



Monitoring Visit
2nd Swiss Contribution
Country programmes Greece

Project information ¹	
Title	Safe Areas for Unaccompanied Migrant Children (Samos, Leros, Chios and Kos islands)
Implementation Partner	Zeuxis NGO
Country, project location	Greece / Chios, Kos, Leros and Samos
Beneficiaries	Unaccompanied Migrant Children
Start date of project	1 February 2024
End date of project	15.06.2025 (cost extension)
Financial Contribution	4.106.656 CHF (cost extension)
Co-funding (%)	100% Second Swiss Contribution - SEM
Date of SMP Agreement signature	22 January 2024 (amended on January 27th, 2025)
Type of project	Infrastructure
Responsible for project	General Secretariat for Vulnerable Persons and Institutional Protection of the Greek Ministry of Migration and Asylum,
Monitoring information	
Name and surname of persons monitoring the project	
Date of the monitoring visit	10.02.2025 / Follow - up visit to the one conducted on December 3rd, 2024. All additions in blue.
Location of monitoring	Safe Area in Samos CCAC

¹ Blue colour highlights the new data after the follow-up visit, this report is complementary to the following:
[Monitoring Visit \(Samos_03.12.2024\) \(071.33-9/2/3/1/6/5/5\)](#)

1. General information

1.1 Objective of the monitoring visit

Describe the objectives of the monitoring visit and the partners involved:

- Ensure that Safe Zones operate according to the proposal's provisions and the designated activities.
- Ensure that the facilities align with the goals outlined in the Framework Agreement and the Contribution Regulations.
- Evaluate the adequate provision of protection services to UMCs within the facilities.
- Evaluate the coordination and collaboration among key stakeholders.
- Evaluate the support provided by Zeuxis in terms of operating child-appropriate emergency accommodation places.
- Ensure that the Safe Areas align with the National Strategy for the Protection of Unaccompanied Minors.
- Assess the monitoring and reporting mechanisms in place to track the number of UMC accommodated in Safe Areas, referrals made, and any emerging trends or challenges.
- Verify the accuracy and completeness of data provided during the monitoring visit.
- [After a series of media reports and statements from Civil Society Organizations highlighting the dire conditions in the Samos Safe Area -including a scabies epidemic, medical emergencies and incidents of violence among minors- the Ambassador expressed serious concerns over the escalating situation to the Secretary General of Vulnerable Persons and Institutional Protection and, accompanied by a delegation from the Swiss Contribution Office, conducted a monitoring visit to directly assess the conditions on the ground.](#)

1.2 Project activities undertaken during the implementation

Explain the activities set out in the project proposal:

Activity 1.1.: Operation of the Safe Areas of Samos, Leros, Chios and Kos, [with two additional in the mainland \(Alexandreia and Vagiochori\)](#):

- Accommodation: Provision of individual bedding and furniture for personal belongings, coupled with facility maintenance and equipment upkeep.
- Hygiene and Cleaning: Distribution of essential hygiene and clothing items to promote personal cleanliness and health.
- General Coordination/Administration: Appointment of Facility Coordinators to manage daily operations, ensuring service delivery aligns with standards and efficient activity organization.
- Internet Access: Facilitation of e-communication and telephonic communication with families through the provision of internet access and phone cards.
- Communicable Diseases Prevention: Implementation of COVID-19 and other diseases' preventative measures in collaboration with health authorities, including personal protective equipment and operational adjustments to safeguard health.

Activity 1.2.: Provision of Care:

A safe and nurturing environment was created, where NGO ZEUXIS professionals deliver a multidisciplinary approach to care, emphasizing:

- Personalized Action Plans and Durable Accommodation Solutions: Development of individual care plans based on thorough assessments, aimed at addressing the specific needs and aspirations of the children.

- Caregiving: Continuous caregiver presence to support daily routines, safety, and emergency response.
- Mental Health and Psychosocial Support (MHPSS): Provision of tailored psychosocial and mental health services based on individual assessments.
- Legal Counseling/Assistance: Delivery of legal advice and assistance in navigating asylum procedures, family reunification, and other legal matters.
- Transportation: Organization of local transportation for accessing specialized care and community activities.
- Recreational Activities: Implementation of educational and recreational programs tailored to individual needs, promoting holistic development.
- Interpretation Services: Provision of translation and interpretation services to ensure comprehensibility and inclusivity in all interactions.

Activity 1.3.: Monitoring and Evaluation Visits:

The project includes regular on-site monitoring and evaluation visits to assess the effectiveness of the activities, identify best practices, and address challenges. These visits facilitate direct engagement with beneficiaries, staff, and stakeholders, ensuring adherence to regulations and prompt resolution of any identified issues.

Activity 1.4.: Technical Support to the Office of Secretary General for Vulnerable Persons:

NGO ZEUXIS provides technical support to the Office of SGVP, focusing on operational enhancements, child protection, and referral processes. This collaboration aims at identifying and implementing the best long-term solutions for the beneficiaries, ensuring their interests are paramount.

Are there any discrepancies between the activities envisaged in the proposal and what you observed? If so, explain these differences and the reasons that led the implementing partners to deviate from what was initially planned.

There were no discrepancies between the activities proposed and the ones implemented.

1.3 Beneficiaries

Please briefly describe the project beneficiaries as observed during your visit to the project implementation site. Are there any discrepancies between the beneficiaries envisaged in the project proposal and what you observed? If so, please explain. How are gender and diversity dimensions integrated into project implementation?

The target group consists of newly arriving UMC and UMC living in precarious conditions in the islands. The same target group was observed also during the monitoring visit.

Diversity and gender dimensions were integrated into project implementation, since the Safe Areas host both UMC boys and girls, which although they live in the same space, the rooms are separate, taking into consideration their gender specific needs. An additional measure taken is that the girls live next to the youngest beneficiaries of the Safe Area.

2. Project management

Please provide an overview of how the project was managed by the project team and how monitoring activities were carried out. Have there been any changes in the project management team?

Aiming to ensure that the program meets its objectives in compliance with ZEUXIS' Programmatic Agreement with the Ministry of Migration and Asylum, and to oversee that field teams on the islands perform all actions required in accordance with ZEUXIS Child Protection Policy, the Project Team has developed a set of instructions and monitoring tools. From the outset, all members of the field teams are bound by the policies they signed upon hiring and have received relevant training. Monitoring activities include visits to all four Safe Areas and regular online meetings with the field teams. To ensure feedback regarding the services provided, a Complaints Reporting Mechanism has been implemented in each Safe Area, facilitating communication with UMC and ensuring their confidentiality².

On an important note, the 2nd Steering Committee of the Project took place on October 15th, 2024, with representatives of the NGO, MoMA and SCO, where the results of the intervention have been presented and challenges and next steps have been discussed.

To ensure effective leadership and continuity, the Project Team composition includes the Project Manager, Administrative Officer, and Coordinator of Scientific Teams. A new Project Manager joined on May 1st, following a gradual two-month handover from the previous manager. For child protection, a Complaints Reporting Mechanism enables UMC to provide feedback confidentially. This mechanism includes accessible complaint forms in UMC languages, a visible complaint box, and oversight by designated Child Protection/PSEA Focal Points at each Safe Area, ensuring compliance with policies and reporting standards.

3. Communication

Please indicate what communication measures have been taken and how visibility of the Swiss funding has been ensured by implementing partners. Please provide examples. Provide information on any success stories that may be of interest for communication in Switzerland.

As a critical part of the project's visibility strategy, substantial branding efforts have been executed to highlight the support from the Swiss Greek Cooperation Programme. Each isobox within the Safe Areas prominently displays visibility materials, including stickers that denote the project's affiliation. Staff members are equipped with vests featuring the project's insignia, ensuring recognition and awareness of the support provided. Additionally, all laptops and appliances funded through Swiss contributions are labeled with corresponding stickers, reinforcing the project's backing and the resources provided.

Moreover, the Embassy and the Migration Ministry have promoted the signing of the support measure agreement on January 22nd through their social media channels. The Ministry's press release received coverage from various Greek media outlets.

² More specifically, the main monitoring tools of the program include: (i) Beneficiaries' Lists: Tracks all UMC receiving services. (ii) Information Leaflet for UMC: Informs about services and verifies arrival in Safe Areas. (iii) Report Templates: Used bi-weekly by Field Coordinators, case workers, and lawyers. (iv) Weekly Activity Schedule: Monitors UMC activities. (v) Logbooks: Track educational, recreational, and psychosocial activities. (vi) Distribution List: Monitors material support distribution. These tools were distributed at the project's outset, with training provided via online sessions. Staff training covered ZEUXIS Policies (Child Protection, Workplace Violence, Harassment, Sexual Exploitation and Abuse, Data Protection) and specialized training from UNICEF and UN WOMEN. Additionally, First Aid training was conducted in cooperation with EKAV on multiple islands.

ZEUXIS has coordinated these visibility actions in compliance with donor regulations and in partnership with the General Secretariat for Vulnerable Groups and Institutional Protection. This includes creating publicity materials featuring the project's logos and title. Additionally, ZEUXIS completed the construction of a project website for public outreach: www.safeareas.gr.

Equally important, during the week of June 24th, the Director of the NGO had the opportunity to participate as a guest speaker in a high - level conference organized by the Belgian Presidency of the EU and the European Migration Network. During the panel, the Director presented the project, which has been recognized as a good practice by the European Commission and which was showcased within the framework of the Pact on Asylum and Migration as an example of how multi-actor cooperation can enhance protections for vulnerable populations at the border.

Last but not least, a very important event took place in November, during which the project and its results were being presented, with the Deputy Minister, reps from the government, diplomatic missions, as well as the Bulgarian department of child protection, which is willing to take the SA as an example and implement a similar project under the Swiss Contribution.

4. Risk management

Please explain how risks have been monitored and assessed to date. How will these risks be avoided and/or managed in the future? Have any new risks been identified? If so, how are they being managed? Have any new risks been detected?

The difficulty in recruiting personnel locally has been a significant challenge. Despite frequent publication of vacancy notices through various channels, the lack of accommodation infrastructure, particularly in Kos, has made it difficult to recruit staff from other regions. This has primarily impacted interpreter positions. ZEUXIS has mitigated this by introducing telephone interpretation services. Additionally, resignations have occurred as some staff accepted higher-paying offers from other organizations, such as the EUAA. To address these issues, ZEUXIS continues its recruitment efforts uninterrupted, maintaining a pool of candidates ready to fill positions as needed.

Delays in providing specialized care for UMCs due to resource shortages in key stakeholders have also posed a challenge. Public sector limitations, particularly the absence of Child Psychiatrists, Dermatologists, Gastroenterologists, and Dentists, have hindered access to necessary medical care. ZEUXIS has managed this risk by directly covering the cost of private medical consultations for urgent cases. Furthermore, collaborations have been established, such as with a private Dermatologist visiting Leros regularly to meet the needs of UMCs, addressing common skin issues among the population.

The increase in UMC arrivals has exacerbated overcrowding in facilities such as Samos since September, where approximately 500 children now occupy a space designed for 200. This has strained resources and infrastructure, leading to deteriorating living conditions. Sanitation issues, broken infrastructure, and a lack of sufficient space for activities, lessons, or even sleeping arrangements have further worsened the situation. Children often sleep on the floor in shifts, and essential services like food distribution, hygiene, and psychosocial support have been compromised.

The delays in transferring UMCs who have completed all necessary procedures for accommodation in UMC Shelters on the mainland have been another critical risk.

Procedural complexities, including the need for multiple fingerprint checks and a PAIPA document, have stalled progress, leaving many children partially registered and exposed to additional vulnerabilities. ZEUXIS is actively escalating these issues to higher authorities while working to prioritize urgent needs within the Safe Areas.

Healthcare resources have also been heavily strained due to the growing population. With common conditions like scabies going untreated due to a lack of medication and functioning laundry facilities, the risk to children's well-being has increased. The existing medicine budget is being consumed at a rate five times faster than anticipated, leaving inadequate resources for treating fevers and other basic health issues. ZEUXIS is advocating for additional funding and resource reallocation to address these urgent gaps effectively.

In order to address the lack of medical supplies and doctors, a collaboration with MSF that are operational on the islands with 45 staff was promoted from all the stakeholders (MSF, SCO and Zeuxis), however, the MoMA, so far, does not allow MSF to enter the Safe Area, since it states that Hippocrates covers the area and the medical emergencies.

5. Sustainability

Please describe the long-term effects of the project and plans after funding ends. Include information on how project beneficiaries can be supported after the project ends.

The project under Swiss Contribution's funding has started in February 2024, with one year duration. So far, there has not been any information available regarding its continuation, apart from its inclusion to the discussions regarding the 2nd phase of the Contribution.

6. Budget

Based on the financial reports of ZEUXIS, from 01.02.2024 until the end of 2024 the paid costs will total €2,247,478.20 €. The increased number of minors hosted compared to the initial planning could potentially pose issues for certain budget lines, such as Snacks, NFIs, clothing, linen for UMC, etc., as well as medical expenses (private doctors and medicines).

7. Irregularities

No irregularities which could affect the project have been observed.

8. Evaluation of achievement of objectives

Please explain the most important project results and objectives achieved so far, based on what you observed during your visit to the project implementation site.

Please take into account criteria such as relevance, effectiveness, impact and sustainability. Include good practices and lessons learned, as well as challenges and constraints to achieving project objectives.

The primary objective of the project is to enhance the well-being of Unaccompanied Minor Children (UMC) by delivering comprehensive support. This includes social, legal, and

psychosocial assistance; interpretation services; transportation; healthcare access; and the provision of essential material items such as hygiene kits, clothing, and snacks. A key aim is to restore a sense of normalcy for these children by organizing psychosocial and integration group activities, fostering empowerment, and promoting socialization. However, recent developments, particularly overpopulation in the Safe Areas, have severely impacted the program's ability to meet these objectives.

The follow - up monitoring visit to the Safe Area revealed critical challenges stemming from severe overcrowding. The facilities, designed for 200 children, are now hosting approximately 425, resulting in a deterioration of living conditions and infrastructure. Proper food distribution, hygiene, psychosocial services, and legal support—cornerstones of the center's initial standards—are no longer consistently available. Overcrowding has forced children into communal spaces with makeshift bedding, unclean isoboxes, broken sewage pipelines, and accumulated garbage. With only six toilets for 250 children, no hot water, and insufficient space for lessons or activities, children are often left waiting in queues for food or sleeping on the floor in shifts. Planned psychosocial and recreational activities aimed at empowerment and socialization are no longer feasible under these conditions.

Since the project's launch in February 2024, ZEUXIS has supported a total of 3,266 UMCs across the Safe Areas in Kos, Samos, Leros, and Chios. These services include 1,151 Best Interest Assessments (BIA), 170 visits to private doctors, and over 600 group activities that blend psychosocial, legal, and recreational elements. ZEUXIS has facilitated more than 5,700 medical and administrative escorts and distributed over 80,000 snacks along with 4,000 hygiene kits and clothing items. Despite these achievements, the rising population has strained resources and infrastructure, making it increasingly difficult to sustain the quality and scope of services.

Breakdown:

Since the project's launch in February 2024, ZEUXIS has supported a total of 3,875 UMCs across the Safe Areas in Kos, Samos, Leros, and Chios. These services include Best Interest Assessments (BIA), visits to private doctors, and group activities that blend psychosocial, legal, and recreational elements. ZEUXIS has facilitated thousands of medical and administrative escorts and distributed substantial numbers of snacks, hygiene kits, and clothing items. Despite these achievements, the rising population has strained resources and infrastructure, making it increasingly difficult to sustain the quality and scope of services.

Breakdown:

In total, 3,875 UMCs were supported during the reporting period. This includes 1,139 in Samos, 485 in Chios, 926 in Leros, and 1,325 in Kos.

Demographics and Country of Origin:

In Leros, the total UMCs supported included 880 boys (95%) and 46 girls (5%), making a total of 926. Among them, 5 (0.5%) were under 10 years old, 88 (9.5%) were aged 10 - 14, and 833 (90%) were aged 15 - 17. The primary countries of origin for UMCs in Leros were Egypt (644), Syria (172), and Palestinian Territories (16). Smaller numbers came from Eritrea (6), Afghanistan (20), Somalia (50), and other countries, including Kuwait, Liberia, and Sudan.

In Chios, the total UMCs supported included 378 boys (78%) and 107 girls (22%), making a total of 485. Of these, 5 (1.0%) were under 10 years old, 23 (4.7%) were aged 10 - 14, and 457 (94.2%) were aged 15 - 17. The largest group of UMCs in Chios came from Somalia (301), followed by Syria (72) and Afghanistan (51). Additional minors originated from Sierra Leone, Egypt, and Eritrea.

In Kos, the total UMCs supported included 1,272 boys (96%) and 53 girls (4%), making a total of 1,325. Among them, 11 (0.8%) were under 10 years old, 100 (7.5%) were aged 10 - 14, and 1,214 (91.6%) were aged 15 - 17. The majority of UMCs in Kos came from Egypt (940), followed by Syria (251) and Palestinian Territories (16). Other countries of origin included Afghanistan (53), Somalia (28), and Yemen (9).

In Samos, the total UMCs supported included 1,030 boys (90.4%) and 109 girls (9.6%), making a total of 1,139. Among them, 2 (0.2%) were under 10 years old, 61 (5.4%) were aged 10 - 14, and 1,058 (92.9%) were aged 15 - 17. The largest group of UMCs in Samos came from Egypt (548), Afghanistan (166), and Syria (199). Smaller numbers originated from Somalia (149), Sierra Leone (20), and Palestine (12).

Challenges Faced in the Safe Areas

Overpopulation remains the most pressing challenge. In Samos, the number of UMCs has far exceeded the facility's capacity, with approximately 500 children housed in a space meant for 200. This overcrowding has disrupted basic services and exacerbated health and safety risks. The lack of sufficient monitoring has allowed children to move freely between the general population, heightening their vulnerability. Moreover, the absence of proper documentation, such as PAIPA, has left many unable to access discounted medications, further straining the healthcare system.

The demographic shift toward older minors, primarily from Egypt, has introduced new challenges, including gang formation, theft, and conflicts over resources. Food distribution has become increasingly inequitable, with certain groups taking extra meals, leaving others without adequate nutrition. Staff are stretched thin, with two psychosocial positions remaining vacant, and lawyers and psychologists often performing tasks beyond their expertise, such as distributing food.

The challenges faced in this program highlight the need for flexible resource allocation and stronger advocacy for streamlined transfer procedures. Key lessons include the importance of maintaining a ready pool of staff, forming partnerships with private healthcare providers, and adapting quickly to unforeseen challenges. Until transfers are consistently executed and Safe Areas receive adequate resources, the program will continue to face significant hurdles in meeting its objectives.

9. Photos

Please visit the link:



The photos taken show the infrastructure and the discussions during the monitoring visit.

10. Next steps

What are the next steps to be taken after the visit? What areas need adjustment? What are the consequences of this monitoring visit for the further implementation of the project, or for future cooperation with the project partner?

The next steps include the continuation of the project until the end of May (we have received an official request for extending the duration of the project), as well as a meeting between the Minister and the Ambassador, where concerns regarding the situation will be raised.

11. Varia

N/A

Place: Athens, Greece

Date: 11 February 2025

Signature of the Head of the Swiss Contribution Office



