

LESSONS LEARNED REPORT

**MDM-GREECE
HERO NORGE
EXCHANGE**

MdM-Greece Hero Norge Exchange

This document outlines the key lessons learned from the “MdM-Greece - Hero Exchange” project, focusing on the workshops, site visits, and discussions that took place during the working visits in Oslo and Athens in February 2024 and May 2024, respectively. The exchange enabled both organizations to gain insight into their respective approaches to refugee support, particularly in the areas of asylum reception, public health, and psychosocial care. Below are the primary lessons learned during the exchange.

1. Asylum Reception Systems: Norway vs. Greece

1.1 NORWEGIAN ASYLUM SYSTEM - OUTSOURCING AND EFFICIENCY

During the visit of the Mdm-Greece team of experts to Oslo, Mr. Tellef Grønlie's presentation of the Norwegian asylum system highlighted key structural differences between Norway and Greece. In Norway, the Directorate of Immigration (UDI) oversees the overall asylum process but outsources the operation of reception centers to private companies, non-profit organizations, and municipalities through a competitive bidding process. This outsourcing allows for greater flexibility in service provision, enabling different providers to offer specialized care and respond quickly to varying needs, such as accommodation, healthcare, or education for asylum seekers.

The Directorate of Immigration (UDI) is the primary agency responsible for handling migration and asylum-seeking processes in Norway. This agency oversees various aspects of asylum, including accommodation throughout the entire asylum-seeking journey. One of UDI's key functions is to manage the operation of reception centers. However, UDI does not directly run these centers; instead, it competitively outsources the management of the facilities to private organizations, non-profit entities, and municipalities.

The first point of contact for asylum seekers is the National Arrival Centre, which serves as the primary location for registering applications upon entry into Norway. The expected duration of stay at this center is typically up to 21 days, during which a range of critical processes take place.

The arrival process at the National Arrival Centre includes:

- Registration with the police, a necessary step in tracking and verifying the identities of the asylum seekers.
- Registration in UDI's asylum reception system, which ensures that applicants are recorded and placed into the formal system.
- Mandatory medical tests, which aim to safeguard public health and identify any immediate medical needs of the applicants.
- Information sessions on the asylum process, provided by Caritas, a non-governmental organization (NGO) specializing in refugee and migrant support.

In some cases, asylum seekers may have their asylum interview conducted at the National Arrival Centre, and some may receive decisions on their applications during their stay. The broader network of asylum accommodation includes Reception Centers, which differ from transit centers in that they typically provide longer-term housing for asylum seekers while their cases are being processed. Additionally, there are centers specifically designated for Unaccompanied Minors (UAMs), who require additional care and attention due to their age and circumstances. In some cases, there are special care centers designed for individuals who need particular medical or psychological assistance.

Interpreters play a key role in facilitating communication in these reception facilities. Although most centers rely on phone

interpreters to bridge language gaps, in certain locations, it is possible to have physical interpreters present. However, none of the centers employ interpreters as part of the core staff working inside the facilities.

As a result, the modus operandi that the Norwegian state has implemented for the reception system, based on a cooperation between private and public sector, is considered efficient, with highly responsive operations, especially in emergency situations, and the ability to deliver tailored services for refugees.

1.2 GREEK ASYLUM SYSTEM - CENTRALIZED AND BUILT ON EMERGENCIES

In Greece, the reception system for asylum seekers is predominantly managed by the state, with the government assuming most of the responsibility for both the operation and administration of refugee accommodation facilities. While this centralized, state-run model ensures a uniform approach, it has often led to inefficiencies, such as overcrowding, slow response times, and administrative bottlenecks. These challenges, combined with the pressures of high migration flows, have placed considerable strain on the Greek reception system, particularly during periods of large-scale arrivals, such as those experienced during the height of the European migration crisis. This strain has highlighted the limitations of a solely state-operated system, as it struggles to adapt quickly to evolving needs and circumstances, especially in emergencies.

The process of receiving, identifying, and managing the cases of asylum seekers and other third-country nationals arriving in Greece involves several stages, each governed by specific procedures to ensure that the individuals are registered, medically examined, and, if necessary, referred to the appropriate authorities. The procedures take place primarily in Reception and Identification Centers (RICs) or Mobile Units, run by the Ministry of Migration and Asylum itself and its various agencies and secretariats. The RICs and accommodation camp centers are situated at various points across the country, particularly in key locations such as the Greek islands and mainland centers.

The Greek reception and identification process for asylum seekers and third-country nationals involves a multi-step procedure that ensures individuals are properly registered, medically screened, and referred to the appropriate legal processes. With the involvement of national and international organizations, the system aims to provide a structured and organized approach to managing migration and asylum cases, while also addressing the immediate health and welfare needs of vulnerable populations. However, the system's challenges, including overcrowding and inefficiencies, suggest room for improvement, particularly in terms of resource allocation and service delivery.

For Greece, a key lesson from the Norwegian model is the potential value of outsourcing reception services to external partners, particularly private and non-profit organizations. Engaging these entities could help alleviate the considerable pressure on state resources and reduce the inefficiencies currently plaguing the system. By distributing responsibilities among various stakeholders, Greece could enhance the flexibility and responsiveness of its reception system, leading to improved living conditions and support services for asylum seekers. Furthermore, introducing a more diverse range of service providers could foster a new framework for asylum reception, one that is better equipped to handle the complexities of migration while ensuring that vulnerable populations receive the specialized care they require.

1.3 GLITTRE SPECIAL CARE UNIT - TAILORED SUPPORT FOR VULNERABLE REFUGEES

The visit to the Glittre special care unit in Nittedal Municipality, just on the outskirts of Oslo city, provided valuable insights into Norway's provision of specialized care for vulnerable refugee populations. The facility has been run by HERO-Norge for the past two years, when the need to accommodate vulnerable families and individuals coming from Ukraine was intensified across all Norway.

What makes the Glittre unit stand out is its emphasis on tailored care for individuals with specific health challenges, including those with chronic illnesses or mental health issues. The unit integrates both medical and psychological support into its services, providing a holistic approach to refugee care. Refugees housed at Glittre receive treatment and counseling for a range of conditions, ensuring that their health needs are met comprehensively. This model is particularly important in the context of refugees, who often arrive in the host country having endured traumatic experiences, which can exacerbate existing health problems or create new ones. By focusing on specialized services, Glittre ensures that these individuals receive the necessary attention and support, which might otherwise be overlooked in general reception centers.



A unique feature of this model is the integration of public health services within the framework of a privately run reception center. This cooperation between HERO-Norge and Nittedal Municipality ensures that public health resources are seamlessly available to the residents of the center. Public health professionals, including doctors, nurses, and mental health practitioners, work in close collaboration with the private reception center staff, creating a multi-disciplinary care approach that addresses the diverse needs of the refugee population. This system is particularly effective for refugees with complex or chronic health conditions, as it allows for continuity of care and ensures that medical services are not fragmented or delayed.

Norway's model of public-private partnerships in managing refugee care is a significant departure from systems where the state handles everything directly. The cooperation between private entities like HERO-Norge and local municipalities like Nittedal demonstrates how shared responsibility can lead to better outcomes for vulnerable populations. Private operators bring flexibility, innovation, and specialization to the table, while public health services ensure that critical medical expertise and standards are maintained. This partnership ensures high-quality care while distributing the workload between sectors, preventing bottlenecks or overburdening any one entity.

The success of the Glittre unit reflects broader lessons that can be applied to other countries struggling with similar challenges. By combining the agility and specialization of private companies with the robustness of public health systems, Nor-

way has created a model that provides comprehensive care to some of the most vulnerable refugees. This integrated approach is not only more effective but also more sustainable in the long term, as it allows for a more personalized and responsive service that can adapt to the changing needs of the refugee population, especially in crisis situations. Such a model highlights the potential of collaborative efforts in ensuring that no aspect of refugee care is overlooked, particularly when dealing with the complex and sensitive needs of individuals with significant health challenges.

Within the framework of the visit at the Glittre Special Care Unit, a presentation on the technicalities of medical evacuation from Ukraine was given by Anders Holtan, Senior Consultant and National Coordinator for medevac in Norway, provided key insights into Norway's medevac operations. Norway's ability to swiftly and efficiently evacuate and provide medical care to vulnerable populations from conflict zones demonstrated the importance of having well-coordinated emergency response systems in place.

For Greece, which faces significant refugee inflows from regions of conflict, establishing or enhancing a medevac system for urgent medical cases could greatly improve outcomes for refugees in critical conditions. Cooperation with international organizations and training in medical evacuation protocols could strengthen Greece's capacity to respond to emergencies in a timely and effective manner.



2. Public Health and Refugee Care

2.1 HEALTH SERVICES FOR REFUGEES IN NORWAY – A MODEL OF PUBLIC- PRIVATE COLLABORATION

The Norwegian model of health services for refugees stands out as a successful example of public-private collaboration, as demonstrated during the presentation by Hero and the Nittedal Municipality Health Service in Oslo. This approach is based on the seamless cooperation between a private sector operator, such as Hero, and local public health services, ensuring that refugees receive comprehensive healthcare tailored to their needs. By merging the flexibility and efficiency of private actors with the expertise and resources of public health institutions, Norway has developed a system that offers holistic care for refugees, significantly enhancing their overall well-being and integration into Norwegian society.

A major strength of this model is its integrated approach to healthcare, which includes not only medical check-ups and treatment for chronic conditions, but also a strong emphasis on mental health services. Many refugees arrive in the host country with complex medical histories, often compounded by the trauma of conflict, displacement, and loss. Recognizing the psychological toll of these experiences, Norway's system prioritizes mental health support as a key part of refugee care. This is achieved through regular access to mental health professionals, including counselors and therapists, who work closely with residents to address issues such as post-traumatic stress disorder (PTSD), anxiety, and depression.

In addition to medical and psychological care, the collaboration also provides a strong network of social support services. These services are crucial for helping refugees navigate their new environment and overcome barriers to integration, such as language, housing, and employment. Through structured programs that offer language courses, job training, and community engagement activities, refugees are given the tools they need to become self-sufficient and contribute to the local economy. This multi-faceted approach helps refugees not only survive but thrive, fostering a sense of belonging and inclusion in Norwegian society.

A critical element of the Norwegian public-private partnership is its long-term sustainability. By sharing responsibilities between the private sector and public institutions, Norway reduces the strain on its public health system, particularly in situations where refugee numbers rise rapidly, such as during the influx of refugees from Ukraine. This collaborative model allows for better allocation of resources, with private operators like Hero providing specialized services, such as reception center management and individualized care, while the public health system ensures that medical standards and access to essential healthcare services are maintained. This division of labor prevents the public health system from becoming overburdened and ensures that refugees have consistent access to quality care.

The Greek context presents a stark contrast. In Greece, the public health system has long been under pressure due to economic difficulties and the large number of refugees arriving in the country. The strain on the system has led to gaps in healthcare provision, particularly for refugees. In response, MdM-Greece (Médecins du Monde) has stepped in to fill these gaps by establishing open polyclinics, which provide free healthcare services to both refugees and vulnerable local populations. These clinics are critical in ensuring that basic health needs are met, but they are often overstretched, and the demand for services exceeds what they can provide.

One of the key lessons that Greece could learn from the Norwegian model is the potential benefit of fostering stronger collaboration between the public sector, private organizations, and municipalities. By engaging private actors to help manage refugee reception centers and provide specialized services, Greece could alleviate pressure on its public health system and create more sustainable support structures for refugees. This collaboration could enhance the efforts of MdM-Greece, providing additional resources and expertise to improve healthcare access and quality. For instance, private operators could assist in managing specialized units for refugees with chronic illnesses or mental health conditions, while public health services continue to offer essential healthcare support.

Additionally, partnerships with local municipalities could enable a more localized and targeted approach to refugee healthcare. Municipalities, with their deep understanding of the local context and resources, could play a pivotal role in ensuring that services are accessible and responsive to the unique needs of refugee populations. This decentralized approach could help reduce bottlenecks in major urban centers and allow for more efficient distribution of healthcare resources across the country.

2.2 GREECE'S RECEPTION SYSTEM - COLLABORATION WITH CSOs

The workshop on public health and vulnerable populations in Athens brought critical attention to the ongoing challenges Greece faces in providing adequate health and social services to asylum seekers. A significant part of the discussion focused on the institutional and programmatic gaps within the Greek reception system, particularly the limited capacity of the National Health Service (NHS) to meet the needs of refugees, especially in remote and regional areas, including the Greek islands. The NHS's regional structure, which is often under-resourced and strained, further complicates the delivery of consistent healthcare to refugees dispersed across the country. These regions, especially the islands that serve as entry points for asylum seekers, face overcrowding and underfunding, making it difficult for the NHS to provide timely and adequate care to all.

To address these gaps, MdM-Greece (Médecins du Monde-Greece) has stepped in through the establishment of open polyclinics across key urban areas like Athens, which serve as critical hubs for healthcare and social services. These clinics aim to fill the void left by the strained NHS, providing services that go beyond basic medical care to include social guidance, consultation, and psychosocial support. Vulnerable populations, including newly arrived migrants, asylum seekers, single parents, unaccompanied minors, and individuals with chronic illnesses, find essential support at these polyclinics. MdM-Greece's holistic approach ensures that beneficiaries not only receive primary healthcare but also access social services designed to help them navigate complex legal, social, and economic challenges as they adapt to their new surroundings.

During the field visit to the MdM-Greece Athens Polyclinic, participants were able to witness firsthand how integrated care can be delivered to marginalized populations. The polyclinic exemplifies how an organization deeply embedded within the community can deliver multi-dimensional services that meet the unique needs of refugees, many of whom have suffered significant trauma and face difficulties accessing the formal public health system. MdM-Greece's clinics are designed not only to treat immediate health concerns but also to offer long-term support, including mental health services, legal aid, and social reintegration programs. These services are particularly crucial for vulnerable groups, such as single mothers who often struggle with financial insecurity, and unaccompanied minors, who are at risk of exploitation or neglect.

A key takeaway from the workshop and field visit is the importance of partnerships between the public health system and organizations like MdM-Greece, which have both the trust of the community and the capacity for outreach. MdM-Greece's more than 30 years of experience working with marginalized populations have earned them the trust of both beneficiaries and local communities, allowing them to effectively bridge the gaps in healthcare provision. Their clinics are often the first point of contact for newly arrived refugees and migrants, offering culturally sensitive care and guidance in navigating the often overwhelming bureaucracy of the asylum system. By leveraging this extensive outreach and experience, MdM-Greece is able to connect refugees not only with healthcare but with a broader network of support services that are crucial for their integration.

The lessons learned from MdM-Greece's approach are particularly valuable for strengthening the Greek public health system. One major insight is the potential for collaborations between the NHS and community-based organizations like MdM-Greece, which can offer direct access to vulnerable populations and fill critical service gaps. By partnering with these organizations, the public health system could expand its reach, providing comprehensive, decentralized care that adapts to the diverse needs of refugees across the country. These partnerships could enable the NHS to allocate resources more effectively, using the expertise and established trust networks of organizations like MdM-Greece to improve service delivery without overburdening already strained public health facilities.

Moreover, the integration of social services into healthcare delivery, as practiced by MdM-Greece, could serve as a model for how the NHS could evolve to offer more holistic care. Providing refugees with not only healthcare but also access to legal assistance, employment guidance, and mental health counseling would create a more sustainable support system, helping refugees to better integrate into Greek society. This multidisciplinary approach ensures that the complex and intersecting needs of refugees are met, reducing the likelihood of long-term marginalization and improving their overall quality of life.

In conclusion, the workshop in Athens and the visit to MdM-Greece's polyclinics highlighted both the challenges and opportunities present in the Greek asylum healthcare system. The Norwegian model of public-private collaboration offers a possible pathway for Greece, but the existing work of MdM-Greece shows that effective partnerships already exist that could be expanded. By engaging with trusted community organizations and integrating social services into healthcare provision, Greece can develop a more resilient and effective system for providing essential services to one of the most vulnerable populations within its borders.

3. Case Management and Holistic Care Approaches

3.1 CASE MANAGEMENT APPROACH & ALTERNATIVE ACCOMMODATION SOLUTIONS FOR VULNERABLE GROUPS

One of the key takeaways from the visit to Athens was the significance of the case management approach implemented by Médecins du Monde-Greece (MdM-Greece). This model, observed during the field visit to the Open Accommodation Center “A Step Forward”, highlights how a coordinated and holistic approach can significantly enhance the well-being of asylum seekers and refugees, especially those in vulnerable situations, such as women, pregnant women, and single-parent families. The case management model ensures that the unique needs of each individual or family are addressed comprehensively, facilitating better outcomes in terms of mental health, integration, and overall well-being.

This holistic approach contrasts with the more segmented service provision seen in many refugee camps. Norway’s reception centers, while offering high-quality services, could potentially benefit from adopting elements of MdM-Greece’s case management model, particularly for vulnerable groups like single women and single-parent families. Integrating services in a more coordinated manner could enhance the efficiency of support provided to refugees in both countries.

Another significant insight from the Athens visit was the exploration of alternative accommodation solutions for vulnerable refugees, particularly single-parent families and women. MdM-Greece’s approach of placing these groups in urban accommodation, rather than camps, facilitates better integration into the local community and offers safer, more supportive environments. This urban-based model of refugee housing could serve as a valuable lesson for both Greece and Norway, encouraging the development of more diverse accommodation solutions tailored to the specific needs of vulnerable populations.

A great example for this constitutes the project run by MdM-Greece in Athens called “A Step Forward” Open Accommodation Center for women asylum seekers at risk and mothers with their children. A few details on the project are provided in order to better understand the concept and the best practice implemented by MdM-Greece, which was also showcased on the visit.

The Open Accommodation Center is located near a Metro station and within walking distance of the headquarters and the Open Polyclinic of Doctors of the World in the center of Athens, offering easy access to important services for women beneficiaries. The Center houses 44 people and is accessible to those with mobility disabilities. A room for people with disabilities is available as well as specially designed areas for dining and creative activities.

On a daily basis, the basic material and personal hygiene needs are covered, as well as the feeding of the beneficiaries. In addition, comprehensive services are provided for health, psychosocial support, legal counseling, interpretation, language learning, empowerment, creative activities and remedial teaching, while in cooperation with local schools, children are enrolled in the education system. More specifically, it is an intermediate structure of accommodation and all-day living of women in insecurity with their children. Accommodation is provided for an average period of time (6 months \pm 20%) to adult women and mothers with their children, with the aim of quickly finding viable solutions for their social inclusion.

Priority in the integration of the structure is given to mothers with infants and toddlers, while for women without children, there is no age limit upwards, provided that they have completed the 18th year of their age. For boys from single-woman families, accommodation is possible if they have not reached the age of 14, while for girls there is no age limit. Citizenship, religion and gender identity are not criteria for exclusion from

the structure. The referral system is established in accordance with the national framework for Reception and Asylum.

This modus operandi is also observed in the way the Open Polyclinics work at Mdm-Greece, which the field team from HERO had the chance to visit, too.

MDM-Greece started the operation of the first Open Polyclinic in Athens back in 1997 and in Thessaloniki in 2001. Throughout the operation of the Open Polyclinics, Mdm-Greece works for the elimination of discrimination and health inequities that vulnerable social groups suffer in their daily lives. The structure of the Open Polyclinic has an element of social innovation as it utilizes resources from the local community itself, and has established an effective, hospitable, accessible and readily available health and social support center.

The Open Polyclinic is a reference point for the targeted communities where it sensitizes, informs and educates in a systematic way beneficiaries, volunteers and members of the wider CSO ecosystem in Greece.

At the same time, the polyclinic provides high quality services to a large number of vulnerable people at extremely low financial cost - for them the cost is zero - treating them with dignity and respect for their diversity and providing its services in complementarity with the services of the National Health System. Each beneficiary receives a unique registration number, with which he/she can access all available services and also the information of his/her history in accordance with the current legislation on personal data protection. The services provided are recorded in an anonymized and integrated electronic system, which is systematically monitored by each competent professional.



Conclusion

The "MdM-Greece - Hero Exchange" project facilitated a rich exchange of knowledge and best practices between two organizations committed to improving the lives of refugees, among other vulnerable people in the two countries, despite and due to the structural differences in the national systems. The lessons learned from the visits to Oslo and Athens underline the importance of flexibility, collaboration, and holistic approaches in delivering effective humanitarian aid. Both Norway and Greece have unique strengths and their respective challenges in their refugee response systems, and through continued cooperation and mutual learning from initiatives such as this one, both can enhance their ability to support vulnerable populations, especially people on the move.

One overarching lesson from both the Oslo and Athens visits is the critical role of public-private partnerships in the humanitarian sector. Norway's reliance on private and non-profit operators for its asylum reception centers, and the collaboration between Hero and municipal health

services, offers a strong example of how different sectors can work together to deliver high-quality services. In Greece, MdM-Greece's open polyclinics and alternative accommodation programs demonstrate the potential of NGO-driven initiatives to complement state-run services.

Both countries can learn from each other in this regard. Greece could consider expanding its collaboration with non-state actors to improve its reception system, while Norway could adopt elements of Greece's more community-focused and holistic service delivery models.

The publication of this "Lessons Learned" Report will serve as a resource for other organizations in the humanitarian sector, contributing to the ongoing dialogue on how best to support refugees and asylum seekers in a complex global environment.

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