhoea, fever). One of the children has also been admitted to emergency thanks to the quick intervention of MSF we called.

IRC had the camp water tested, it is drinking water.

The distribution of food remains totally inadequate. Some refugees have no access to subsistence and have to provide themselves with food (2 supermarkets are closed to the camp, AB and Lidl). The poorest refugees or those who have lost their money during the journey rely entirely on the local help offered.



The cold and humidity arrive with the next winter, if the camp has not been adapted before; it will probably become the cradle of infectious and viral diseases, with all the consequences that we know.

#### **4. Security conditions**

Refugees complain about the lack of working lampposts at night, also wild electrical sampling points have already caused fires (quickly circumscribed).

Some of the refugees say they feel not safe, many testimonies (in July) related on police violence in the camp.

#### **5. Suggestions for improvement**

##### **5.1 Internal and Logistics Organization**

Where humanitarian assistance and protection in a camp are not organised, coordinated and monitored the vulnerability and dependence of the camp population increases. Gaps in assistance, or duplication of humanitarian aid, can lead to partial and inequitable provision of services and inadequate protection.<sup>2</sup>

If I were in charge of the camp, I would organise it as specified below:

a) Prohibiting access to the camp to street vendors, in particular to those engaged in currencies trafficking.

b) Setting up a commissary managed by an association, NGO or volunteers and selling at low prices or free distributing essential items such as soap, shampoo, toothbrush, toothpaste, preferably with a non-food items ticket system.

c) Setting up a lunch and food ticket system (like in the refugee camp of Dadabb, Kenya) in order to minimize the scope for free riding. A non-negligible amount of refugees double-pass the queue for food supplies.

d) Organizing the allocation of shelters (we have seen big shelters occupied by only 2 people, while families of 5 or 6 people crowded into small tents).

e) Setting up a "tent for babies" like the model of camps in Haiti as casual space, friendly and stimulating where mothers can breastfeed comfortably and safely in order to facilitate the feeding of babies.

f) Supervising the work of volunteers and small NGOs as well as the distribution of food and non-food in the camp to avoid duplication, misuse and organizing efficiently product distribution. An example of misuse should be mentioned with the "anarchic" distribution of powdered milk to women with babies. We work very often in Kara Tepe since June and noticed

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<sup>2</sup> Norwegian Refugee Council, "Camp Management Toolkit 2008".

two months ago, before the "organisation" of UNHCR and MSF buses that, indeed, people have suffered a long walk, dehydration and so on...but we have never seen during our daily visit from shelter to shelter, young mothers giving powdered milk, they rather were breastfeeding. Since the introduction of the shuttle bus between "Kempson's point" (the point where refugees get the first water and fruit distributed by volunteers) and the camp of Kara Tepe, the trip is much less fatiguing and stressful, and it shouldn't be a question any more of serious dehydration. This coincide also with a big wave of solidarity of people sending huge quantity of non-food items and baby milk to Kempson's, Village of all together, Help for refugees in Molyvos e.g. This milk is mostly inappropriately distributed and we noticed thus quite a lot of mothers, giving a bottle of powdered milk to very young children (less than 1 y.o.) or babies (less than 6 months old).

The problem in that case is that the refugees are looking for the easiest way. UNICEF, NSW Refugee Health Service... strongly advice against the distribution of powdered milk for children under 6 months and where possible under 1 year unless the mother isn't capable to breastfeed. All these points are detailed in the UNICEF Emergency Field Handbook or the Fairfield Refugee Nutrition Project. The distribution of baby milk MUST be restricted and coordinated by MDM, MSF or specialist doctors on the field.

g) Strictly regulating the distribution of powdered milk or drugs at the sole discretion of MSF or MDM on the basis of existing UN guidelines. The risk of malnutrition, illness and mortality are significant and increased for children under two years who do not benefit from breastfeeding and to infants less than six months who are not exclusively breastfed, and much more in the case of refugees.<sup>3</sup>

h) Replace old shelters by shelter like IKEA / UN (lasting at least three years and could cost 1,000 USD in mass production (current price 8,000 USD) so much less expensive than a conventional terms UNHCR tent (price 500 USD) whose operational period not exceeding six months)

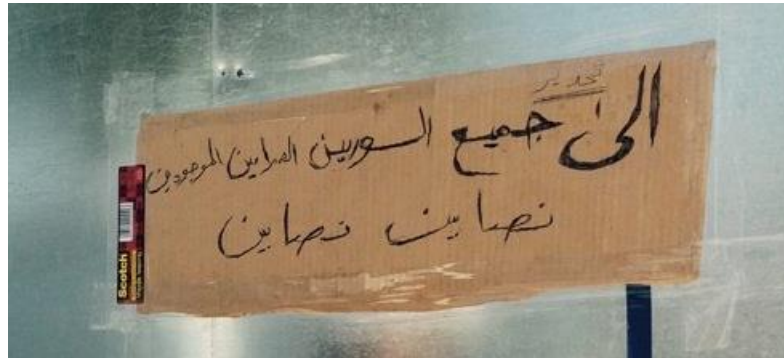


<sup>3</sup> Infant and young child nutrition: resolution 63.23 of the World Health Assembly, 21 May 2010.

## IKEA shelter for refugees (kit)

i) Providing linguist volunteers on the field to interact to refugees and create a climate of trust between authorities and refugees.

j) Establishment of information and warning signs, in Arabic and in English, requesting refugees to comply.



Artisanal warning sign against merchants trafficking currencies at a very bad rate (Fred Morlet's initiative)

k) Setting up a map of the camp at the main entrance indicating the location of services (MDM, MSF, commissary, toilets, showers ...)

l) Setting up a free Internet and WiFi system per satellite (project currently under study).

m) Advising refugees about their rights, their obligations etc. (through an up-to-date "information guide for refugees", and based on The 'Dublin III' Regulation), telling them also about the specificities of the country and the culture to which they want to go (about 7 among 10 asked refugees say they want to go to Germany, the others to Sweden or Netherlands)...

n) Organizing the distribution of meals with volunteers, NGOs, the municipality.

o) Involving refugees in the camp life (cleaning, maintenance), although this is only a transit camp.

p) Designating a camp manager, speaking Arabic or assisted by an interpreter.

q) On-call physician at any time of the night (not resident but reachable 24/24 h)

## 5.2 Hygiene

a) Implementation of additional bins, setting up rubbish bags distribution.

b) Installation of new toilets in sufficient quantity (also mobile WC connectable on site)

c) Improving the water supply system

## 5.3 Safety

a) Electrifying the camp with regulatory electrical terminals to prevent fires.



b) Repairing the existing lights and turning on light at night

#### 5.4 Various

a) Using the enormous potential of volunteers in the field who are highly motivated people.



b) Opening UNICEF and IOM offices in Lesvos who will work in Moria camps Pikpa and Kara Tepe.

We hope this paper has been helpful, we stay at your disposal for any additional information or to deepen some points raised.

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