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**Strategic Crisis Management (SCM), the Lived Experiences and Horizons
of Service Providers in the Humanitarian Sector During the Ongoing Covid
19 Crisis in Greece.**

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Chapter 1: Research Gap, Aim and Research Objectives

Research Gap, Aim and Research Objectives

Since the mid-1990s we have learnt a great deal about Strategic Crisis Management (SCM) and how the crisis landscape has changed due to novel types of crises, such as the Covid 19 pandemic, terrorist attacks and refugee crisis. We have learned the importance of an effective leader in the effective SCM, how important is the engagement of multiple stakeholders and agencies and the inter-agency coordination, the importance of continuously developing competent staff and a pool of expertise to manage crisis effectively, the continuous provision of training programmes for professional and leaders and that communication is a fundamental part of SCM considering the impact of social media.

Yet, we still do not know enough about the critical impact on SCM in non-profit organizations operating in the humanitarian sector from the evolution of Covid-19 pandemic given that countries experiencing humanitarian emergencies are particularly vulnerable to the spread of infectious diseases. Moreover, we still do not know the impact in terms of delivery of humanitarian assistance, that the pandemic has provoked in the global humanitarian sector and how threats from the severity of the Covid-19 Crisis can be converted into opportunities having a positive impact in the humanitarian aid provision. In this instance and with regards to the methodology chosen, and to achieve the study's aim and objectives, I use Phenomenology to examine Covid-19 Crisis impacts on the Lived Experiences of those involved in the SCM activities and good practice formation of organisations in the Humanitarian Sector.

Subsequently, I am proposing a study about how threats during the Covid pandemic crisis can be converted into opportunities in the humanitarian sector drawing upon the lived experiences of service providers. The main objectives of the study are:

1. To critically examine prolonged impacts of the Covid 19 crisis on the lived experiences of service providers during the ongoing Covid 19 pandemic.
2. To identify ongoing threats such as reduced coordination, efficiencies, and leadership minimisation from Covid 19 pandemic, on the strategic provision of core or SCM services.
3. To improve the SCM know-how of organizations operating in the humanitarian sector based on good practices already adopted.

The methodology of my study is based on Phenomenology and Lived Experiences, as noted above, and consequently the overall methodological approach is Qualitative in nature. My Method for data collection is interviews with multiple stakeholders operating in the humanitarian sector such as UN agencies, International Organizations, Non-Governmental Organizations, National Authorities, and the European Commission. Due to the scope of the proposed study but also because of interviewees limited availability at times 17 interviews were conducted with stakeholders operating in the humanitarian field. In addition, the overall analysis was strengthened by social media data, reports, press releases and postings analysis.

Benefits from my study include full achievement of the objectives. Furthermore, other benefits include enhancing professional know-how and giving something back to the humanitarian community in terms of better insights and best practices with the purpose challenges and threats

currently faced, to be converted in opportunities and thus, have a positive impact in the persons in need of humanitarian assistance.

Chapter 2: Literature Review

The Issue of Covid-19 Crisis in Strategic Crisis Management

Since the mid-1990s we have learned a lot about Strategic Crisis Management (SCM) and how the crisis landscape has changed due to novel types of crises, such as the Covid-19 pandemic, terrorist attacks and refugee crisis.

A crisis is any situation or series of events that threatens to harm people or property and have a negative impact or damage on an organization, its stakeholders, or even on an entire industry if not handled effectively and is characterized by “high consequence, low probability, ambiguity, and decision- making time pressure,” (Hale, et al, 2005:6). Moreover, a crisis can create threats to public safety, environmental wellness, and organizational survival (Coombs, Holladay, 2010).

Strategic management in a time of crisis is the method to recognize the crisis and to take necessary measures to overcome the negative impacts. Strategic Crisis Management aims to identify the signs of a crisis and to create the necessary precondition for their timely prevention in order to overcome the negative consequences, with the aim to continue the organization’s activity. The success of the Strategic Crisis Management depends on the timely identification of the crisis and the application of the most efficient method for its removal. Successful Strategic Crisis Management is possible only with the use of several strategies and tactical methods of strategic management. (Groh, 2014).

The novel crisis of Covid-19 outbreak in Europe in February 2020, has rapidly escalated to a global pandemic, as declared by the World Health Organization (WHO) on March 11, 2020. As of 14 January 2022, there have been globally 318,648,834 confirmed cases of Covid-19 reported to WHO, 5,518,343 deaths and a total of 9,283,076,642 vaccine doses have been administered (WHO, 2022).

Governments globally, took various measures to contain the contagion and reduce its transmission at Global, European and national levels. European Asylum Service (EASO) report (June 2020) highlights the measures taken by EU countries, in order to address the health emergency. EU countries implemented containment measures to advocate physical distancing and other restrictions, which had a direct impact on the provision of public services, including international protection procedures with an impact to the humanitarian sector.

In the Covid-19 pandemic, the World Health Organization (WHO) the UN Refugee Agency (UNHCR) and the International Organisation for Migration (IOM), have repeatedly recommended that national health and disease surveillance systems should integrate refugees and migrants (Kondilis et al, 2020).

Due to the Covid-19 pandemic, refugees, asylum seekers, and migrants are vulnerable population, who due to the uncertain working, living, economic, and health conditions they face, are at heightened risk. Measures to control the outbreak of Covid-19 will only be successful if all populations are included in the national and international responses. Migrants and refugees should be included to the Covid-19 response plans. In May of 2020, statements from the UNHCR High Commissioner, the International Rescue Committee President, and a joint statement from OHCHR, IOM, UNHCR and WHO, called for the rights and health

of migrants and refugees and that should be protected in the Covid-19 response. (Orcutt, et al, 2020).

Coordination and Supply Chain Management issues

By conducting literature review, the complexity of managing modern crisis is observed, which requires the engagement of many stakeholders, and effective coordination is necessary to achieve positive outcomes.

The management of crisis is a key responsibility for governments, which have an important role to play by strengthening the resilience of their population, communities, and critical infrastructure networks. The capacity to coordinate Crisis Management is an important element of good governance because is associated with government's capacity to provide the appropriate responses at the right time. Governments develop specific institutional mechanisms to support emergency and Crisis Management in accordance with its institutional structure, history, and exposure to threats. The complexity of novel crisis require government to adapt its roles and capacities to meet expectations of the public. It is crucial that the national authorities have the right tools and institutional framework for actions to be coordinated. Standard Operating Procedures (SOPs) should be in place that govern operations and co-ordination should include information sharing and communication protocols as well as mechanisms to mobilise emergency response. Although Crisis Management operations are coordinated at the centres of governments, are often carried out at sub-national levels (Baubion, 2013).

Based on a study conducted by ICF, a global consulting services company and European Commission about the Crisis Management, Coordination and Capacities (October 2020), the health care system is often decentralised and for this reason sub national government had an important role in Crisis Management. During the Covid-19 crisis, the sub national level had implemented functions such as the lockdown measures, the health policies in local health care institutions and public health agencies. The crisis response was most centralised in Greece and Ireland compared to the other European Countries that participated in this study. In Greece, regionally measures were taken by ministerial decree at the national level and with the consultation of the concerned administrative units. To coordinate the crisis response across levels, most countries made use of centralisation as a provision in case of crisis. Due to the high degree of centralisation in the Greek Crisis Management, the need for vertical coordination is rather limited and exercised hierarchically by the General Secretariat for Civil Protection.

The complexity of managing modern crisis requires the involvement of many actors. Inter-agency co-ordination mechanisms and scaling-up procedures across levels of government need to be very effective and flexible at the same time. Moreover, the ability to manage large interagency response network involving private and public sector, NGOs and volunteer organizations, is a new capacity that governments should invest. International co-operation and partnerships can support many functions of Crisis Management (Baubion, 2013).

Global Humanitarian review of United Nations Office for the Coordination of Humanitarian Affairs (OCHA,2022) highlighted also that greater collaboration of humanitarian actors and governments is needed with the private sector. Greater collaboration shows ability to mobilize resources and strengthen the emergency preparedness.

The Covid-19 pandemic has spread across the world, including in countries facing ongoing conflict, and humanitarian crisis. Countries experiencing humanitarian emergencies are particularly vulnerable to the spread of infectious diseases and have limited capacity to face the challenges of containing the spread of Covid-19 and treating existing cases. Humanitarian agencies, National actors, and governments have been slow to coordinate a response, and few policies have been put in place to develop sufficient test-treat isolate capacity and, to equip medical facilities and health personnel with the resources necessary to care for patients with Covid-19. Coordinated global assistance to support countries facing humanitarian crisis is necessary otherwise Covid-19 will affect the vulnerable populations and continue to spread and threaten global security. Although the Global Humanitarian Response Plan for Covid-19 produced by OCHA in collaboration with humanitarian partners across the world, sets forth an important strategic framework to address the pandemic, countries in humanitarian settings still face gaps in their capacity to implement solutions (Alawa, et al, 2020).

The Global Humanitarian Response Plan (HRP) for Covid-19, covering the period of April to December 2020, (GHR, 2020) develops an important strategic framework to address the virus. The Global HRP outlines, that agency responses should be coordinated based on existing humanitarian and national government coordination structures and is a joint and collective effort among all stakeholders that is facilitated at global level by United Nations Office for the Coordination of Humanitarian Affairs mechanisms. The Global HRP integrates a monitoring framework to provide systematic and frequent information on changes and needs in the humanitarian situation aiming to inform rapid adjustments of the response. Moreover, complements and supports existing government response plans and national coordination mechanisms, with respect to humanitarian principles.

In an effort to strengthen the response to healthcare crisis, collaborative academic-humanitarian programmes have been launched globally. Partnerships between academic institutions and humanitarian organizations can improve intersectoral collaboration and strengthen knowledge dissemination during pandemics. Innovative initiatives are highly needed to address both current and future challenges faced by health systems as the world continues to respond to the Covid-19 pandemic. While humanitarian organizations have established the logistical infrastructure and networks needed to address international emergencies, academic institutions house expertise in scientific understanding and educational programming (Aluisio, et al, 2020).

Better collaboration and coordination among stakeholders are also essential to achieve better and more effective supply chains during Covid-19 outbreak (Van Wassenhove,2006). In emergency situations, there are many stakeholders involved in the relief operations and lack of coordination among them creates confusion causing redundancies and duplication of efforts and materials (Singh et al., 2018). Coordination is the core of supply chain management. The objective of coordination in humanitarian relief chains (HRCs) is to respond to man-made or natural disasters effectively (Akhtar et al,2012).

TechTarget publication posted by Ben Lutkevich, defines as supply chain the network of all the individuals, organizations, resources, activities, and technology involved in the creation and sale of a product. Supply chains are managed by supply chain managers, who monitor lead time and coordinate the processes in order to maximize customer satisfaction and meet customer demands. The supply chain includes some fundamental steps such as sourcing raw

materials, refining those materials into basic parts, combining those basic parts to create a product, sales, product delivery, customer support and return services.

In addition, according to an article posted in SupplyChain by Jack Grimshaw, the supply chain is defined as the entire process of making and selling commercial goods, including every stage from the supply of materials and the manufacture of the goods through to their distribution and sale, while at the same the article highlights that successfully managing supply chains is essential to any company hoping to compete.

A supply chain has been defined as, “encompassing all activities associated with the flow and transformation of goods from the raw materials (extraction) stage, through to the end user as well as the associated information flows (Handfield and Nichols, 1999). Supply Chain Management (SCM), aims to manage the entire supply chain process as a single entity, reduce total supply chain costs and cycle time in processes and in product development, improve customer satisfaction, plant jointly and share information and risks. Fewer parties should be involved in the supply chain who aim at longer-term relationships (Kauffman, 1999).

An article published in Investopedia by Jason Fernando, defines SCM as the centralized management of the flow of goods and services and includes all processes that transform raw materials into final products. As most critical elements of SCM highlights the development of a strategy, sourcing raw materials, production, distribution, and returns. SMC represents an effort by suppliers to develop and implement supply chains that are as efficient and economical as possible.

The same article posted in SupplyChain by Jack Grimshaw explains that an efficient supply chain is very important to the fulfilment of customer orders for a company. When the supply chain is managed correctly, it can also result in much lower costs, and a faster production cycle. SCM is not only about creating the most efficient process, but also is so crucial to mitigate risks and ensure everything runs smoothly as there are many elements that make up the supply chain, from manufacturing sites and warehouses to transportation, inventory management and order fulfilments.

A common goal of Humanitarian Organizations (HO's) is to deliver the services to humanity in a spirit of impartiality and neutrality. HO's primary functions are remained to deal with disasters, to protect human rights, to provide relief services and promote safety, security, respect, and dignity. HO's should utilize their funds effectively and efficiently when comes to logistics and SCM. Humanitarian Organizations Logistics and Supply Chain Management (HO-LSCM) processes are almost identical to those of corporate logistics and SCM, however HO-LSCM does not involve the process of manufacturing goods (Sharif M., Soratana K.,2018).

The humanitarian aid supply network consists of more than just humanitarian organizations. Donors, aid agencies, NGOs, governments, the military, logistics service providers, and suppliers, are actors involved in a humanitarian aid supply network (Kovacs G, Spens K, 2009). Although, in a typical humanitarian supply chain, governments and NGOs are the primary parties involved. Governments hold the main power with the control they have over political and economic conditions and directly affect supply chain processes with their decisions (Ergun, et al, 2009).

NGOs involved in humanitarian relief provide supplies and services to people in need and affected population. Transportation and logistics are big parts of NGO operations, as agencies transport and distribute supplies to and within the affected regions. Improving efficiency of their logistics systems has potential to significantly decrease agencies' operational costs and expand their services (Dolinskaya et al, 2011).

It is noted that much of successful and rapid relief, relies on the logistical operations of supply delivery. In 2005, the United Nations established the Logistics Cluster as one of nine inter-agency coordination efforts in humanitarian assistance, recognizing the key importance of logistics in aid operations (de la Torre et al, 2011).

In humanitarian settings, professionals recognise the need for and the importance of standardisation in humanitarian logistics, especially in areas such as procurement, distribution, medical logistics and logistics planning (Paciarotti C. and Piotrowicz W, 2021).

Moreover, challenges of humanitarian logisticians depend not only on the disaster at hand, but also on the local presence of their organization. The most emphasized challenge is the coordination of logistical activities. Challenges can be managed better if attributing them to different stakeholder environments and depending also on the presence of other organizations in the field (Kovacs G, Spens K, 2009).

Coronavirus disease has caused severe disruptions across the world and in many supply chains, particularly in the healthcare supply chain and has created a ripple effect in several supply chain areas. The lack of equipment was a major problem to encounter the virus. If communities are faced with a shortage of medical and healthcare equipment, an increase in the number of infected people can initiate an incredible catastrophe. For this reason, an effective way to make optimal use of the available healthcare equipment and to manage the demands in the healthcare supply chain, is to identify and classify the individuals with and without Covid-19 and, accordingly, to propose instructions/regulations for each class. (Govindan, et al, 2020).

The effects of the coronavirus outbreak on global supply chains have emerged in supply side, demand side, and logistical side. It was witnessed an increase in demand for essential products while there were concerns about postponed deliveries, shortage of labour, delays in securing merchandise and sudden travel disruptions (Raj et al,2022).

Coordination between actors engaged in relief operations lead to improvement of resilience and efficiency of humanitarian supply chains (Singh et al., 2018). Supply chain resilience can help organizations manage supply chain disruptions while ensuring operational excellence. By prioritising supply chain resilience, a firm can well equip itself to achieve operational excellence through quick and timely response to rapidly changing business environment caused by the pandemic (Mishra et al, 2021). A detailed study was also conducted by Accenture jointly with the World Economic Forum (March 2020), which emphasizes the importance of supply chain resilience. The Covid-19 pandemic has reminded corporate decision-makers that there is a need to develop new business strategies in their future supply chain designs. The Key Performance Indicators (KPIs) that should be considered for future supply value chain designs, will likely contain new performance measures including resilience, responsiveness, and reconfigurability.

Closer collaboration between humanitarians, businesses and academics is also essential to achieve better and more effective supply chains to respond to the complexities of today's

logistics. For this reason, every response requires collaboration and specialization of tasks between humanitarian organizations, as well as increased collaboration with the military, governments, and private business (Van Wassenhove, 2006). Collaboration in SCM, includes coordination, cooperation with suppliers, joint planning, and information exchange (Jahre, 2017). In addition, coordination in the supply chains leads to effective and efficient utilization of resources while reducing the operational costs and the response time for providing better services (Akhtar et al., 2012).

Collaboration among private and government agencies has been very important during the first wave of coronavirus and thus, many manufacturing organizations changed their production plans during Covid-19. Among the main challenges faced during the Covid-19 pandemic, was the lack of planning and preparedness, extended shortages of essential lifesaving items, and dependencies on single sourcing for the medical equipment and medicines. (Kumar et al., 2022).

For pandemic situations, preparedness that would ensure a comprehensive response includes prepositioning of relief items including medical equipment and medicines as well as preparing treatment centres. These activities may be decentralized rapidly to be ahead of the spread of the disease (Mobula et al., 2020). Prepositioning of relief items is an important strategy developed by humanitarian organizations to improve preparedness because in the initial phase of Covid-19, many countries faced a shortage of medical items such as facemasks, PPE kits, ventilators, and oxygen cylinders. Humanitarian organizations carry the prepositioning inventory of the items either alone or jointly. For example, the United Nations Humanitarian Depot (UNHRD) system enables humanitarian organizations to borrow or lend materials from/to one another (Toyasaki et al., 2017).

Moreover, many organizations are using joint procurement. For example, the International Federation of Red Cross and Red Crescent Societies (IFRC), coordinates the procurement activities in the Red Cross Movement. Similarly, COVAX, a worldwide initiative aimed at equitable access to Covid-19 vaccines, coordinates the procurement of Covid-19 vaccines. Joint purchasing of items leads to low purchase prices, improved product quality, and long-term relationship with suppliers that reduces the risk of supply shortage (Schulz & Blecken, 2010).

The Covid-19 outbreak affects not just populations but also global and local economies and supply chains. The coronavirus disease has impacted on production lines and manufacturing capacities and created both supply and demand uncertainties. The current Covid-19 response shows that neither industry, nor governments, were adequately prepared for supply chain disruptions at such a scale. The pandemic has had direct and indirect impacts on the supply chain. One direct impact from supply chain perspective, is on manufacturing plants that need to shut down if their workforce is sick or quarantined. It is not only individual plants and production lines, but also entire industries have been affected. In addition, alternative suppliers could not be found and were impacted at the same time. Additional impacts observed were the export and travel bans imposed as well as large-scale unemployment because of a reduction of consumption. (Kovács, G., & Falagara Sigala, I. (2021).

Leadership, Lived Experience and Strategic Horizons

The literature review on leadership shows that strong strategic Leadership is fundamental as is a common set of principles and values across the network to ensure capacities are mobilised to apply shared goals in times of crisis (Baubion,2013).

According to PRNEWS editorial team, whether the crisis is an internal issue withing an organization or a global disaster, such as the spread of Covid-19, leadership in an organization should outline business' goals and disseminate the appropriate messaging to organization's personnel. The message should be calm, strong and express the company's focus clearly or new norms. Leadership should confront the issue occurred, own it, accept the reality, address any mistakes made when handling the crisis and find the way the company to continue to operate.

During a crisis, leadership is crucial for restoring public trust and requires developing professionalism through specialised trainings. Key leadership functions that require the appropriate tools and trainings are the sense-making, decision-making, meaning-making and crisis communication. Clarity regarding the leadership roles of professional risk managers and political leaders facilitate Crisis Management.

According to Baubion, (2013), when unprecedented crisis occur the emergency responders should be able to improvise, innovate and build a response network, that can mobilize the required capacities among stakeholders. Leadership plays an important role in ensuring coordination of the emergency response network and the ability to effectively co-ordinate actions. In addition to ensuring co-ordination of the emergency response network, leadership plays a major role in crisis communication. During a crisis, leadership communicates with the media and general public to share the sense of events maintaining trust. In order to disseminate important messages, the leadership should be aware of appropriate crisis communication techniques and tools.

Strategic leaders are responsible for the future of organizations and is necessary for managers to consider the importance of integrating Crisis Management into the strategic management of organizations. In order to manage effectively Strategic Crisis Management (SCM), organizational leaders should build strong communication channels with stakeholder which is a rather challenging task. (Taneja, et al, 2014).

Organizational leaders need to be prepared for every different aspect in terms of how to handle the crisis and how to minimize its impact. Top management should understand the importance of being ready to act when the sky falls, according to the four keys of crisis communications: "speed, accuracy, credibility, and consistency" (Berge, 1991:31)

In a study conducted by ICF/European Commission (October 2020), about the experiences of nine EU member states with the management of the Covid-19 crisis, the central government had a key role in managing the crisis in all countries with the involvement of several ministries and governmental agencies. In terms of organisational structures for Crisis Management, an important success factor was the clear assignment of jurisdiction between relevant ministries and agencies at the central government level. During the Covid-19 pandemic crisis, the central

actor in managing the Covid-19 crisis, was usually the Health Ministry and/ or the Public Health Agency in conjunction with a Crisis Management body, which is organised differently across countries. For instance, Italy and Greece could rely on Ministries for Civil Protection for expertise and resources, while ad-hoc inter-ministerial crisis committees were established in Germany, Greece, Ireland and Austria, to coordinate the crisis response between ministries. Moreover, a governmental task force in Greece was set to coordinate the economic and social measures and the easing of the lockdown measures between ministries.

According to a Study conducted on the Lived experiences of frontline workers and leaders during Covid-19 outbreaks in long-term care, frontline staff expressed frustration with top-down management styles. This resulted in staff burnout, low morale, and mistrust of management. Moreover, frontline staff mentioned several examples where local leaders failed to role model best practices, which resulted in a further deterioration in respect and trust in management (Brandon Yau et al, 2021).

Lived Experience leaders who are employed in senior roles have an advantage in understanding areas where traditional knowledge has not been effective. Having Lived Experience leadership roles helps to change policy and better understand what is lived experience and why it is important (Byrne, L, et al, 2018).

Persons with lived experience in systemic roles provide a bridge to facilitate better understanding between service providers and those accessing services, contributing to more meaningful service and better outcomes for service users (Byrne, et al, 2018).

Strategic Leaders are future oriented, have a futures strategy and open new horizons. Strategic leadership is more than having a vision about an ideal future, acknowledging the complex and unpredictable nature of the future, and developing strategies to be prepared for the unexpected. (Quong and Walker,2010).

According to an article published by the Emerald Insight about turning crisis into opportunity and the role of leaderships, strong leadership in an organization is vital because provides the necessary vision and direction as part of a proactive approach to the challenge posed and not a reacting one to an event after it happens. By adopting such a strategy, the leader would be better placed to prevent the crisis from escalating.

In research conducted about INGO effective responses during Covid-19 that leaders of INGOs operating in Jordan participated, it was highlighted the importance of balanced short-term and long-term planning to ensure resilience and self-reliance of people. During the planning, both short-term needs and long-term needs such as resilience should be included. Two of the interviewed leaders said that Covid-19 also affects the developed countries and consequently the pandemic is expected to negatively affect the future funds. (Saleh and Noorliza, 2020).

Crisis Communication, Lived Experience and Strategic Horizons

Scholars have recognized the important role that communication plays in effective Crisis Management (Barton, 1993; Rice, 1990; Williams & Treadway, 1992; Winsor, 1988, 1990). Appropriate communication decisions within the response stage may simplify the crisis recovery stage by containing or lessening the crisis. Moreover, effective communication within the response stage may save lives (Hale, et al, 2005).

Communication is a key component to organizational success in dealing with crisis. One of the major challenges for the organization is to have proper internal communication while at the same time is very important also for the organizational leader to communicate with stakeholders during crisis (Taneja, et al, 2014).

During the Crisis Response phase, an organization should communicate the situation to the public and to stakeholders. Effective communication happens when “information is disseminated quickly, accurately and directly to critical stakeholders, including the media” (Hale, et al, 2005:5).

The role of the spokespersons is fundamental in crisis communication because is the person who handles communication and thus, should be preassigned, trained by the public relations department, and acquire relations and effective communication skills (Coombs, 2010). Multinational enterprises should carefully assign spokespersons who wear “the same cultural eyeglasses that the community affected by a crisis event wears” (Fatima Oliveira, 2013:16).

Governments should use modern tools to disseminate information and communicate with the public through social media. There should be dedicated social media response teams and employees who have received social media training (Baubion, 2013).

Crisis communication is associated with the key areas of public relations, the risk communication, issues management, and reputation management. When crisis communication is not effective, can create the need for risk communication, issues management, and reputation management. Moreover, there is a strong bond between reputation and crisis communication. During a crisis, prior reputation has an impact on the crisis communication process and vice versa. (Coombs, 2010)

Depending on the culture, risk and crisis are perceived differently in different countries and communities. For this reason, addressing both the local audience and the global one during a major crisis is becoming very challenging (Wendling, et al, 2013).

The literature review on cultural diversity and its impact on crisis communication reveal that cultural diversity has a significant effect on crisis communication management. Lack of cultural sensitivity may prevent organizations from developing effective messages and is possible also to reduce an organizations’ chances to identify risk factors and to eliminate the probability of a potential crisis. Differences in language and communication style can also hinder the role of spokesman during crisis (Oliveira, 2013)

Social media can be a valuable tool in crisis communication, but also create challenges for crisis managers. Since the late 1990’s, the new social media have not only changed the perception of risk and crisis, but also public’s expectations towards emergency response officials, the private sector and volunteer organisations. Social medial such as Twitter and Facebook have been widely used to share information during a crisis. Social media offer an interactive change of information and data among individuals. Moreover, can be used to enhance risk and crisis communication in several ways because are collaborative, participatory, decentralised, popular, accessible, and finally can provide data that are geographically or temporally traceable. The different types of social media, namely social networking media, content sharing media, collaborating knowledge sharing media, blogging social media and

volunteer technology communities, can be complementary in Risk and Crisis Management (Wendling, et al, (2013).

Prior to crisis, organizations should ensure best practices such as pre-drafting Crisis Management messages and templates for crisis statement on social media. In addition, an organization's social medial policies should include a relevant section on crisis communication (Coombs, 2014)

Government and their decision makers must deal with media scrutiny and online sharing of information through the social media. When a crisis occurs, public has great expectations and demand for more transparency, accountability, and high standards of ethics from their governments. Governments should act on full information, quickly and decisively (Baubion, 2013).

Media scrutiny is a fact of business life and often the media play a decisive role during a crisis. The way the media covers the crisis greatly impacts the course it is going to take and the damage that is going to result. Because of the impact of the media, we also see an increasing influence on public opinion. Considering that the key words to Crisis Managements is planning and communication, whatever kind of crisis occurs, the consequences are always less costly and less traumatic, when crisis communications are thoughtfully prepared in advance. This is a result of consistent and persistent communication on a continuous basis (Berge, 1991).

Many case studies of crisis in the public relations literature indicate the importance of crisis communication plans for the organizations. Most articles highlight the relationship between the presence and use of a crisis communications plan and successful crisis communication. In addition, investigations of poorly managed crisis occur due to the absence of a comprehensive crisis communication plan. Although, case studies of additional crisis also are not in agreement with the assumption that a crisis communication plan is required for excellent crisis public relations practice. Moreover, while many crisis communication plans underline the importance of quick information provision to the public, most crisis communication plans disregard the political realities of power-based relationships within their organizations (Marra, 1998).

Findings of a study conducted by the University of Alabama suggest that an organization's crisis response communication plan should structure and coordinate the steps of observation, interpretation, choice, and dissemination. The value of each step to ending the response phase, the individual(s) responsible, the interdependencies with other steps, and the occasion for rapid iteration and possible reverse flow, should all be imbedded in the crisis plan and training exercises (Hale et al, 2005).

According to a study conducted on the Lived experiences of frontline workers and leaders during Covid-19 outbreaks in long-term care, a clear communications strategy between the various teams involved in outbreak management helped to facilitate effective control. Consistent and reliable lines of communication was required for success while open communication was deemed essential in building trust. Communication breakdowns resulted in a lack of clarity around protocols that should be followed during the pandemic and gaps in communication within the team's caused frustration and created confusion. One factor that created challenges for effective communication and coordination, was the rapidly evolving knowledge about the virus and as a result the changing public health recommendation (Brandon Yau et al, 2021).

The experience with Ebola and Severe Acute Respiratory Syndrome (SARS) demonstrates that transparency, effective communication, and public trust are crucial to the success of public-health measures, as they require the cooperation of affected individuals and communities (Lau L. et al, 2020).

WHO has published a Guideline for Emergency Risk Communication (ERC) policy and practice for public health emergencies. This Guideline includes manuals, training modules and other forms of guidance related to emergency and risk communication which are based on expert opinion or lessons drawn from major environmental disasters or disease outbreaks, such as the SARS outbreak of 2003, and the H1N1 influenza pandemic of 2009. The recommendations in these guidelines provide evidence-based guidance on how risk communication should be practised in a future emergency and were developed for policy-and decision-makers responsible for managing emergencies,

Training programmes and pool of expertise

Companies should hold Crisis Management training sessions so that executives, team leaders, and all employees are aware of protocols, procedures, and action plans to deploy when there is an impending crisis (Taneja, et al 2014). Providing education to staff on Covid-19 was another important factor for outbreak management (Yau, B., et al, 2021).

Organizations should have a designate Crisis Management team that is adequately trained and organize exercises at least on an annual basis to test the Crisis Management plan and Crisis Management team. The assigned team should consist of experts in public relations, legal, security, operations, finance, and human resources. Moreover, the respective team, should be trained on the responsibilities and duties that will be required to perform in case of a crisis. Regular trainings will support the Crisis Management team to react faster, be more effective, enhance their response capacities, improve the effective and proper decision making and take initiatives. (Coombs,2010,2014). Key skills that should be emphasized on novel unprecedented crisis are the ability to think creatively and to exercise leadership (Baubion, 2013).

Multi-disciplinary expertise should be organised for sense-making before and during crisis. When a novel crisis occurs which is not easy to monitor, technical or scientific expertise is usually needed to understand complex situations. Pools of national experts from different disciplines can be organised in advance so that expertise can be mobilised quickly. Trust and accountability related to expert advice especially in a time of crisis is of vital importance. In addition, clarity regarding the liability of expertise advise is essential (Baubion, 2013).

In the same study mentioned previously, conducted by the ICF/European Commission (October 2020), all the nine EU Member States referred to scientific experts for policy advice. The analysis indicated that involving experts in the crisis communication was effective to maintain support and to demonstrate that government was seriously concerned about Crisis Management during the Covid-19 pandemic. All countries, except for Germany and Spain established expert committees which consist mainly of medical experts like virologists and epidemiologists who have been involved in the decision-making processes to various degrees. Scientific advice in Crisis Management reduces the uncertainty of decision-making by providing scientific data and evidence. In the case of Greece, the expert advice was followed very strictly, and the leading scientist became the spokesperson of the Ministry of Health, who

on a daily basis held press conferences on behalf of the Ministry together with the Undersecretary of Crisis Management and Civil Protection.

In July 2020, WHO published an interim guidance for WHO member states about investing in building health emergency preparedness during the Covid-19 pandemic. This document aims to help Member States build on actions taken during the Covid-19 pandemic to improve national medium to long-term preparedness for future threats. Professionals, such as doctors, nurses, midwives, and teachers, should also be educated and trained on health emergency, disaster risk management and resilience-building. This includes training, individually and collectively, on being prepared to respond and recover from Covid-19 and other future emergencies.

The interim guidance published by WHO (July 2020) on how to build longer-term health emergency preparedness, includes actions to be taken during the pandemic such as identification and engagement of trained staff with the authority and technical expertise to implement infection prevention and control activities that are prioritized based on risk assessment. Another action to be taken, is to carry out training for all health care workers to address any skills and performance deficits, with emphasis on how to put on and remove personal protective equipment and environmental cleaning. This specific action covers the need of adequately trained staff. Covid-19 has shown that this forms a critical element of the health systems needed to support emergency preparedness efforts at all levels and that staff should be deployed quickly to address the needs.

Impact and threats of Covid-19 in humanitarian sector

As published in a report by European Migration Network (EMN)/ European Commission (April 2021), which addressed the impact of Covid-19 in the migration area in EU and OECD countries, the Covid-19 pandemic had far-reaching effects on all areas related to asylum and migration throughout 2020. The pandemic affected the border closures, imposed travel restrictions and the need to introduce sanitary measures. EU and non-EU OECD countries adopted contingency measures in an effort to keep systems operational and to mitigate the impacts on migrants and citizens to the extent possible.

Migrants including marginalized groups such as asylum seekers, refugees, low-wage labour migrants, and undocumented migrants have experienced globally adverse clinical and socio-economic impacts due to the pandemic. Pre-existing structural inequalities have been exacerbated by Covid-19, with migrants already facing difficulties and challenges to access healthcare even before the outbreak of the pandemic and often legal exclusion from European health systems. Migrants and refugees may face challenges also in accessing Covid-19 testing, treatment and vaccination. (Kondilis et al, 2021). In a rapid review of public health communication conducted in Europe, the finding showed that there are gaps in the availability of translated Covid-19 risk communications material across Europe which excludes migrants from the Covid-19 response. Only 23 out of 44 European Countries that participated in the study translated Covid-19 communication material in one migration language. (Maldonado, et al, 2020).

Global Humanitarian overview of OCHA (2022), states that supplies of Covid-19 vaccines are improving and will continue to increase in 2022. To ensure the most vulnerable countries are not left behind, it is imperative that countries and partners receive support to accelerate the administration of vaccines, including to populations of concern in humanitarian settings.

Lockdown measures in response to the coronavirus disease, can have serious mental health effects on the population, especially in vulnerable groups, such as those living in poor socio-economic conditions, those who are homeless, migrant workers, asylum seekers and refugees. In addition, these vulnerable groups frequently have greater difficulty accessing healthcare services. Restrictive measures such as lockdown, will likely have serious mental health effects on the population. (Aragona et al, 2020).

During the pandemic, the most vulnerable populations, biologically and psychologically have a high risk of developing psychiatric disorders, which is worsened in the face of the Covid-19 pandemic (Junior et al, 2020).

However, little has been researched during the pandemic on the devastating effects on mental health that the increased stress of the pandemic and confinement, as well as the adverse social determinants may have on these vulnerable populations (Pinzón-Espinosa, et al, 2021).

United Nations General Secretary through a video message, announced that mental health services are an essential part of all government responses to Covid-19 and must be expanded and fully funded. Moreover, policies should support those affected by mental health conditions and protect their human rights and dignity. In addition, lockdowns and quarantines must not discriminate against those with poor mental health (United Nations, Secretary General, May 2020).

There are tools from the humanitarian sector that can directly support Covid-19 response. One of the most comprehensive tools is the Sphere Handbook. Sphere and the Humanitarian Standards Partnership (HSP) provide guidance on the rights of people, information sharing and community engagement. The standards establish what needs to be in place for affected populations to survive and recover with dignity. Sphere standards are directly relevant for a public health emergency such as the Covid-19 pandemic (Sphere, 2020).

A working paper by the International Monetary Fund (April 2020), states that the pandemic is not over, and the health and economic losses continue to grow. It is now evident that Covid-19 will be with us for the long term. This realization calls for a new strategy that manages both the uncertainty and the long-term risks of Covid-19. A global strategy is needed to manage its long-term risks while ensuring we can urgently end the acute phase of the pandemic.

Strategic Horizons: Turn Crisis into opportunities in the Covid-19 Pandemic

A crisis situation can accelerate the change in establishing procedures, allowing new strategies to emerge and present opportunities (Berge, 1991). Crisis can open a window for opportunities and for changes in the institutional settings and as Winston Churchill stated “Never Let a good crisis go to waste” (Kuhlmann, et al, 2021:499)

A press release issued by the International Labour Organisation (ILO, 2021), states that the Covid-19 outbreak has affected many lives and caused severe economic distress, but this crisis can provide an opportunity to take forward Governments' ambition to expand social protection while the Inter-Agency Standing Committee, (March,2020), highlights that although the Covid-19 pandemic is having a global negative effect in public health, the society and the markets hold the potential to transform global cooperation and contribute to a more prosperous and healthier world.

In the study conducted by ICF/European Commission (July 2020), is stated that although the majority of the European Countries were not adequately prepared for this novel crisis caused by the Covid-19 pandemic, countries went through a political learning process by launching extensive economic support programmes and by increasing the capacities of their health care systems, although some of them having limited fiscal resources. For example, the Greek government invested in the digitalization of the health care system and the development of an online education system.

European Migration Network highlights in a report (EMN, April 2021), that the Covid-19 pandemic will have several significant longer-term effects on society and the economy including migration. The economic and societal transformations will impact international migration, and for this reason, migration policies need to prepare for these changes. The Covid-19 pandemic has increased the need for innovative digital solutions for migration and asylum. The digitalisation of migration management existed in countries of Organisation for Economic Co-operation and Development (OECD) before the pandemic, but the health crisis has highlighted the need to develop such platforms.

According to United Nations Centre for Policy Research, the pandemic has also opened opportunities for organizations working in conflict settings, allowing them to provide hygiene trainings that might prevent the spread of future diseases (Brubaker R., et al, 2021).

The International Policy Centre for Inclusive Growth (IPC-IG) in a publication (March 2021), titled "Policy in Focus" highlights that we are at a turning point, and we can either turn the Covid-19 crisis into an opportunity to build robust and universal social protection systems or we leave ourselves exposed to and unprepared for future shocks. The road ahead is to make social protection universal, adaptive, and sustainable due to the changing nature of work in a Covid-19 world. This would require vision, critical investments, and broad-based partnerships (Bilo C., et al, 2021).

Chapter 3: Methodology and Methods

Methodology

With regards to the methodology chosen, I used Phenomenology to examine Covid-19 crisis impacts on the Lived Experiences and Horizons of Service providers involved in the SCM activities and good practice formation of organizations in the Humanitarian Sector. As a result, the methodological approach is qualitative. Phenomenology was selected as the most appropriate research design to address the research questions and to serve the purpose of the study best. In this qualitative study, sources of data were comprised of transcripts from a set of interviews with Service providers in the humanitarian sector. For the phenomenological research design, interviews were conducted to gather data from participants about their lived experience and horizons with regards to the service provision during the ongoing pandemic crisis in Greece.

Originally, phenomenology was the name for the major movement in philosophy and humanities in Germany before World War I and has since then occupied a prominent position in modern philosophy (Dowling, 2005). The word phenomenon comes from the Greek “phaenesthai” which means to show itself or to flare up (Moustakas, 1994). The whole effort of phenomenology is to argue against a naive contact with the world and to give a stronger insight into how humans exist and interact with other human beings in the world and with their surroundings to make sense of lived experiences. Existential Phenomenology in particular, does not focus on individual experiences per se but problematises shared human experiences which offer an account of what it means to be human. Phenomenology strives to provide a deeper philosophical account of being in the world and the context in which human beings live their lives and make decisions. It is a philosophy intent upon being an "exact science," but it is also an account of space, time, and the world "as lived." It is an attempt to describe our experience as it is and to describe it directly, without considering its psychological genesis or the causal explanations which the scientist, historian or sociologist may give. (Merleau-Ponty et Bannan, 2020)

German philosophers such as Immanuel Kant (1724–1804), Johann Gottlieb Fichte (1762–1814), G. W. F. Hegel (1770–1831) and Franz Clemens Brentano (1838–1917) can be considered as early phenomenologists. Phenomenology is strongly present in the descriptive psychology of Brentano. But as Shudak (2018) reports, and he is not alone in this view, development, and refinement of Phenomenology as a new and unique philosophical discipline is routinely attributed to two 20th-century German philosophers, Edmund Husserl (1859–1938) and Martin Heidegger (1889–1976).

On Husserl’s terms, a phenomenological investigation, is a return to one’s intimate, conscious, and lived experiences. Is a way of knowing by analysing the “first-person” lived experiences with regard to how the thing itself appears to the person. Phenomenology is an approach to researching and understanding more deeply our everyday lived experiences, a method of taking what is commonplace and ordinary and looking at it so that it becomes new, unique, and extraordinary. Phenomenological research that focuses on lived experiences in a more truthful way of being in and with the world. (Shudak, 2018).

According to SAGE encyclopaedia of qualitative methods, phenomenological research is the study of lived or experiential meaning and attempts to describe and interpret these meanings in

the ways that they emerge and are shaped by consciousness, language, our cognitive and noncognitive sensibilities, and by our preunderstandings and presuppositions. Phenomenology is the study of the life world as we immediately experience it.

Phenomenology is an approach that focuses on how life is experienced and understands things through the eyes of someone else. Describes how things are experienced at first hand and the essence of specific types of personal experience (Denscombe, 2010).

This type of study commonly requires the researcher participant to be engaged in an open dialogue in order to reproduce a detailed description of the phenomena in question (Christensen, 2017).

Throughout phenomenological studies the emphasis is on the individual's perspective but within a lived context with others and where possible across time, as seen through the eyes of the researcher. Sampling techniques are designed to reflect the phenomenon being studied and its various dimensions. Although the researchers are active participants in the research process, they study the phenomenon from the point of view of the respondent. As such, the researcher must a) acknowledge his or her own assumption and b) see to it that questions they ask are not simply oriented to collect only facts (although that is essential for description), but also to bring forth what the respondent will wish to say to someone they trust. (Clifford, 1997).

Research Methods

Criterion Sampling was used for the purpose of this research and the selection of participants met pre-determined criteria of importance. In particular, the participants followed criteria based on a) the main area of work of the organization aiming to cover every possible sector and provide evidence and first-hand experience on various areas, b) the working experience of the interviewees, considering that the participants can share their lived experience and horizons during the ongoing Covid-19 pandemic from the outbreak until nowadays and c) the area of operations within Greece with the aim to cover both the Aegean Islands and the mainland where migrants, asylum seekers and refugees reside.

In addition, Snowball sampling was used as a method of sampling in this qualitative research. Snowball sampling facilitated the research by recruiting other participants for the study. The method is called snowball sampling because in theory, once you have the ball rolling, it picks up more "snow" along the way and becomes larger and larger. As snowball increases on adding more snow, samples increase in this technique by using referrals until there is sufficient data collected for analysing. Snowball Sampling through referrals make it easier and quicker to complete the sufficient sampling size and in addition, builds contacts with persons with specific expertise, lived experiences and horizons that you were not aware unless the contact was recommended.

For this research, agreeable participants recommended also other contacts who could participate and share their lived experience and horizons considering their professional area of expertise as well as their participation in specific projects related to service provision in the humanitarian sector during to Covid-19.

Chapter 4 Preliminary Research – Greece and Covid-19 Context

Context Analysis

The Coronavirus disease is an ongoing global pandemic as declared by WHO, on 11 March 2020, that was first identified from an outbreak in Wuhan, China, in December 2019. As of 30 April 2022, the pandemic had caused more than 513 million cases and 6.23 million deaths, making it one of the deadliest in history. The global Covid-19 pandemic arrived in Europe on 24 January 2020 in France, and subsequently spread widely across the continent. On 26 February 2020, the first case of the disease was recorded in Greece and Public health authorities introduced measures to reduce person-to-person transmission of Covid-19.

The pandemic apart from triggering social and economic disruption around the world raised issues of racial and geographic discrimination, health equity, and the balance between public health imperatives and individual rights. National reactions to the pandemic varied with many countries imposing strict lockdowns. WHO recommended that curfews and lockdowns should be short-term measures to reorganise and protect the health care system.

According to WHO Interim Guidance (August 2021), although everyone is affected by the Covid-19 pandemic, the impact is not shared equally. The Covid-19 pandemic has exposed vulnerabilities and exacerbated existing inequalities. These inequalities have had the biggest impact on the poorest and most vulnerable people, which include refugees and migrant population. These groups often have vulnerabilities that are heightened by this pandemic.

People on the move, whether they are economic migrants or forcibly displaced persons such as asylum seekers, refugees, and internally displaced should be explicitly included in the responses to the coronavirus disease. Many migrants, asylum seekers and refugees live in conditions where physical distancing and recommended hygiene measures are particularly challenging. With regards to vaccination against Covid-19, these populations may face a range of personal, social and physical barriers to uptake of Covid-19 vaccines that will underpin their decisions, motivation and ability to be vaccinated as rapid rollout of Covid-19 vaccines takes place globally (WHO Operational Guide, March 2022).

On 31 August 2021, WHO has published an Interim Guidance entitled Covid-19 immunization in refugees and migrants: principles and key considerations. This document provides key principles and policy consideration on equitable prioritization and access to Covid-19 vaccines for refugees and migrants. In addition, the document provides information on key challenges and barriers to accessing vaccination services and key considerations in addressing them, as well as good practices. It highlights principles such as global equity for vaccine distribution, national equity and equal respect and emphasizes the importance of community engagement and communication to build trust and counter misinformation, fake news and misconceptions. The document targets national authorities, governmental and non-governmental organizations, health cluster teams, WHO country offices and United Nations country teams that are responsible for managing and supporting deployment, implementation, and monitoring of Covid-19 vaccines in refugees and migrants.

According to the Operational Guide that WHO published on 14 March 2022, to support all those responsible for implementing the rollout of Covid-19 vaccine to refugees and migrants at national and local levels, these populations have shown lower Covid-19 vaccination uptake

and intent to vaccinate. WHO recommends that vaccine prioritization within countries should include refugees and migrants and calls for non-discriminatory access to vaccines for all populations.

WHO announced that as of 15 January 2022, COVAX which is a worldwide initiative aimed at equitable access to Covid-19 vaccine, has delivered its 1 billionth Covid-19 vaccine dose. However, vaccine equity efforts will continue in order to vaccinate 70% of people in all countries by mid-2022.

On 26 February 2020, the first case of the Coronavirus disease was recorded in Greece and Public health authorities have introduced measures to reduce transmission of Covid-19.

Greece’s emergency response to the Covid-19 pandemic has been led by the Prime Minister, supported by the national General Secretariat of Civil Protection. The health system response was led by the Ministry of Health and the National Public Health Organisation, along with the National Committee for Public Health (European Commission, State of Health in EU, 2021).

Greece implemented strict containment measures as soon as the first cases were detected. The relaxation of measures in Greece was gradual and targeted, based on epidemiological evaluations. From May 2021, many restrictions were lifted, and Greece opened up its borders to tourists for the summer holiday season. Safety requirements included mandatory Covid-19 testing or proof of vaccination before arrival.

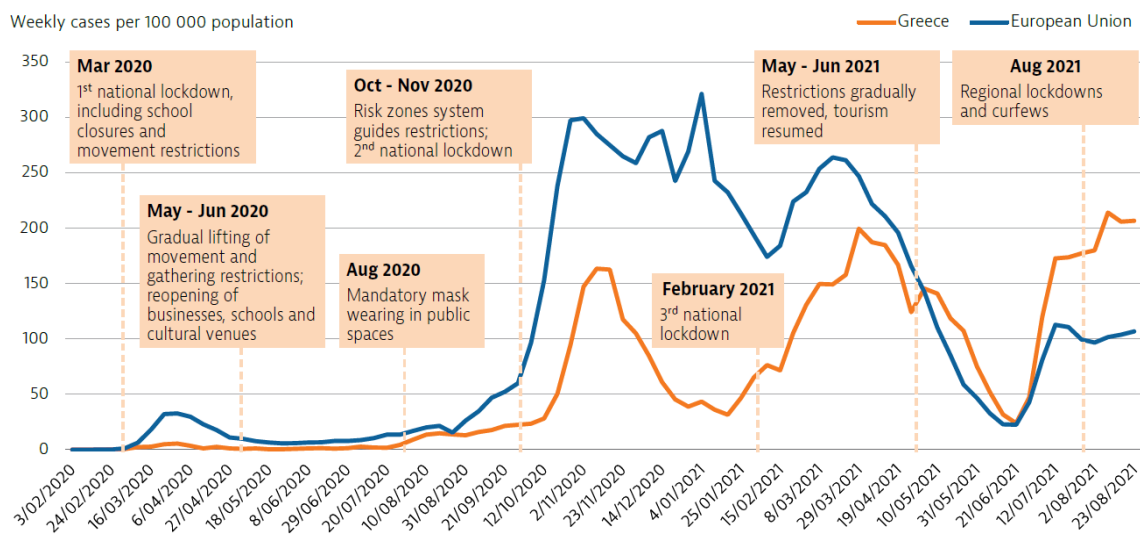


Figure 1: The spread of Covid-19 in Greece and containment measures, OECD/European Observatory on Health Systems and Policies (2021)

Certain restrictions were also applied to sites where migrants, refugees and asylum seekers were residing. Visits and gathering bans were imposed, and additional medical teams were sent to staff isolation areas. In addition, outside the Reception and Identification Centres (RICs) in the Region of North Aegean islands, health facilities were established to help maintain access to health care for asylum seekers amid the outbreak.

According to an article published by the National Public Health Organization (EODY, 2022), at that time, Greece was hosting over 186,000 migrants, refugees, and asylum-seekers in the Aegean islands and the mainland. The main priority and concern of the National authorities

was the prevention of transmission among the population in particular due to overcrowding, poor sanitation, and frequent close contact among residents in the hosting facilities.

On 17 March 2020, the government announced a list of protective measures in order to limit contamination within and outside the camps. Entrance was allowed only to employees and all other visitors were banned for fourteen days. Temperature control was mandatory for all new arrivals. All informal educational structures suspended their operation, and all other indoor activities were also restricted. Movement in and out of the camp was limited to one person and only for important causes. Also, special isolation areas were organised in every Reception and Identification Center (Kousi T, et al).

According to Govgr, and with regards to preventive measures taken the Greek Government, the Greek Ministry of Migration and Asylum in order to avoid the spread of Covid-19, activated in April 2020 a National Crisis Management plan in Refugee structures named “Agnodiki”. The Crisis Management plan was implemented in all RICs in the islands. The plan includes the development of medical units such as examination room, infirmary and isolator, daily reporting, and control at the points of entry and exit from the structures, recording of any suspected cases and recording of all the personnel involved. At RICs in the islands, all newly arrived refugees and migrants were tested upon arrival and put in a 14-days quarantine in a separate facility. In the same context, other preventive measures have been taken, such as the suspension of the reception of the public at Regional Asylum Offices and Independent Asylum Units, the Central Asylum Service, as well as the Appeals Authority. Accordingly, an extension of the period of validity was provided for the Applicants for International Protection Cards, Residence Permits and Travel Documents. Moreover, at the end of April of 2020, following a decision of the relevant Governor the process of placing ATMs inside the RICs has begun.

According to an article published in South EU Summit (April 2020), the Greek Government has put the camps on lockdown, with the aim to reduce transmission. This action included the suspension of activities and facilities in sites, such as informal schools. While aid services have still been allowed in the accommodation facilities, the measures have been criticised for leaving asylum seekers and migrants in a state of limbo.

“Refugees in camps are at high risk of acquiring infectious diseases due to crowded conditions with poor hygiene and sanitation”, said a doctor and professor from the School of Public Health at Bielefeld University in Germany. Lancet, a hybrid journal, has conducted a study that identified that there are high levels of Covid-19 transmission among migrants in reception facilities in Greece. The risk of infection among these population groups has been significantly higher than the general population of Greece, and risk increases as living conditions deteriorate.

Meanwhile and based on Refugee Support Aegean Analysis, a non-profit organization focusing on strategic litigations in support of refugees, monitoring human rights violations, on 2 March 2020, the Greek Government adopted an emergency legislative which suspended new asylum applications for the duration of one month. Moreover, military personnel were sent to the border shared with Turkey, to forcibly halt migrant arrivals, as part of a response to the Turkish announcements that Turkey would no longer be preventing refugees and migrants from crossing its borders with Greece. The suspension of asylum and relocation has become an acute concern during the pandemic and had highly damaging effects on a significant number of people in need of protection.

According to UNICEF situation report for Europe and Central Asia Region (April 2020), there were 190 confirmed Covid-19 cases within the refugee and migrant population, out of a country total of 2,517 in Greece. To ensure national preparedness plans are implemented in all sites, triage spaces have been established and most have of the sites have a quarantine area.

Research article published by the National Public Health Organization (January 2022), indicates that out of the 403,774 recorded Covid-19 infection cases from February 2020 to May 2021 in Greece, infection cases of migrant and refugee population accounted for 0,7% of the total number of the recorded cases in the country. In particular, 1,566 cases were recorded among migrants, asylum seekers and refugees in 27 different Open Reception Facilities (ORFs) in the mainland, 1,043 in the six RICs of the North-Eastern Aegean and Evros and 160 cases in hotels and other community facilities.

According to an analysis published in ReliefWeb (September 2021), on 8 September 2020, the Moria Reception and Identification Centre located on the Greek island of Lesbos, burned to the ground in a devastating fire that left 13,000 people displaced. EU Commissioner for Home Affairs Ylva Johansson responded to the tragedy by acknowledging that Europe had to provide better reception for displaced people seeking protection while emphasised that there should be “no more Morias”. A European Taskforce was established to resolve the emergency situation on Lesbos but also to implement a joint pilot programme with the Greek authorities for the establishment of new reception facilities. Médecins Sans Frontières (MSF) Project Coordinator for Lesbos told BBC News about the incident that “It’s a time bomb that finally exploded,” adding that people had been kept in “inhumane conditions” at the site for years.



Figure 2: images of Moria refugee camp taken in July 2017 and January 2020, Guardian

As posted in Capital.gr News, Minister of Migration and Asylum Mr. Mitarakis, stated on 15 February 2021, that there is prioritization in vaccines in Greece. The big problem facing the whole world is that vaccine adequacy has not met demand estimates. In the coming weeks and months, we will achieve mass vaccination of the population, stressed Mr. Mitarakis, describing vaccination as crucial for all ages. At the same time, the minister noted that those refugees and

migrants coming to Greece are subjected to Covid-19 testing. "The migrant population showed no evidence of infection different from the general population," he clarified. In fact, he said that refugees, migrants, and asylum seekers will be vaccinated against coronavirus. "They will be vaccinated normally depending on his age groups. Of course, they will get a vaccine. Everybody has a Social Security Number."

The same research article published by the National Public Health Organization (January 2022), mentions that on 3 June 2021, voluntary massive vaccinations against Covid-19 started in the RICs and ORFs in the mainland for the Refugees and Migrants on the islands of Chios, Samos and Lesbos in the context of the implementation of the operational planning for vaccination. The vaccination was carried out with the single-dose formulation of the Johnson & Johnson by the EODY and the Program "Integrated Emergency Health Intervention for the refugee crisis-PHILOS" and was planned to be extended to the RICs in the rest of the islands, as well as to the Accommodation Facilities of the Mainland. UNHCR Greece Highlights from the Operational Data portal (June 2021), mentions that on mainland camps, the authorities have started a dedicated vaccination campaign until the temporary number for vaccination (PAMKA) becomes available to all those who do not have a social or health security number.

Moreover, an article posted in Solomon, a non-profit organization (July 2021), mentions that the vaccination of asylum seekers started to be carried out through the participation in the two vaccination programs a) Operation "Blue Freedom", which concerns the vaccination of the population residing in the RICs and b) operation "Eleftheria", which concerns the vaccination of the population living in ORFs in the mainland. The primary way to get vaccinated in Greece is by scheduling an appointment at a Citizens' Service Centre (KEP) or a pharmacy, or through the government vaccination platform. EU citizens and refugees can access a temporary Social Security Number, but many may not have it in practice for bureaucratic reasons. For undocumented migrants, such a number was not available until October of 2021. While Greek citizens and refugees are vaccinated through an AMKA, asylum seekers are vaccinated through the Temporary Alien Insurance and Health Care Number (PAAYPE) and undocumented migrants and economic migrants have the opportunity based on a Minister Decision issued in October 2021, to obtain a temporary AMKA "the PAMKA" that can use only for vaccination.

With regards for the legislation that regulate the provision of Social Security Number to persons in need of humanitarian assistance, in order to have access to vaccination the following Ministerial Decisions have been published:

- a. 2981/2021 Government Gazette 2197 / B / 26-5-2021: Definition of a more specific category of persons with the right to issue of a temporary AMKA number and proceedings for the technical details of its performance and transition.
- b. 14839/2021 Government Gazette 181/A/2-10-2021: Vaccination of vulnerable social groups by Civil Society Actors and Arrangements for the participation of third-country nationals or stateless persons in the National Operational Plan for Vaccinations against Covid-19. It was with this specific law that the government included a provision allowing undocumented residents to obtain a temporary Social Security Number in order to access vaccination.
- c. 5160/2021 Government Gazette 5247/B/12/11/2021: The issuance of temporary AMKA number (PAMKA) from other governmental administrative structures and bodies and determination of technical details for the issuance.

- d. 75769/2021 Government Gazette 5825/B/14-12-2021: Specific Issues for the implementation of the vaccination of vulnerable population against Covid from Civil Society Actors or Municipality Medical Units.

According to CNN Greece news (September 2021), Health Minister Mr. Plevris announced in September of 2021, that the percentage of vaccination in the RICs in the islands and the ORFs in the mainland, is around 20%. According to the Covid-19 Emergency Report of UNHCR covering the month of October 2021, the vaccination rate of migrant and refugee population has unofficially been estimated to be as high as 48 per cent, a positive development given the alarming low vaccination rate in previous months.

A technical report issued by the European Centre for Disease Prevention and Control (ECDC, June 2021), highlight that there are certain risk factors for lower uptake of the Covid-19 vaccine in some migrant groups such as lack of trust in public health systems, vaccine hesitancy, religion and beliefs that influence their decisions, exclusion from the health vaccination system due to lack of legal entitlements, misconception and misinformation about vaccines and problem assessing the primary health care.

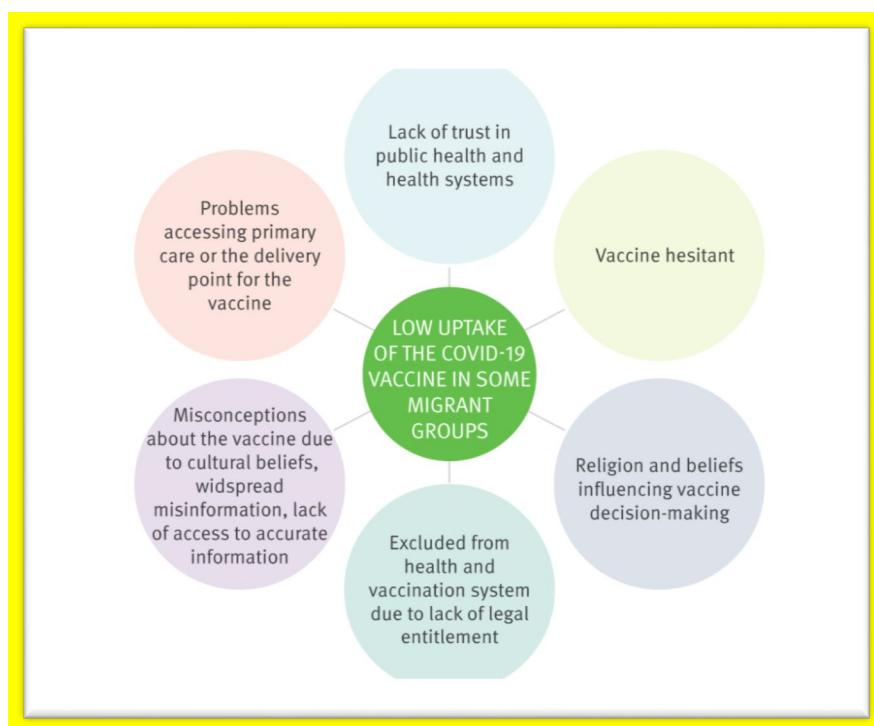


Figure 3: TECHNICAL REPORT of ECDC: Reducing COVID-19 transmission and strengthening vaccine uptake in migrant populations in the EU/EEA, 3 June 2021

A press release was issued by the Ministry of Health on 12 April 2022, with regards to vaccination with the title "Vaccines for all". This was a Government Initiative in the fight against inequities and important in the direction of health shielding and vaccination of vulnerable population against the Covid-19 disease. This initiative that is being carried out by the Government, aims to inform and vaccinate persons who live in precarious conditions such as: a) nationals and foreigners living in conditions of homelessness, b) third-country nationals, irrespective of the law of residence, c) mobile populations, d) people with substance dependence problems or rehabilitated persons, e) in general all groups of the population with limited access to public goods, as well as to social and economic life. There are two pillars in

this initiative a) the involvement of local authorities in the issuance of a temporary AMKA for vaccination (PAMKA) and a vaccination certificate through social services, migrant integration centers (KEM) and community centers and b) the Cooperation with Civil Society Actors in the vaccination of vulnerable categories of population.

The General Secretariat of Public Health of the Ministry of Health has issued a call for expressions of interest on 5 January 2022, inviting Civil Society Actors to participate on a voluntary basis in the vaccination process of the above vulnerable groups. The General Secretariat of Public Health examined the applications and the contracting of five (5) Civil Society Actors has already been carried out with the competent Ministry of Health.

Finally, a press release issued by the Ministry of Health (April 2022), states that while waiting for the delivery of PAMKA, the vaccination and the issuance of a vaccination certificate, as well as during the movement to and from the vaccination centers, persons cannot get arrested for illegal stay. This is because the protection of the public health of both the vaccinated and the host society is a supreme good, which is not linked to the residence status.

Chapter 5: Data Collection, Analysis and Findings

The type of sampling used in phenomenology is purposive sampling because it selects individuals who will have knowledge of the phenomena concerned (Clifford, 1997). In this research study, all participants had the knowledge and lived experience of service provision to persons in need of humanitarian assistance during Covid-19 in Greece.

The data collection was completed via interviews and meetings with Service Providers who operate in the humanitarian sector in Greece. The participants have working experience with Organizations, Agencies, EU Institutions, Public Authorities, and other stakeholders. Due to the scope of the study, seventeen (17) online interviews were conducted from mid-March until mid-April. The approximate time needed for each interview varied from 30 to 60 minutes. Moreover, the overall research was strengthened by social media data, newsletter, reports and press releases.

Age Group	Gender		Number of Participants	Experience in the current position (average in years)
	Male	Female		
25-34	1	3	4	1,2
35-44	4	6	10	3,5
45-54	2	1	3	3,2

Figure 4: Demographic data of participants

Of the initial available pool seventeen (17) participants have been interviewed. The participant's experience varied from 9 months to 5 years in the current position while most of them had also previous working experience in the humanitarian sector before the outbreak of Covid-19 pandemic. With regards to gender analysis participation, the 59% of the participants were women while the 41% were men.

All data from the interviews have been transcribed, coded into themes based on the lived experiences and the critical perspectives of each participant for every single question and as a result a description of lived experiences and horizons have been created. For the facilitation of the coding, key words have been identified. Bracketing has been used to capture statements with the aim to stick to the phenomenon of the participants as experienced. The issue of bracketing is key to this discussion as it is fundamental strategy in phenomenology (Dowling, 2007). Provides a useful methodological device to demonstrate validity in phenomenology and to ensure that the findings are as close to what the participants mean as possible and in a more realistic and practical sense (Chan, Z, et al, 2013).

In order to achieve the main objectives of the study, ten (10) semi structures questions were prepared, and online interviews were scheduled with the participants. During the interviews, all questions were discussed based on the lived experiences of the participants during the ongoing Covid-19 pandemic Crisis. An invitation for the interview was shared with the potential or agreeable participants, together with the questions and the main objectives of the

research. Through the questions that covered the objectives of the research, the participants described what is like to experience a particular situation based on personal perspective and insights. The study’s interview questions are listed in the Appendix.

Identification of ongoing threats that the personnel of Service providers face during service provision

The interview findings with regards to the ongoing threats demonstrated that the participants identified as main ongoing threats for the personnel during the Covid-19 crisis, i) the Covid-19 lockdown measures (82%), ii) the human resources and the staff wellbeing (71%), iii) the supply chain disruptions (24%), iv) the funding requirements (18%) and v) the disruptions of services (18%).

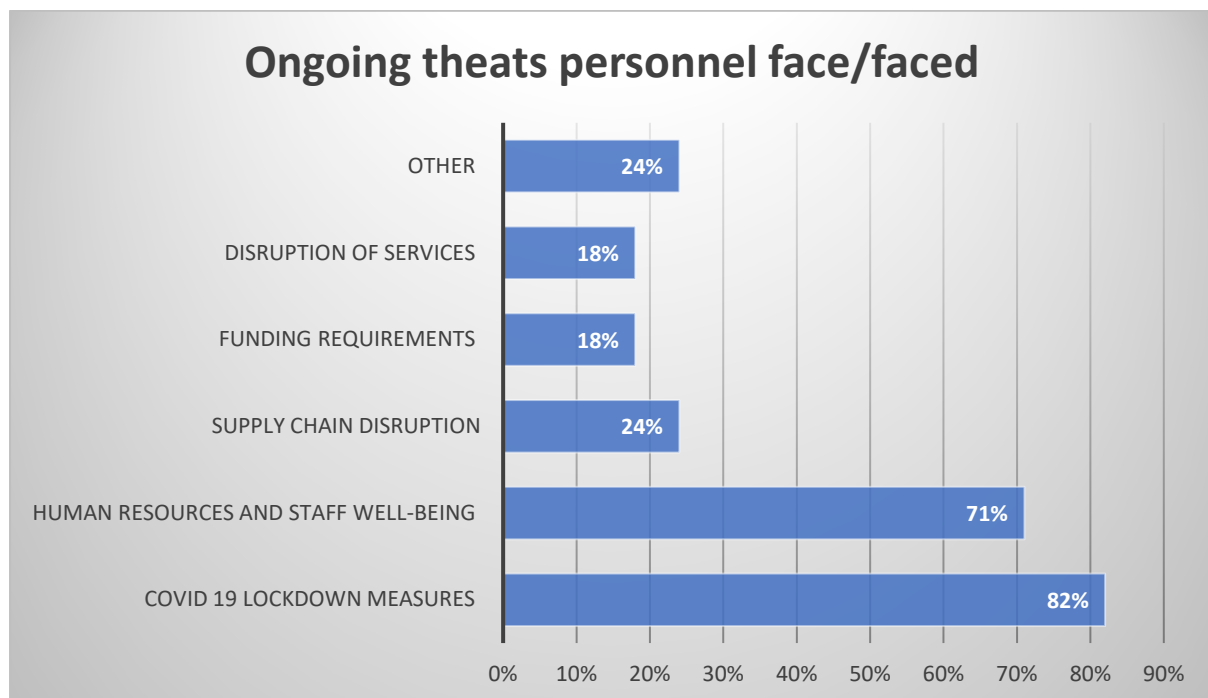


Figure 5: Threats identified for personnel

The Covid-19 lockdown measures was identified as the main threat from the interviewees. Due to the general lockdown imposed by the Greek Government, the access to the RICs in the islands and the ORFs in the mainland, where persons in need of humanitarian assistance were residing was sometimes inhibited. The lockdown measures had an impact in the implementation of the programmes and consequently in some cases on the targets set by the Donors. Moreover, the lockdown measures resulted in limited field monitoring and engagement with staff within the organizations.

Before Covid-19 crisis, the service provision was done through face-to-face communication with persons in need of humanitarian assistance but now due to the restrictions imposed, personnel in the field have limited its activities and organizations had to explore alternative ways to access the persons in need of assistance, provide support and engage them in the projects. In order to better respond to the needs of affected population and facilitate the

coordination among the teams, additional tools have been established for better management and monitoring.

An interviewee said “There was an idealisation of remote services amidst the first waves of the pandemic. Since we are working with vulnerable population who has been traumatised, we cannot expect that we could abstain from the provision of essential services, even if there are many positive Covid-19 cases”.

Due to the lockdown measures, working arrangement of the organizations had to change and adapt with the current situation. Adaptation of activities was imperative. As a result, operations and service provision had to adjust with the measures in place. Teleworking and flexible working arrangements have been established in accordance with the needs of the programmes implemented and the coordination of the teams had to be adapted with the initiation of new communication channels and platforms (i.e., Teams, Zoom).

According to UNHCR Covid-19 Emergency update (October 2021), movement restrictions continue to impact UNHCR staff in country offices. With regards to working arrangements, 33 offices of UNHCR worldwide were partially teleworking, one was fully teleworking and two had shifted out of telework mode while in January 2022, movement restrictions continue to impact UNHCR staff in country offices and all 36 offices were partially teleworking.

Human Resources and Staff Wellbeing was also identified as the second ongoing threat by the participants. During the first wave of Covid-19, there were limited human resources in the field operations. Limited human resources resulted in additional workload of the personnel in the field. According to a report published by International Rescue Committee (IRC), (December 2020), most NGOs and volunteer medical teams downsized, while travel restrictions meant that new staff and volunteers could not join teams on the islands, which drastically reduces the capacity to respond to asylum-seekers’ needs.

The well-being of the personnel was an aspect highlighted by the participants during the ongoing pandemic. The fear of Covid-19 exposure and transmission was identified. There was an increase of psychological burden and stress and of mental health disorders among the staff due to long hours of teleworking, additional workload and no relax time which resulted in difficulties in the everyday activities in operational level. In addition, the staff availability was mentioned as a major challenge because staff tested positive or because personnel or family members had a health vulnerability or belonged to a high-risk group.

When personnel were affected, this had a negative impact in the service provision and gaps have been identified that other colleagues should cover. Due to the additional burden, there were cases that humanitarian workers have experienced burn out and thus, could not provide good quality of services because they themselves needed support.

An interviewee highlighted “We should find a silver lining during crisis for both our staff and the beneficiaries and be pragmatic and realistic about the services we could provide”.

Supply chain disruption was also mentioned by a number of participants as a threat in the first waves of the pandemic, when there was a global disruption in the supply chain and there were delays in the delivery and a shortage of Personal Protective Equipment (PPE) such as face masks, gloves and antiseptics.

The Covid-19 pandemic resulted in significant overconsumption of PPE, including masks. Access to alcohol-based hand rub (ABHR), and personal protective equipment (PPE), especially masks, is a cornerstone for infection prevention and control (IPC) practices during a pandemic. Lockdowns further exacerbated the problem, causing production shutdowns and disruptions to transportation and logistics (Peters, et al, 2021).

Funding requirements during Covid-19 crisis was also an issue, although identified by a quite small percentage of participants. Due to the change of the working arrangements and the establishment of teleworking, the need for additional funding has risen for teleworking and logistic arrangements. Moreover, in the interview process was mentioned that funding was also connected with the legal status of persons in need of humanitarian assistance and in particular that funding availability was an issue for migrant population compared to refugees and asylum seeker even before Covid-19 crisis while during Covid-19 became even more difficult.

An interviewee noted “Funding was available only for Covid-19 activities and no other essential health projects as pandemic was prioritized”.

During the pandemic, there was a **disruption of Health Services** with limited availability of regular appointments in the hospitals. Even the appointments of the persons with chronic diseases were postponed and only Covid-19 cases have been prioritized. The Ministry of Health has announced on 20 March of 2020, that until further notice, public hospitals will operate only emergency cases whose surgery cannot be postponed. Moreover, the limited functionality of the **public services** resulted in additional workload for the personnel of the organizations who tried to cover the gaps.

As additional ongoing threats (other 24%) were also identified the difficulties in negotiations with the public authorities, the lack of clarity over measures and rules imposed by the Greek State for the implementation of programmes by the organizations, the continuous mobility of the persons in need of humanitarian assistance and the fact that there was no previous experience over such a crisis and therefore, no tools or mechanisms were in place.

Identification of ongoing threats that persons in need of humanitarian assistance face due to ongoing Covid-19 pandemic

Participants identified as the main threats that persons in need of humanitarian assistance face i) the access to healthcare (82%), ii) the Covid-19 lockdown measures (65%), iii) problems with information provision (47%), iv) disrupted education (41%), v) access to services (35%) and vi) labour issues (12%).

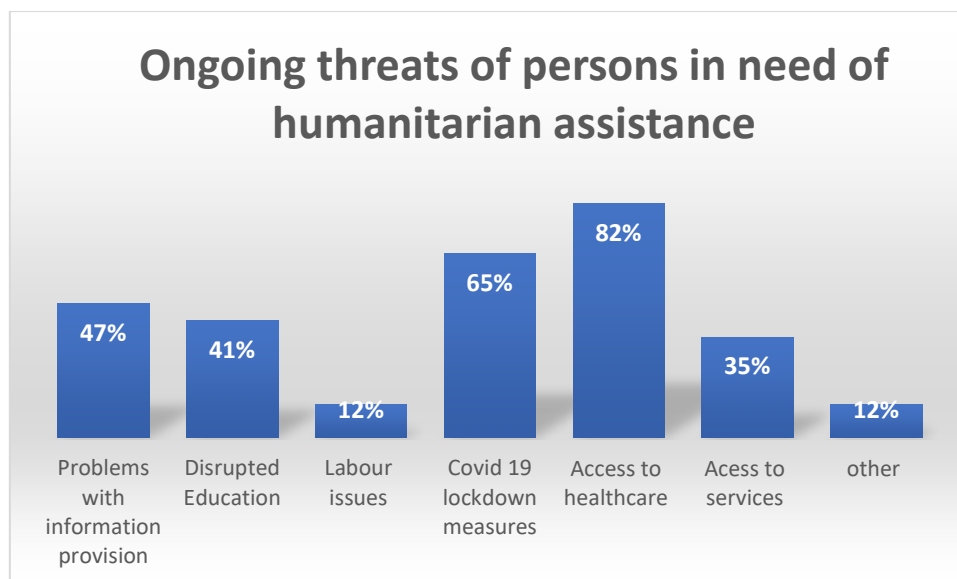


Figure 6: Threats identified for persons in need of humanitarian assistance

Access to healthcare was identified by the participants as the main ongoing threat for persons in need of humanitarian assistance. Due to the pandemic, access to healthcare services was often obstructed because some hospitals became Covid-19 focal points. Access to regular appointments were limited as most of the hospitals covered Covid-19 cases. According to IRC report (December 2020), from late March to early May 2020, the national health services ability to cope with their regular workload decreased and the referral system for residents of the RICs suffered. Only urgent cases were treated in hospital while scheduled appointments were cancelled or postponed.

During the first waves of Covid-19, people faced difficulties with the access to testing while at the same time there was a shortage of test for Sars-Cov-2. It was mentioned during the interviews that even when tests become available, people avoided to do a Sars test because if tested positive they were kept for fifteen (15) days in quarantine areas. In addition, persons faced problems with the issuance of Social Security Number in order to get registered to the gov.gr registration platform, to get tested and have access to vaccination. According to the Annual Report of the Racist Violence Recording Network (2020), although issues of access to healthcare for asylum-seekers were observed even before the pandemic, such as delays in granting PAAYPA (Provisional Social Security and Health Care Number) in the current period, in order for public hospitals to allow access to asylum-seekers residing in accommodation sites, they ask for a negative Covid-19 test, while refugees are required to pay themselves.

Cultural mediators and doctors have been already limited before the Covid-19 crisis but during the pandemic the situation was even worse. The role of cultural mediators and interpreters is crucial because people had to receive reliable information in their own language. During the interviews it was mentioned that even when persons managed to book their vaccination appointment there was no available interpreter.

The lack of coordination between medical actors in National and Local level has been identified by the participants. In addition, vaccination of asylum seekers and refugees delayed six months compared to the general population, because started on 3 June 2021. There was a delay in the

enrolment of the vaccination process and persons were reluctant to vaccinate as there was lack of trust on behalf of the persons.

SolidarityNow (SN), a national NGO, conducted a survey in December 2021 and collected information on the access to Covid-19 vaccines in Greece for beneficiaries of SN programs who are Third Country Nationals (TCNs). SN reached out to a representative sample of 497 individuals asking a set of questions to learn about their experience with the vaccination process, barriers faced and areas of concern. The survey found that 81% of participants had been vaccinated while issues related to the lack of reliable information and mistrust of the vaccine were raised. The main reasons stated for those who are not vaccinated, were personal (16%) and legal barriers (14%). A common challenge for both the vaccinated and non-vaccinated was the lack of knowledge regarding the vaccination process. Moreover, to visit a Citizens Service Centre (KEP) or any public authorities, individuals need to have done a rapid test in the last 48 hours, which need to pay for, and this was considered a notable barrier.

The **Covid-19 lockdown measures** and the restriction of movement have been also identified as an important ongoing threat. It was mentioned in the interviews, that Covid-19 restrictions of movement have been used by the Greek Government to keep people inside the RICs and the ORFs highlighting the instrumentalization of people.

According to an article published by Fenix Humanitarian Legal aid (February 2022), when the first case of Covid-19 in Moria was identified on 2 September 2020, the Greek government imposed a temporary movement ban on residents of the Camp (from 2 to 15 September). This blockade followed a set of measures restricting entry and exit that had already been in place for over 165 days.

Greek Council for Refugees (GCR) and Oxfam, state in their briefing (December 2021), that has been a discriminatory treatment of asylum seekers in Mavrovouni site in Lesbos because of unjustified movement restrictions and that Mavrovouni residents are still subject to disproportionate restrictions on their movement, under the pretext of Covid-19, while the rest of the Lesbos population moves freely.

According to an article published by Efsyn newspaper (March 2022), NGOs in Chios Island reported issuance of fines to new arrivals. Additional investigation that was conducted by the Greek Ombudsman, found out that the Hellenic Coast Guard of Chios Island has issued fines to 53 asylum seekers in five different occasions from August to October 2021. The Greek Ombudsman stated that the issuance of fines to new arrivals who are asylum seekers had no legal basis and are not in line with the international law and the Geneva Convention that states that the Contracting States shall not impose penalties on persons seeking international protection, on account of their illegal entry or presence, on refugees who, coming directly from a territory where their life or freedom was threatened (Art.31). Prior to that incident and according to European Council of Refugees and Exiles News (August 2021), the Chios Police Department fined 25 asylum seekers a total of 125,000 euro. The Greek Police have introduced a punitive measure against asylum seekers arriving by sea. Under the pretext of a protocol introduced for tourists and visitors during the height of the Covid-19 crisis, Greek police handed out fines of 5000 euro to asylum seekers arriving by sea without negative tests.

Due to the restriction of movement implemented by the Greek State, people residing in RICs feared for transmitting the virus due to the living conditions. RICs have been overcrowded,

people could not keep safe distances and as a result the virus could be easily transmitted. There was a lack of PPE and many of them were not fully informed about the protective measures.

During an interview one of the participants mentioned “Quarantine areas used for isolation in the sites were not properly structured and there was a lack of hygiene protection measures”.

In addition, people faced psychological distress and anxiety on whether the service provision would continue. It was also identified that the number of Gender Based Violence cases as well as the Child Protection cases has significantly increased when the humanitarian teams reduced their physical presence in the sites as a measure to mitigate the spread of Covid-19.

Problems with **information provision**, were also mentioned by almost the half of the participants. Initially, all the information about Covid-19 was in Greek and later in English. NGOs and community members did the translations to other languages because persons had to be informed accurately and receive reliable information about Covid-19 symptoms and risk awareness in their own language. Moreover, people lacked access to information on vaccination and gaps on the information provision were identified. There were cases of people who were not aware of how could be vaccinated as well as misinformation and fake news about Covid-19 and vaccination. In addition, there was a misunderstanding and misinformation among municipalities, banks and public service authorities with regards to Covid-19 measures implemented by the Greek authorities which had a negative impact on beneficiaries on daily services.

An Interviewee explained “Many of them were not aware of how could be vaccinated and there were cases of misinformation of what being vaccinated meant”.

Moreover, it was mentioned by the participants that internet access is of vital importance to ensure access to information through various communication channels and that the lack of stable internet connection in some facilities is a key obstacle.

Another aspect mentioned by the interviewees, was the **disrupted education**, highlighting problems that children faced with tele education and remote learning. Children did not have laptops or access to internet to be able to continue their studies remotely. The lack of electronic infrastructure in the sites in combination with the limited or no access to internet has resulted in disruption of formal and non-formal education. Moreover, when schools opened, children did not have access to vaccination or testing in order to attend classes. It was also mentioned during an interview that during the first waves of the pandemic, it remained within the discretion of the Site Managers if children would attend formal education.

Access to services was also identified as an ongoing threat to the persons in need of humanitarian assistance. Access to public services of persons in need of humanitarian assistance has been more difficult due to digitalization because many of them were not familiar with technologies and due to lack of IT digital literacy. Disruption of services from the authorities was observed from administrative services to social and education services. For example, in ORFs, there was a suspension of Non-Formal Education activities. One of the participants mentioned also that there was discrimination by the authorities and public services and denial of service provision in certain cases. Access to accommodation for recognized refugees in the HELIOS project was more difficult due to coronavirus restrictions. IOM

through HELIOS project is supporting beneficiaries towards independent accommodation in apartments rented on their name. Due to the pandemic the discovery of available apartment was very challenging.

People faced **labour issues** and challenges in the job market. During Covid-19 and due to the restrictive measures, there was a problem with person working without legal documents. According to government guidelines and Ministerial Decision 13564/Δ1.4770 published on 3 April 2020, every employer should submit a declaration of remote work or suspension of work in Ergani labour database for its personnel. As a result, many people lost their jobs because have not been officially employed while there were cases that due to this measure found out that were not officially employed.

A report of SIRIUS (WP 7, November 2020) about the impact of the Covid-19 crisis on the labour market integration of migrants, refugees and asylum seekers in Greece, states that the Covid-19 lockdown brought employment to a halt for most migrants, refugees and asylum seekers leaving many unable to pay for essential household needs and increasing their dependency on civil society support. In fact, a significant percentage of population work in tourism, hospitality or as domestic workers sectors that were heavily affected by the crisis while pre-existing problems within the Greek labour market that have been exacerbated by the crisis are the key obstacles to integration.

An Interviewee highlighted “People face difficulties in job market, including dismissals due to business closure”.

Moreover, it was mentioned during the interviews (other 12%), that many persons in need of humanitarian assistance could not afford the cost of the Covid-19 tests which was obligatory to undergo if had to attend a regular appointment in the hospital or in case of Unaccompanied Children if had to be safely accompanied to shelters.

According to Lancet Migration, a global collaboration to advance migrant health, some of the challenges that migrant and refugee populations face during the Covid-19 pandemic are a) the poor access to prevention capacity for Covid-19 due to poor living conditions and therefore a limited ability to follow outbreak prevention measures, b) multiple barriers to accessing healthcare that already existed before the pandemic, including legal status, discrimination and xenophobia, lack of migrant, refugee-inclusive health systems and health policies which result in poor outcomes due to delayed or no access to supportive treatment, c) greater economic precarity due to exclusion from welfare support and compensation programmes at the national level, and limited Donors and logistical barriers at the international level and d) increased xenophobia and racism have already been witnessed in response to the pandemic.

How to overcome the barriers and challenges for the implementation of projects or policies

During the interviews, participants provided recommendations to overcome barriers and challenges based on their lived experienced, their personal perceptions and beliefs. Participants who have experienced this phenomenon provided the following recommendations:

- Inclusion of beneficiaries when a policy and a project is prepared and integration of community volunteers in projects is necessary. Strategies are now needed to ensure

refugee and asylum seeker populations are included in national response plans to reduce transmission in at-risk groups for Covid-19, alongside inclusion in plans for Covid-19 vaccine roll out (Kondilis, et al, 2020). Participation of the Civil Society Actors in the Planning of a project is very important. When an Action plan is developed the Civil Society Actors should be invited to participate and no one can be excluded for such an important issue like health.

- Need assessments should be conducted before a project implementation with the participation of Community Leaders and establishment of feedback mechanisms by the community. Feedback can help identify gaps, risks, and issues for both the quality of assistance and the relationship between aid workers and communities, which then can enable adjustments to improve responses. Feedback mechanisms can also help to build a relationship of trust and transparency with aid organisations. Only by engaging with community, aid actors learn how to adapt their responses to better address the needs and concerns of those affected and effectively deal with the outbreak.
- Access of beneficiaries to reliable information in all the pertinent languages about Covid-19 protection and vaccination also considering the person's cultural background is very important. This would facilitate the better understanding and combat the fake news and the misinformation. Moreover, preparation of a project should include all the available languages in order to facilitate communication with persons in need of assistance. The establishment of hotlines for service provision is also recommended.
- Inclusion of new technologies in the service provision (i.e., online sessions) as well as to ensure that persons in need of humanitarian assistance have access to internet is crucial. For example, the tele-interpretation in vaccination centres may also help increase refugees' confidence in the process and will result in increasing the enrolments for vaccination and thus, there will be an increase in the vaccination rate.
- Better collaboration and coordination among the stakeholders involved, national authorities and local actors has been also mentioned by the participants. It is important for local authorities to be involved in coordination otherwise there are delays in the response level. Coordination mechanisms should be established in all levels (local, county, national, international) and better response mechanisms horizontal and vertical should be in place.
- Adaptation of activities of the organization and public entities is essential, based on the needs of the persons in need of humanitarian assistance. Service providers should explore alternative ways in service provision. Policies and strategies should be adapted in line with the emerging needs. For example, and according to the Asylum Information Database (AIDA, December 2021), the Asylum Service in Greece provided remote interpretation services either by phone or by videoconference. In the Regional Asylum Office premises in Pagani, Lesbos interviews have been carried out remotely via videoconference. During Covid-19, the use of remote information tools further increased. The European Commission noted in this regard that specific measures should be taken for applicants to be informed in a language that they understand, while information regarding obligations and cooperation with the authorities should always be provided. In practice, many countries including Greece, resorted to e-mails, audio-visual/digital platforms, webpages of national authorities, or YouTube videos to provide information on Covid-19 and its impact on the asylum procedure. In addition, Civil Society Actors, whose role is crucial during the pandemic have adapted programmes and services and have intensified efforts to cover new gaps and needs. According to the Activity Report (2020) of Doctors of the World (Mdm), the Open

Polyclinics of MdM, continued their operation uninterruptedly throughout the implementation of the lockdown and personnel provided its services on a rotating basis during the first period of the lockdown, while then the weekly program was adjusted so that there is a daily presence of a physician, a paediatrician, a social worker, a psychologist, and the interpreters.

- Vulnerable population should be prioritized from the beginning when a programme or a policy is designed. As published in EU Research Magazine (Horizon), a researcher, at the Centre for Migration and Intercultural Studies in at the University of Antwerp, after reviewing the response by governments, public health authorities and community organisations in 15 countries, found out that most of the official advise about Covid-19 was addressed to persons with medical vulnerabilities and not considering the migration status or the socioeconomic position of the persons.
- Proper quarantine areas should be designed and access for better monitoring of vulnerable populations should be granted to all organizations through official procedures.
- The right to health is equal for all, without any discrimination on the grounds of race, age, ethnicity or any other status and everyone has the fundamental right to be vaccinated.
- Trainings should be conducted to personnel working in the first line for Crisis Management and is also crucial to raise awareness of public health servants to overcome bureaucratic issues.
- Increase of Covid-19 related funding and organization should allocate part of their budget on emergency and reutilization of existing resources to deal with Covid-19 challenges. In a report published by the United Nations University (February 2021), about the humanitarian access in Covid-19 pandemic and according to interviews conducted with humanitarian practitioners and experts from around the world, it was noted by all entities that while key Donors had increased funding by thirty per cent in 2020, needs had increased by a higher percentage. Organizations reported that even the largest, best resourced, and most securely funded entities feared a shortfall in the medium term.

Strategic Horizons: How threats and challenges of the Covid-19 crisis can be converted into opportunities

Based on their lived experiences, participants provided their personal insights about how challenges and threats can be converted into opportunities. The main opportunities identified have been described as perceived by the individuals and were the following: i) the digitalization of services, ii) the strengthening of the collaboration and better coordination among organizations and communities, iii) the funding opportunities, iv) the adaptation of programmes and activities, v) the increase of self-care and vi) the solidarity of countries.

Digitalization

The Covid-19 restrictive measures and the establishment of teleworking resulted in better coordination and collaboration among organizations. Although face to face communication was lost, there was an opportunity for personnel to attend virtual meetings from anywhere in the world. Communication among stakeholders became quicker and more direct. In addition, due to the digitalization, there was a better networking of smaller organizations which improved their personal know-how and expertise of online tools.

In a report of AIDA (December 2021), it is stated that the digitalization of services in the Asylum Service and Education during the pandemic was an opportunity for the continuation of service provision. In Greece, the Ministry of Migration and Asylum launched a new platform in 2020 and created a viber community with the objective to regularly update applicants on changes in the asylum procedure. However, many applicants faced issues in adapting to this new information channel due to technological illiteracy and a lack of internet in reception centres, which was exacerbated by the fact that the Asylum Office did not respond to requests that were submitted through the online system.

The creation of a network of remote services by the organizations that could be potentially utilised in the future was a positive development. For example, skype sessions were not ideal but during the pandemic served as means of communication for the beneficiaries with relative success. People became more familiar with digital platforms and social media.

Strengthening of Coordination and better Collaboration

Weaknesses of national health system have been revealed during the pandemic and stakeholders coordinated and worked together in order to leave no one behind even the most vulnerable. A cross sectoral approach in coordination including national authorities was developed.

The pandemic was an opportunity for stronger coordination among stakeholders who demonstrated flexibility in the provision of services. The close collaboration among NGOs, International Organizations and Government as well as the strengthening of synergies was very effective and targeted to tackle or address problems. Coordination was also improved in local level, where advocacy and local coordination meeting with all respective actors including local actors (i.e., municipalities) and national authorities were held regularly. In global level also there was better Coordination and separate Units, and Task Forces were created.

An Interviewee highlighted “Business Continuity Plans were created to be responsive and regular coordination meetings were held; this was positive”.

Many synergies among actors during Covid-19 pandemic brought good results and served as best practices. For example, the campaign Vaccines for All, RefugeeInfo and All Children in Education projects were a result of coordinated efforts among actors. Moreover, there were many consortiums for funding in order to cover certain call applications and thus, more organizations had funds and more sectoral functions in the field were covered.

The relationship between organizations and communities has strengthened through communities’ engagement in programmes and activities. For example, community members named as “Community Ambassadors”, had an active role and supported activities by sharing information.

Funding opportunities

The Covid-19 crisis brought better funding opportunities for public and mental health. Funding was adapted to the needs and thus, there was an opportunity for certain activities such as Mental Health and Psychological Support activities to be funded. Funding was more easily accessible by the Donors and allowed the extension of already existing programmes as well as the creation of new funding projects. Without diminishing the terrible health and economic costs, the pandemic, Covid-19 was an opportunity for additional funding. During the interviews was

mentioned that has been very good collaboration and coordination with the Donors and flexibility from their side to continue the programme implementation by exploring alternative solutions.

Adaptation of programmes and activities.

The pandemic was an opportunity for organizations to adapt their programmes based on the current situation. Organizations had to learn how to adapt and prioritize working from home, if necessary.

An interviewee stated “Covid-19 brought an opportunity for adapting programmes and learn how to adapt”.

This adaptation of activities was an opportunity to change their strategic goals and focus on other task and activities. Additional need assessments were conducted in the field based on the emerging needs due to the crisis and in order the personnel of the organization to be adequately and correctly informed about the context. In addition, Business Continuity Plans have been designed by organizations in order to create a prevention and recovery system and coordination meetings among stakeholders became more regular to ensure cooperation. Covid-19 has also provided health officials and governments with a variety of opportunities for policy learning. *“The pandemic was an opportunity to design an effective policy of managing populations with peculiarities such as refugees,”* commented the Executive Director of the NGO Intersos Hellas in Solomon (July 2021).

The health care systems are becoming stronger, the countries are coordinating and collaborating among each other. Public health education programs and campaigns have been created to raise public awareness about Covid-19.

An interviewee commented, “Despite its devastating challenges, the pandemic and its lessons learned can provide an opportunity for many governments to rebuild their health system toward greater surveillance and preparedness and plan and implement necessary measures”.

Selfcare and trainings

Stress and anxiety during Covid-19 crisis resulted in an increase of the self-care among the personnel of the teams. The WHO defines self-care as *“the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider,”* and *“self-care interventions are among the most promising and exciting new approaches to improve health and well-being”* Moreover, the personnel of the organizations had opportunities to attend specialised trainings due to Covid-19 crisis which had a positive impact on the operations in the field and on the persons in need of humanitarian assistance.

Solidarity

The pandemic was an opportunity to activate solidarity and social support. In October 2020, in a joint statement, the International Labour Organization (ILO), Food and Agriculture Organization (FAO), International Fund for Agricultural Development (IFAD) and World Health Organization (WHO) stated that tens of millions are at risk of falling into extreme poverty due to the pandemic and highlighted that *“Now is the time for global solidarity and*

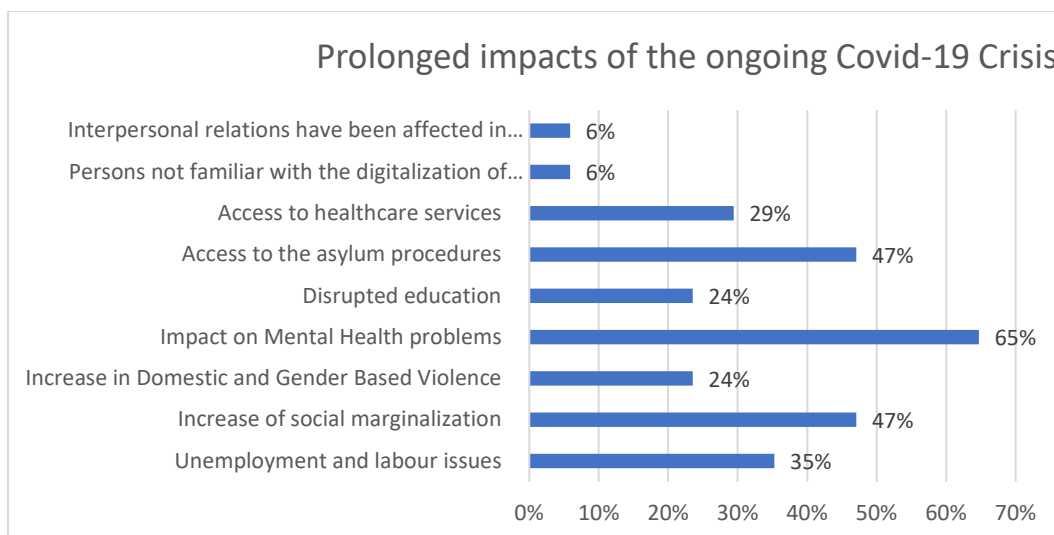
support, especially with the most vulnerable in our societies, particularly in the emerging and developing world”.

As of February 2021, countries such as Germany, the Netherlands, Spain, and Serbia have officially expressed their intention that refugees and asylum seekers will be prioritized in their national vaccination campaigns. Another positive impact is the solidarity that some countries, such as Portugal, showed to all asylum seekers and refugees by facilitating their access to health and legal services without any discrimination. In an interview conducted in June 2021, Maria Lapa of Amnesty International Portugal, mentioned that the Portuguese vaccination strategy does not mention undocumented migrants, but it does say that access to the vaccines is “universal”, meaning that it will be available to anyone who lives in Portugal. Access to health care is anyways possible for undocumented migrants under national law. Public officials also announced that they are working on a specific plan to identify and vaccinate undocumented migrants.

According to PICUM, a network of organisations that provides assistance and advocates for the rights of undocumented migrants in Europe, Portugal created a registration platform for undocumented immigrants to book vaccine appointments, and more than 19,000 had signed up as of June 2021. In addition, the Netherlands’ vaccination plan explicitly mentions that the group is eligible. Everyone residing in Belgium is eligible to get the vaccine, and the Belgian government has specified that data collected during the vaccination process can only be used for health purposes. The government has deployed mobile vaccination teams and worked with local authorities and civil society groups to reach immigrant populations. In the capital, Brussels, public transportation to vaccination centres is free.

Prolonged impacts of the ongoing Covid-19 crisis and critical actions taken to mitigate them

According to the participants’ perspectives, as prolonged impacts of the ongoing Covid-19 crisis in the life of persons in need of humanitarian assistance were identified the i) impact on mental health problems (65%), ii) access to asylum procedures (47%), iii) increase of social marginalization (47%), iv) unemployment and labour issues (35%), v) access to healthcare services (29%), vi) increase in Domestic and Gender Based Violence (24%), vii) disrupted education (24%), viii) persons not familiar with the digitalization of services (6%) and ix) interpersonal relations have been affected in the families and the communities (6%). It was also identified through the discussions that many of the abovementioned impacts are linked to each other.



The Covid-19 pandemic and associated prevention and mitigation activities have major consequences for **mental health** and psychosocial wellbeing for refugees and migrants.

According to WHO publication, the main psychological impact of Covid-19 is the elevated rates of stress or anxiety. Since new measures and impacts are introduced, levels of loneliness, depression, harmful alcohol and drug use, self-harm or suicidal behaviour are also expected to rise. As part of its public health response, WHO has worked with partners to develop a set of new materials on the mental health and psychosocial support aspects of Covid-19.

Confinement because of movement restriction due to Covid-19, can exacerbate vulnerable refugees already burdened mental health. Due to the containment measures in the RICs and ORFs, there was an institutionalisation of the persons residing in these facilities. This is mainly due to the restriction of movement for more than two years in some locations. As a result, mental health problems and chronic diseases of beneficiaries became more intense because of the lockdown measures, the limited regular appointments in the hospitals and the inaccessibility to medication. The living conditions in the accommodation facilities had a negative impact in the mental health of persons. Statistics of hotlines that offer psychosocial support, provide also that evidence. In order to mitigate this impact organizations increased the mental health support, and more sessions were conducted online in order to address person's needs.

According to IRC report (December 2020), there is a striking difference in the number of mental health symptoms recorded on islands of Lesbos, Samos and Chios before the Covid-19 pandemic and those recorded immediately after the first lockdown in March 2020. The increase reflects a marked and general worsening of people's wellbeing. The data reveals that anxiety among those being supported by the IRC increased after the first lockdown. In particular, persons experiencing depression rose from 74% to 81%, those with symptoms of PTSD increased by 34% after the lockdown while those reporting self-harm rose by 66%.

UNHCR press release about Covid-19 (October 2020), states that UNHCR together with its partners significantly stepped-up mental health support during the pandemic and adapted its modalities to assist persons in need. Some mental health services were provided remotely, over telephone or internet. Trainings were also conducted for health and protection staff, outreach volunteers, UNHCR's community-based protection networks, camp management personnel,

hotline staff and other frontline workers for the purposes of counselling people directly or indirectly affected by Covid-19.

The Association of Regional Development and Mental Health (EPAPSY) as UNHCR partner in Greece, implemented the programme of Community Psychosocial Workers (CPWs) who are specially trained workforce of refugees and asylum seekers who provide core psychosocial support to other refugees and asylum seekers in their mother tongues. CPWs during Covid-19, provided online services given the pandemic restrictions on social distancing in Farsi, French and Arabic. In the coronavirus context, the response was adjusted to remote support through phone/video tele-conferencing given the pandemic restrictions. Home visits were reduced to only the most critical cases. There was also a helpline that was launched on 19 May 2020 that offers psychosocial support, information about Covid-19, liaison with protection services, links to community and NGO networks, and referral to psychological or psychiatric specialists. In addition, EPAPSY, in collaboration with UNHCR Greece, implements the Samos Island the Peer Support program, which aims at the provision of psychosocial support services to refugee children and youth. In the Samos Peer Support program, refugee youth who reside at the Samos RIC receive mentorship training by CPWs and psychologists, so that they are able to mentor and provide psychosocial support to other refugee children and youth within the Samos RIC.

Social Marginalization of persons in need of humanitarian assistance was increased according to the participants personal experiences.

An interviewee explained “Migrants and refugees were the first people to be targeted as the culprits of the spread of the pandemic without any evidence and unfortunately this continues happening until today”.

A critical action taken to eliminate the social marginalization, was the continuation of service provisions remotely. Communication channels have changed in a bid to maintain contact with the people in need of assistance. WhatsApp groups and pod casts were created. The announcements in the sites were made with sound systems or megaphones with interpreters instead of face-to-face communication or focus group discussions. Sessions were conducted by phone or through virtual platforms or alternatively outdoors in outside areas to ensure social distancing and programmes of the organizations were adapted based on the emerging needs of the persons.

In the Annual Report published by the Racist Violence Recording Network (2020), incidents in the context of police checks on movement restriction measures were recorded, in which, harassing behaviours and expression of violence with a racist motive were identified. As the European Commission against Racism and Intolerance (ECRI) of the Council of Europe points out in its 2020 report, some government measures that have been introduced in response to the Covid-19 crisis, are targeting groups such as refugees and asylum-seekers, without evidence of any public health risks coming from these groups. This has resulted in further discrimination against marginalized groups. The same report states that racist and xenophobic incidents associated with the outbreak of the pandemic are widespread.

A newsletter issued by the Legal Centre Lesbos (LCL) covering the period of April to June 2021, highlights that migrants were disproportionately targeted in police controls during the

pandemic. The official police record fines issued for alleged breaches of coronavirus measures in Lesbos show that in Lesbos between 23/03/2020 and 24/05/2021, the 74 percentage of the fines were issued against foreigners. Clients of LCL have reported that people have received fines in Lesbos for failing to wear a mask while washing their face outside their tent and for not wearing a mask while smoking.

A critical action identified during the interview process was that the European Structural and Investment Funds (ESI Funds) was activated by the European Commission during the pandemic and the overall approach by the EU has been horizontal and addressed both Greek citizens and migrants/refugees.

In addition, during the first waves of coronavirus, one of the rapid response measures has been the provision of top-up transfer amounts by UNHCR Greece that was funded by EU, to cover additional data and mobile connectivity charges. By Improving communications, beneficiaries have been able to access specific websites and platforms with relevant information on Covid-19 prevention. UNHCR has supported also by providing hygiene top up grants residing in the RICs in the islands.

In an effort to protect those most vulnerable from coronavirus, IOM Mission Chief for Greece, announced in April 2020, that more than 2,000 asylum applicants on Greek islands will be temporarily moved to hotels and apartments on the islands and the mainland, as a precautionary measure to Covid-19. During the same month, UNHCR has protected 867 people at risk of Covid-19 who were living in dire conditions in island centres, by moving them in safer accommodation, as highlighted in UNHCR factsheet for the month of July 2020.

Covid-19 had a significant impact on national **asylum systems** across Europe due to restrictive measures imposed to contain the spread of the coronavirus, which also affected people on the move and their access to asylum procedures. This resulted in a significant drop in applications for international protection, mainly due to travel restrictions and the closure of borders. Eurostat statistics indicate that a total of 471,300 individuals applied for international protection in the European Union (EU) Member States in 2020, down by 32.6 % compared with 2019.

According to the European Council on Refugees and Exiles (ECRE) overview (July 2021), at national level, different stages of the asylum procedure were suspended or postponed for several weeks between March and the summer of 2020. In some countries this included closing registration offices, meaning that applicants were not able to make their application for international protection for several days or weeks and had limited access to services.

As per AIDA and ECRE report (June 2021), in Greece for example, the operation of Regional Asylum Offices (RAOs) in the Attica region were suspended from 6 October to 16 October 2020, and new measures against Covid-19 were adopted in November 2020. During this period, programmes interviews took place via skype and full registration of asylum applications was not conducted except for vulnerable applicants

In order to eliminate the impact of the suspension of the asylum procedures, organizations who were responsible for the legal aid increased the information sessions for legal aid during the pandemic because there was not adequate information about asylum procedures due to the suspension of activities of the asylum service. Moreover, facilitated the prioritization of

specific cases in the Asylum Service by direct communication with personnel of the asylum service. Organization maintained communication with persons and kept regular contact with them in order to provide information about the legal aid. For example, Mobile Info Team, which is a non-profit organization, continued providing refugees and asylum seekers in Greece with vital information and assistance for the full duration of their asylum procedure through online channels, Facebook page and website in the 6 most relevant languages for asylum seekers and refugees in Greece.

With regards to the **healthcare** and vaccinations of migrants, refugees and asylum seekers, there was strong advocacy from the part of the organizations to include them in the vaccination process regardless of their legal status. According to the PressProjectNews (September 2021), in July 2021, a letter to the Ministry of Health and the National Immunization Committee was sent by the Greek Forum of Refugees and the Greek Forum of Migrants with the support of 30 NGOs, demanding immediate access of migrants without legal documents to the vaccination process, addressing that is imperative to find a solution for this group as well, as the issue of public health concerns us all in the context of the protection and preservation of human life. A Health Working Groups chaired by the Ministry of Health with the participation of different Ministries, the National Public Health Organization (EODY) responsible for the Epidemiological surveillance, UN agencies, EU Institutions and NGOs was held on regular basis and has strengthen the collaboration among stakeholders. A Task Force and a strategic plan including Risk Communication and Community Engagement was created to coordinate the communication to beneficiaries during the Covid-19 pandemic. This plan was embraced by National Public Health Organization and resulted in the increase of the vaccination rate to refugees and migrants.

In addition, the implementation, and the continuation of PHILOS programme "Integrated Emergency Health Intervention for the refugee crisis - PHILOS" until the end of 2022 was a very important development. The implementation of the program "Integrated emergency health intervention for the refugee crisis" aims to ensure public health and meet the health needs of refugees and migrants in RICs and ORFs. Therefore, the agreement to extend the funding for the continuation of the programme by the end of this year was crucial.

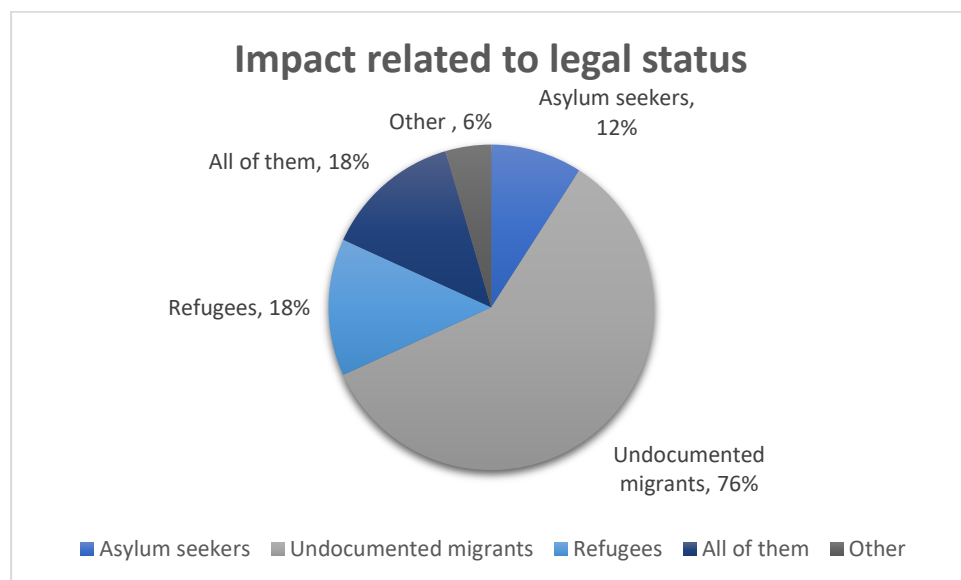
In order to eliminate the Domestic and Gender Based Violence, organizations disseminated Communicating with Communities material and conducted raising awareness sessions. In addition, IT equipment was handed over to beneficiaries and public schools in order to familiarise children with digital learning. According to UNICEF Situation Report of 22-28 April 2020, UNICEF Greece distributed tablets to seven shelters unaccompanied children on the mainland and on Samos to ensure they can access education.

Prior to the spread of the Covid-19 pandemic in Greece, less than a third of school-age refugee children on the islands were receiving any schooling, even though learning is vital for the welfare of children living in emergency situations. According to a report published by Their world, titled "Finding solutions to Greece's refugee education crisis", a global children's charity committed to ending the global education crisis, €20 million needs to be raised as urgent financial support for 2020 -2022 for the implementation of educational programmes operated by UNICEF and UNHCR and local NGOs closing this summer. Both UN agencies and their NGO partners are committed to provide remote education until they can resume face to face programming.

Impact of Covid-19 related to the legal status

Most of the participants identified the undocumented migrants as the group who had been more severely impacted by Covid-19 pandemic, while the refugees and asylum seekers followed. Interviewees highlighted that the undocumented migrants have faced the most severe impact because they did not have legal documents and therefore, could not move freely to visit hospitals for fear of being arrested and deported. The undocumented migrants due to the lack of legal documents did not have a Social Security Number which would enable them to be included in the vaccination planning and be able to do rapid tests. It was only until a Ministerial Decision was published in October 2021, that granted the undocumented migrants the right to get vaccinated and issue a temporary Social Security Number (PAMKA). During the delivery of PAMKA, the vaccination and the issuance of a vaccination certificate, people cannot be arrested and deported due to lack of legal documents.

“The undocumented persons were the group of population who have been more severely impacted, live in squats or apartments overcrowded with lack of legal documents and have also limited PPE equipment,” said an interviewee.



Moreover, the 18% of the participants mentioned that all categories of persons irrespective of their legal status have been impacted by the Covid-19 pandemic for different reasons.

“During the first waves the impact of Covid-19 to migrant and refugee population was irrelevant of the legal status as all groups faced bureaucratic issues with the issuance of health certificates. There was a discrimination against the migrant and refugee population that transmit the Covid-19 which was not related to their legal status”, explained an interviewee.

The refugees also have been impacted by the Covid-19, because for those who were eligible to reside in apartments under HELIOS Programme, it was difficult under the lockdown measures and the restriction of movement to find an apartment. In addition, compared to the asylum

seekers, refugees were not eligible for being provided accommodation and cash assistance because reception provision does not apply to this group upon granting the refugee status. On the other hand, asylum seekers despite the provisions received by their inclusion to ESTIA programme, faced the strict restrictions of movement in the sites. It was also noted by a participant (other 6%), that newly arrived persons with police notes were also severely impacted until the registration of their asylum claim.

As published in Solomon (July 2021), in October of 2020, the European Commission adopted a directive in which refugees are explicitly mentioned as a priority group in the design of vaccination campaigns.

The technical report published by ECDC (June 2021), presents key messages to reduce Covid-19 transmission and strengthening vaccine uptake among migrant populations. Strategies to reduce transmission and ensure equitable vaccine uptake in migrant populations should include culturally and linguistically tailored and targeted public health messaging that should be co-designed with affected communities, translated into key migrant languages, and effectively disseminated. Consideration needs to be given to ensuring equitable access to and uptake of testing and for Covid-19 vaccines, particularly in migrants excluded from, or facing barriers to accessing health systems. For migrants who face barriers and exclusion from mainstream health systems including undocumented migrants, asylum seekers, refugees, and those residing in camps and detention facilities, mechanisms will be required to ensure they are meaningfully included in national response plans to reduce transmission.

Chapter 6: Discussion

Good practices to replicate and positive impact on service provision

This specific chapter reflects the analysis of the findings through the data collection about the good practices adopted by the service providers as identified by the participants based on their personal perspective and lived experiences. Good practices that can be replicated are highlighted and their positive impact in the service provision. For example, alternative means of communication, digitalization of services, regulation of Social Security Number of undocumented migrants, strong coordination among stakeholders and the community members, inclusion of community members in programmes, information awareness and communication campaigns as well as the selection of a single dose vaccine for the persons in need of humanitarian assistance were mentioned by the interviewees as good practices that could be replicated.

Alternative means of communication have been established in order to maintain contact with persons in need of assistance and ensure the continuation of service provision. For example, communication with persons via WhatsApp and other means could also be replicated in similar settings if feasible. Targeted, thorough, and regular information sharing, with posters and verbally through interpreters in all available languages for vaccinations and coronavirus protective measures was mentioned as a good practice. Translations of Covid-19 information in all the available languages facilitated and improved the better understanding of rules. The use of new communication channels had a positive impact in the service provision and facilitated the direct communication with persons in need of assistance, although concerns were raised with regards to data protection.

During an interview it was highlighted “Although WhatsApp facilitated the communication with persons in need of assistance, there are concerns about how safe is in terms of data protection (GDPR) “.

Digitalization of Services such as digitalization of asylum procedures and digital learning platforms, was identified as a good practice considering the continuation of service provision. Many organizations shifted to online session either for legal aid or mental health support in order to cover any gaps in the service provision due to limited physical presence in the field while at the same time managed to maintain contact with persons in need of assistance. The online communication channel supported the communication and enhanced cooperation among relevant parties because resulted in quicker and more direct solutions to issues that in the past lasted longer. It was highlighted that online meetings turned to solve issues faster. In addition, the Human Resources (HR) procedures were quicker and simpler in order newly recruited staff to provide services in the field as soon as possible. This practice could be further replicated in settings where due to logistical reasons this was not feasible before.

The regulation of a Social Security Number (Temporary AMKA) through a Ministerial Decision for the undocumented population in order to be included to the vaccination planning, had a positive impact for this population group. The involvement of Civil Society Actors to participate on voluntary basis in the vaccination process of vulnerable population including the undocumented migrants, after a call of the General Secretariat of Public Health of the Ministry of Health was a positive initiative by the Greek authorities.

Strong Coordination efforts among the Organizations, Government Institutions, Local Authorities, and Donors resulted in more effective collaboration and brought more sustainable interventions. For example, the Health Working Group chaired by the Ministry of Health and with the participation of various stakeholders and public entities, improved the coordination and synergies among organizations. Coordination mechanisms already in place have been also strengthened in local level having also a positive impact.

An interviewee mentioned “Coordination of all the actors is an essential part of the humanitarian aid. We should bear in mind that coordinated efforts could breach the gaps of service provision and refrain from any duplication of services”.

Coordination and Collaboration with the Community is crucial. In RICs, regular meetings with the community, national authorities and actors took place. It is important the community to be involved in programmes and activities. For example, skills of Community have been used in Agia Eleni Accommodation facility in Ioannina, in Epirus Region, where the community manufactured cloth face masks. Migrants and refugees wanted to express their gratitude for the hospitality of the city of Ioannina and manufactured 500 cloth masks to be made available to vulnerable families through the social grocery. In addition, **inclusion of community member in the programmes** was identified by the participants as a good practice. For example, in the programmes of CPWs and Samos Peer Support that EPAPSY implemented, refugees and asylum seekers provided core psychosocial support to other refugees and asylum seekers in their mother language.

Information Awareness campaigns for equal access to vaccination and services served as a good practice. For example, the information campaign “Vaccines for all”, an initiative of INTERSOS Hellas in collaboration with Greek Forum for Refugees and Greek Forum of Migrants aimed to ensure that communities and individuals, migrants and refugees living in Greece, are aware of their right to access the vaccine, to combat fear and mistrust that previous and current national policies have created, to tackle misinformation and the Covid-19 vaccine hesitancy, to include as many undocumented migrants as possible, and to ensure that vaccination is available for all. Information of this campaign have been shared in ten (10) available languages.

In addition, according to UNHCR Help Greece, MSF run a Sensitization project with the aim of facilitating the access of the vulnerable population living in the urban area of Athens, regardless of legal documents, to the vaccination against the SARS-Cov-2 virus. More specifically, the action included information through street work info sessions from health promoters.

Communication campaigns for vaccination were conducted face to face by National Public Health Organization (EODY) personnel in Lesvos while in Kara Tepe in the same island of Aegean, MdM Greece has conducted information campaigns door to door while sharing health and safety measures to protect against Covid-19 infection and virus spread.

Moreover, METAdrasi’s specialized helpdesk service was helping refugees and migrants to have equal access to Covid-19 vaccination. This specialized helpdesk service aimed to facilitate refugees and migrants in the handling of vaccination procedures. It has been observed that many refugees and migrants, while wishing to be vaccinated, find it difficult to make an appointment. It is worth mentioning that some of the main challenges persons in need of

assistance faced, were language communication problems, difficulties in accessing internet, lack of knowledge of procedures and lack of having the necessary legal documents. As part of the helpdesk service and in order to spread the message, METAdrasi has designed and distributed posters in six (6) languages which were also available for printing. Apart from METAdrasi vaccination helpdesk, there were additional helplines that provided information about vaccination and Covid-19 updates such as the helpline of the National Public Health Organization (EODY), Refugge,Info Facebook Messenger, Hellenic Red Cross – Multifunctional Center and Greek Council for Refugees (GCR) Helpline.

UNHCR Greece provided Information about Vaccination against Covid-19 in eight (8) languages through the HELP Greece websites. The site provided information about how the vaccines work, the benefits of being vaccinated, how person can access the vaccine, how can schedule an appointment and useful links of the websites of the National Public Health Organization, National Campaign for Vaccination and Refugee.Info.

Another good practice mentioned during the interview process was the **selection of single-dose Johnson & Johnson Covid-19 vaccine** due to the mobility of the refugee and migrant population, the flexibility of budget allocation related to the emerged needs and the regular assessments and reviews of the Business Continuity Planning by the organizations.

Lessons Learnt that could be useful for future crisis

The data collection of this study and lived experiences of service providers identified lessons learnt from the Covid-19 ongoing pandemic that could be useful for future crisis. Lessons learnt as shared by the participants and according to their personal experiences, can help in avoiding repeating the same mistakes in a future crisis and building on positive issues found. The documentation of actions that were done right, will serve as a reminder of things that should be done to succeed in the future.

The establishment of rules on behalf of the government with regards to measures and within the organizations about safety as well as information sharing, preparedness and business continuity planning, sustainability of health systems, adaptability of programmes implemented, funding availability and evaluation, continuous collaboration among stakeholders and counties, the importance of risk management embedded in projects, better outreach of population affected, improvement of the social inclusion for refugees and migrants and the do no harm principle have been emphasized by the interviewees.

A significant finding with regards to the lessons learnt was the establishment of **security and safety rules** within an organization and the assignment of safety and security focal points. Moreover, the importance of **clear rules** and parameters for the restrictive measures implemented by the Greek authorities was mentioned by the participants. A primary challenge that was highlighted, was the difficulty of adapting to measures set by the government which were constantly changing or were not always clearly understood.

The **adaptation and flexibility** of entities who implement programmes based on the situation and the real emerging needs was also raised. During the interviews, participants mentioned the importance of the adaptation of programmes and policies based on reliable information, changes in Covid-19 measures and legislation. **Access to reliable and accurate information**

is pertinent for the affected persons and the information sharing among the counterparts is crucial.

Policy and programmes when designed should be inclusive. That said, all affected persons should be considered and consulted in order to leave no one behind. For example, persons in need of humanitarian assistance, personnel of the organizations and people with expertise should be consulted. Pandemic affects everyone, and solutions should be sought equally for the entire population. Therefore, should be simultaneous vaccinations for the same age groups throughout the territory. Through the interviews it was mentioned that access to vaccination for refugees, asylum seekers, migrants and undocumented migrants should have been granted earlier.

Organizations and National Authorities should have in place **Business Continuity Plans** that should regularly be reviewed, tested and updated based on the evolving situation. **Better preparedness** of the organizations in terms of staff resources and personnel availability was mentioned by the participants. **Preparedness plans** of the organisation and authorities should be customized to the different subgroups of the population based on the different needs of the population and the vulnerabilities. As mentioned in CDAC Network working paper (November 2020), the lack of preparedness is no surprise as disaster risk reduction, prevention and preparedness measures are consistently underfunded and often ignored by policymakers. According to the United Nations blogs, the Chair of Global Health, Institute of Global Health Innovation, and the Imperial College London, when asked about the lessons learnt from the pandemic commented that related damage was predictable, but the lessons tend not to be applied because it's "a little inconvenient." It requires changes in how we are organized and how we work, but it mostly requires investing in preparedness. Moreover, it was highlighted the need for **trainings** to be conducted to the personnel of the organizations about Emergency and Crisis Management, the Capacity building of personnel of the national authorities and the need for trainings about health emergencies. In addition, **Risk Management** is crucial to be embedded in all projects with likelihood impact and mitigation measures, that will help prevent problems or provide feasible and alternate solutions at the onset of a crisis.

The evaluation of implemented programmes through **feedback mechanisms** was shared by the participants as a lesson learnt. Feedback mechanisms should be in place in order to evaluate the implementation of programmes. CDAC Network working paper about improving the response to Covid-19 (November 2020), states to move to a participatory, two-way communications and feedback with vulnerable communities; find out what channels they really use and not just what we want them to use. Empower local agencies and communities to take a lead role in the response, so they can truly supplement the response and take charge at a local level. Another lesson from the humanitarian sector is that integrating a variety of safe, inclusive, and accessible mechanisms for people to provide feedback, inputs, or complaints about the response has multiple benefits in terms of the effectiveness and accountability of interventions. Feedback helps to identify gaps and risks, and to build a relationship of trust and transparency with aid organisations. Only by engaging with communities, the aid actors learn how to adapt their responses to better address the needs and concerns of those affected and effectively deal with the outbreak.

Participants also mentioned that **better outreach** of the population affected should be in place, regular needs assessments and sharing of more systematic information within the teams is necessary while **Safety Nets for Emergencies and Crisis** should be established for the most vulnerable because are the ones who are most severely impacted compared to general

population. Vulnerable population during a crisis can be more vulnerable. Moreover, inclusion of beneficiaries in the state policies is crucial as well as engagement and participation of community members in the planning and the response level. To this perspective, the **improvement of social inclusion** for refugees and migrant populations is important and can enhance the understanding and notion that refugees, and migrants are already affected population and thus, more vulnerable.

Collaboration among the countries and coordination of actors and national authorities in all levers and sectors is imperative and leads to more effective results. Synergies among organizations and national authorities are important for the effective implementation of programmes. Organizations have the technical expertise while the Greek State has the authority to make a project official. According to CDAC Network, communication channels and cooperation plans should be established for all governmental and non-governmental authorities and organisations so that the response is coordinated and understandable to the community.

The **adoption of new technologies** has supported the communication and coordination among the teams and resulted in the continuation of service provision by using alternative communication channels. Online communication has been a useful alternative during the Covid-19 crisis and should maintain. The **“Do no harm principle”** should be considered while using online ways of communications and online services for persons in need of humanitarian assistance. For some very vulnerable cases may not be appropriate due to lack of privacy and should be mitigated

Health systems should be strengthened in order to be sustainable. According to the State of Health in EU, the pandemic has highlighted the importance of the health sector in Greece and has spurred resourcing plans through the EU’s Recovery and Resilience Facility. Key areas that will benefit from strategic investment include primary care and hospital infrastructure, preventive and health promotion programmes and the digital transformation of health services. Interim guidance of WHO for the member states (July 2020), highlights that Covid-19 has shown that health systems are at risk of being overwhelmed, and this has a direct impact on emergency preparedness and response efforts. Countries should consider making investments that will enable them to close specific health system gaps in order to deal with such stresses. During the interviews and the discussion with service providers, it was also mentioned as a lesson learnt, the **continuation of the funding of NGOs/IOs** to cover the needs and gaps by the measures implemented by the State.

Mental Health considerations should apply in all projects implemented, whether is applicable to the organizations staff or to the counselling with persons in need of humanitarian assistance. Organizations Staff ‘s welfare should be carefully considered and respected.

According to a publication of the International Policy Centre for Inclusive Growth (IPC-IG), it is key that the lessons learned, and the gains made during the Covid-19 responses are incorporated into the national social protection system. For this reason, is important to institutionalise the lessons learned from the Covid-19 crisis to improve emergency preparedness, and to build a shock responsive social protection system.

Lessons of past pandemics should be applied in our response to Covid-19, including paying attention to the indirect health effects of the disease, to reduce mortality, and ensuring that refugees and displaced populations have access to testing, referral, and definitive treatment alongside all populations. Previous epidemics have shown us that stigmatizing viral

transmission only further places populations at risk and reduces access to care (Lau, L. S., et al, 2020).

Chapter 7: Conclusions

Covid-19 and National Impacts on Humanitarian Services

The pandemic has highlighted the importance of cooperation and solidarity when it comes to solving some of the world's most difficult problems. The Covid-19 crisis has put social protection at centre stage as a shock response tool, and it is likely that the demand of societies for stronger and more inclusive systems will increase.

According to UNHCR, the UN Refugee Agency, out of the 196 countries affected by Covid-19 globally, 79 are refugee-hosting countries reporting local transmission. These populations confront substantial vulnerabilities in the context of Covid-19. Displaced populations, including refugees and migrants, are often the first to be stigmatized and blamed for the spread of disease. Access to infection prevention and control measures, testing and treatment for displaced populations is essential to ensure safety for all. Trust is a critical commodity in pandemic responses, and it must be preserved. Pandemics do not discriminate, and access to health care should not discriminate either. In contrast, engaging affected communities including community leaders, can contribute to the overall success of health related. The rapid global spread of a novel coronavirus has taught us that we are all interconnected in terms of our health and well-being (Lau L., et al, April 2020).

Covid-19 has demonstrated that viruses know no borders, but they also do not discriminate based on immigration status. According to Gavi, the Vaccine Alliance, is “No us versus them” The success of national vaccination campaigns depends on how inclusive and equitable they are. Policy and programmes when designed should be inclusive. In order to ensure the well-being of everyone, we must ensure that the most vulnerable including migrants, refugees, asylum seekers, internally displaced persons and other people on the move are included in the programmes and protected. The need for inclusive approaches in our health-related thinking and practices has never been more urgent. Failing to take migrants into account in the vaccination efforts would hamper the effectiveness of these campaigns and make it difficult to end the pandemic. The success of national vaccination campaigns depends on how inclusive and equitable are.

When the Covid-19 first case was detected in Greece, on 26 February 2020, the country was hosting over 186,000 migrants, refugees, and asylum-seekers in the Aegean islands and the mainland. The risk of getting Covid-19 infection among refugees and asylum seekers in reception facilities was 2.5 to 3 times higher than in the general population due to the living conditions according to a study conducted for the first nine month of the epidemic period (Kondilis et al, 2021).The vaccination of asylum seekers and residents of IRCs and ORFs on the islands or in the mainland began with a six-month delay compared to the general population while there was fear from the undocumented migrants that would be arrested and deported if express interest of getting the vaccine. It was in October of 2021, that a Ministerial Decision was published and gave the right to vulnerable population among them the undocumented migrant that regulated the issuance of a temporary Social Security Number that would allow them to register to get vaccinated.

Covid-19 showed that even countries with strong economies and well-established health and social protection networks struggled to cope with the pandemic. The failure of governments to

engage with and communicate effectively with communities and find means for them to participate actively in the response has had devastating and avoidable consequences. This impact has been disproportionately felt by the most vulnerable and marginalised people, who often felt they were being overlooked.

Accomplishment of Objectives and Thematic Analysis

The objectives of the study have been accomplished through seventeen (17) interviews that have been conducted aiming to gather data from service providers in the humanitarian sector about their lived experiences and horizons during the ongoing Covid-19 crisis in Greece. The overall analysis and the achievement of the objectives were strengthened by social media data, press releases, reports and postings analysis. Through the interviews and the social media research that has been conducted for this study, the prolonged impacts of pandemic crisis in the lived experiences of service providers have been critically examined, the ongoing threats from Covid-19 pandemic have been identified and the SCM know-how of the service providers has been improved based on good practices that have been adopted.

For the accomplishment of the objectives, interview questions have been prepared to facilitate the qualitative data collection process and initiate the research. Many themes have been identified for each objective set and through the phenomenological approach participants provided their first-hand description according to their personal experiences. Individual perspectives were collected and analysed addressing the main objectives of this study. Participants replied to the interview questions by describing how experienced the situation and how they perceived the different aspects of it. Data were comprised of transcripts from a set of interviews with emphasis on the experience from the responder's viewpoint in order to get better and precise outcomes for the research. According to Byrne (Byrne, et al, 2018), persons with lived experience can facilitate better understanding between service providers and those accessing services, and thus, this can result in better outcomes for service users. Therefore, phenomenology was best suited as a research method aiming to bring results based on the understanding of lived experiences of the service providers in the humanitarian sector in Greece.

The prolonged impacts of the ongoing Covid-19 crisis in the life of persons in need of humanitarian assistance have been examined and the impact of the pandemic was also analysed linked to the legal status of persons in need of assistance with the undocumented migrants to be the identified as the group who had been more severely by Covid-19 pandemic. Mental health problems, access to the asylum procedures and increase of social marginalization were identified as main areas of being negatively impacted. As part of the study and in order to provide some further insights about the elimination of the negative impacts, participants were asked to share their personal experiences on mitigation action taken. Among the actions taken were the continuation and implementation of already existing programmes, dissemination of Communicating with Communities material, continuous awareness sessions and strong coordination mechanisms among all involved parties including the authorities.

The ongoing threats of the pandemic which was the second objective aimed to identify ongoing threats faced during service provision. The ongoing threats had an impact on both the service

providers and the persons in need of humanitarian assistance and thus, data were collected and analysed separately. Findings through the meetings conducted and according to participants lived experiences revealed that the lockdown measure imposed was the most important ongoing threat for both personnel and persons in need of humanitarian assistance. In the interviews conducted, the staff wellbeing and the supply chain disruptions were highlighted also from personnel's side while problems with information provision and disrupted education were presented by the interviewees as the most serious threats. In an effort to get some positive insights to overcome challenges caused by the pandemic; participants identified opportunities arising. The digitalization of services, the strengthening of the collaboration and better coordination among organizations and communities, the funding opportunities, the adaptation of programmes and activities and the increase of self-care and solidarity among countries were identified and described in this study.

With the aim to discover good practices that have a positive impact and could be replicated in future crisis, participants presented examples of best practices based on their first-hand experience. The establishment of alternative means of communication to maintain contact with persons in need of assistance and the provision of targeted and regular information sharing were positively highlighted through the interviews. As part of positive measures taken for future crisis, lessons learnt that could be useful for future crisis have been thoroughly identified. Adaptation and flexibility of entities who implement programmes, access of persons in need of humanitarian assistance to reliable and accurate information, better outreach of the population affected and setting of feedback mechanisms are few of the key lessons learnt as mentioned by the participants.

Lived Experiences and Strategic Horizons of Service Providers in the Humanitarian Sector

Phenomenology has been used as a research methodology in this study, to examine Covid-19 crisis impacts on the Lived Experiences and Horizons of Service providers involved in the SCM activities in the Humanitarian Sector. Through phenomenology, the lived experience of service providers who are operating in the humanitarian sector in Greece and knowledge of the phenomenon has been explored and qualitative research has been completed.

As per WHO interim guidance (July 2020), Covid-19 has shown that health systems are at risk and countries have different needs to successfully meet health emergencies. Therefore, countries should improve their responses for future threats, take proactive steps and plan in the long term. The pandemic also brought many opportunities to transform global cooperation and contribute to a more prosperous, peaceful, and healthier world as highlighted by Inter-Agency Standing Committee (March 2020).

During the interviews, participants shared their personal experiences and perspectives while through certain challenges, ongoing threats and lessons learned identified how important is to have a strategic vision for future crisis, a preparedness plan in place and long-term actions. In this study, challenges and threats were analysed and how can be converted into opportunities in the future having a positive impact. The digitalization, strengthening of the cooperation and solidarity among entities, funding opportunities, flexibility and adaptation of services were

highlighted by the participants and described as part of the study that could enforce future initiatives and plans.

Capturing and documenting the first-hand lived experience of persons was the most crucial part of this study. Ongoing threats, good practices, lessons learned, and mitigation measures have been thoroughly described by the interviewees and were included in the qualitative analysis as understood through the eyes of the participants.

According to the methodology chosen, only those who have experienced phenomena can communicate it and the understanding of an experience is communicated by those who have lived it (Mapp, 2008). That said, Service providers operational in Greece were engaged in a dialogue and expressed in the interviews their insights and perspectives for the impact of Covid-19 in the Humanitarian sector as have experience it. Detailed described how they lived this situation, what have experienced and how the provision of assistance to persons in need of humanitarian assistance was impacted. Moreover, investigated at the same time different aspects, parameters, and areas which were analysed based on their personal views. By using Phenomenology as the research methodology, the experience of participants was distilled down aiming to provide valuable outcomes for this research.

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Appendix – List of Interview Questions

Interview Questions

1. Identify up to four (4) ongoing threats that the personnel of Service providers face during the provision of humanitarian assistance due to Covid-19 pandemic.
2. Identify up to four (4) ongoing threats that persons in need of humanitarian assistance face due to ongoing Covid-19 pandemic.
3. Could you provide up to three (3) recommendations to overcome the barriers and challenges for the implementation of projects or policies?
4. How threats and challenges of the Covid-19 crisis can be converted into opportunities having a positive impact in the humanitarian aid provision?
5. Could you please indicate three (3) prolonged impacts of the ongoing Covid-19 crisis in the life of persons in need of humanitarian assistance?
6. Have you been involved in any critical actions to eliminate the prolonged impacts identified in the question 5, for the persons in need of humanitarian assistance? Could you elaborate?
7. Considering person's legal status (migrants, refugees, asylum seekers, undocumented migrants) which part of the population you consider to be more severely impacted by Covid-19 pandemic regarding service provision?
8. Have you identified good practices to replicate that resulted in successful provision of humanitarian aid? Could you please indicate up to three (3)?
9. How the good practices that have been adopted as mentioned in question 8, improved your service provision?
10. Lessons learnt from the last two years of the pandemic that would be relevant for future crisis. Please indicate up to four (4) lessons learnt.