



GREECE



The number of undocumented migrants, asylum seekers and refugees arriving in Greece has been increasing over the past few years. In 2008, 44,610 undocumented migrants were arrested crossing the Turkish border into Greece. The official number of foreigners living in Greece is 800,000 but this number does not include the estimated 200,000 undocumented migrants. Often escaping conflict and instability in countries such as Afghanistan, Iraq, Somalia and Palestine, migrants frequently endure extremely poor living conditions when they reach Greece. Currently, Médecins Sans Frontières (MSF) is providing psychosocial support to undocumented migrants and asylum seekers kept in three detention centres: Pagani on the island of Lesbos, Venna in Rodopi, and Filakio in Evros, both in Northern Greece.

CONTEXT

According to Greek law, undocumented migrants may be detained for a period of up to 12 months in closed detention centres. The usual period of detention ranges between a few weeks and three months. Sanitary conditions and healthcare coverage in detention centres range from basic to extremely poor. Psychosocial support is completely absent. No provisions are in place to meet the needs of vulnerable groups like women, children, chronically ill patients or victims of torture. Once out of detention, migrants, including unaccompanied minors, are left to survive on their own and often end up homeless or living in squalor. Undocumented migrants are not entitled to access the public healthcare system for anything but emergencies. Even then, they often don't have the money required to pay for treatment and medication.

MSF IN GREECE

Assistance to migrants in Patra

Patra is the main port of exit for migrants hoping to reach Western Europe. Between May 2008 and August 2009, MSF ran a daily clinic in the shantytown of Afghan

migrants, and organised mobile clinics in other locations to assist migrants from Africa. MSF offered primary healthcare and psychosocial support and contributed to the improvement of living conditions. The project was closed in September 2009 following the demolition of the shantytown by Greek authorities and the dramatic decrease of the migrant population in the area.

WORK IN DETENTION CENTRES

Between June and September 2008, MSF worked in Pagani detention centre, on the island of Lesbos. A total of 1,202 migrants received medical care and psychosocial support. MSF intervened to improve basic living conditions. At the end of September 2008 MSF closed the project in Lesbos, publicly deploring inadequate cooperation of regional authorities which restricted MSF's access to the migrant population.

After renegotiations with the authorities in August 2009, MSF started new psychosocial support programmes in three detention centres: Pagani, Venna in Rodopi, and Filakio in Evros, both in Northern Greece. In the summer of 2009, between 500 and 1,200 migrants were detained at the Pagani detention centre, a third of whom, were

unaccompanied minors, women and children. Around 600 migrants are detained in centres in Venna and Filakio. MSF psychologists and interpreters/counsellors working in the detention centres offer support in individual and group counselling sessions. Most of the migrants come from unstable regions, like Afghanistan, Pakistan, Somalia, Iraq and Palestine.

Many migrants have been through traumatic experiences during their trip to Europe. Often, they have no choice but to use the services of smugglers, putting their lives at risk.

MSF patients in the detention centres present symptoms of anxiety (28%), depression (26%) and Post Traumatic Stress Disorder (11%)¹. Our beneficiaries have experienced uprooting and suffer from multiple losses and uncertainty about the future. Detention aggravates their fragile mental health status. Vulnerable groups, such as unaccompanied minors, children, women and victims of torture are at increased risk. The difficult living conditions, overcrowding, confinement, and the threat of forced repatriation, contribute to feelings of distress. Over the past four months, MSF has witnessed detained migrants who, out of despair, have been driven to hunger strikes, protests and sometimes self-injury or even suicide attempts.

In detention centres, living conditions are often unacceptable and degrading. In Pagani, overcrowding had led to a dramatic deterioration of living conditions and to the onset of protests. The number of migrants detained was often more than 800, reaching up to 1200 in a facility with an official capacity of 275. There was often only one functioning latrine per 100 or 200 people. During periods of overcrowding many migrants had to sleep on dirty mattresses on the floor, covered by stagnant water from overflowing showers. The migrants were rarely allowed to go out to the yard and families were detained separately. In Venna and Filakio detained migrants are faced with inadequate distribution of food, clothes and hygiene items, as well as irregular and insufficient access to the yard.

The Pagani detention centre closed temporarily for renovations in November 2009, following repeated MSF appeals to authorities to address the humanitarian emergency taking place there. MSF teams are still present in Lesbos following up the situation. Another MSF team continues to work in Venna and Filakio detention centres. MSF has raised concerns with authorities regarding the poor living conditions in detention centres, the limited provision of medical care, the absence of mental health services, the ineffective care of unaccompanied minors, the lack of screening procedures and the absence of a follow up system for medical cases.

“I was two months pregnant when I arrived. I have been in the detention centre for 45 days. I lost my baby here. I was bleeding a lot. They took me to the hospital but when I came back nobody checked on me. I cannot stop crying now. I cannot stay any longer inside the cell.”

ERITREAN WOMAN (AGED 19), PAGANI DETENTION CENTRE (15/08/09).



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“My entire family, my parents, my three brothers and my sister, were killed when a bomb fell on our house. I went to answer the phone and then the bomb fell. The roof collapsed over the room my family was sitting in. There was a lot of dust. I could see their hands under the debris. I could not see their faces. I only saw the face of my youngest brother. Now, here, I need to go outside the cell because inside the cell I think of the bad things that happened at home.”

PALESTINIAN BOY (AGED 16), PAGANI DETENTION CENTRE (2/10/09).

“I was in Istanbul locked up in a basement for 40 days. I did not see the sun for 40 days. The smugglers were asking for more money. They threatened that they would keep me there forever if I did not pay the extra money. The smugglers would make you very scared. They threatened us all the time saying that they would kill us. Once, they hit me on the head and arm with a thick piece of wood. I couldn't move my arm for two weeks.”

AFGHAN MAN (AGED 24), SURVIVOR FROM SMUGGLING VESSEL THAT SANK OFF THE COAST OF LESBOS IN OCTOBER 2009, KILLING 10 PEOPLE.



¹ DATA FROM MSF MENTAL HEALTH ACTIVITIES DURING THE PERIOD AUGUST TO OCTOBER 2009

ITALY



Médecins Sans Frontières (MSF) has been providing healthcare to migrants in Italy since 1999. Stricter immigration policies implemented by the Italian government in 2009 have worsened the situation for migrants, increasing stigma and hampering their access to healthcare. After closing activities on Lampedusa following the sharp decrease of migrants landing by boat in 2009, MSF now responds primarily to the medical and humanitarian needs of seasonal migrant workers in Southern Italy. In 2010, an MSF mobile team will identify areas where there is a high concentration of undocumented migrants and asylum seekers living in poor conditions with limited access to healthcare, and provide emergency assistance. MSF continues to speak out about the plight of migrants in Italy, pushing authorities to guarantee better reception conditions and access to healthcare for all migrants and asylum seekers in Italy.

CONTEXT

Italy has long been a destination and transit country for migrants and asylum seekers, often escaping conflict, deprivation and widespread violation of human rights. The estimated number of undocumented migrants living in Italy in 2008 was nearly 651,000¹. Between 5 and 15 percent of these migrants are believed to land by boat on the Southern Italian coast; the majority arrive via regular entry points but overstay their visas. In response to mounting anti-immigration sentiment, the Italian government has implemented policies to crack down on irregular immigration, resulting in an increasingly hostile environment for undocumented migrants.

The new law, introduced in 2009, criminalises irregular entry and stay in Italy; worryingly, practical application of the law may oblige civil servants to report undocumented migrants to the police. The law also extends the maximum period of detention for undocumented migrants from two to six months. Criminalising policies increase stigmatisation, making migrants more vulnerable to

exploitation and often excluding them from access to healthcare.

A recent assessment done by MSF in more than 20 detention centres for migrants and reception centres for asylum seekers found overcrowding, poor living conditions and serious gaps in healthcare provision. Longer periods of detention are likely to contribute to deterioration in migrants' physical and mental health.

For those trying to reach Italy, the strengthening of border controls is leading to longer and more unsafe journeys. Migrants crossing the Mediterranean Sea to the southern shores of Italy are travelling by smaller boats, taking more risks. In May 2009, after reinforcement of anti-immigration policies, boats carrying migrants and asylum seekers were reportedly intercepted at sea and forced back to Libya. Besides being denied much-needed humanitarian assistance, they are also exposed once again to the violence and abuse endured while trying to reach Italy.

¹ DATA FROM "FONDAZIONE ISMU"

MSF IN ITALY

Medical assistance to migrants and asylum seekers arriving by boat on Lampedusa.

Between 2002 and 2009, MSF worked in Lampedusa, a common landing point for migrants and refugees. Migrants and refugees often arrived suffering from osteo-muscular problems, dehydration and burns resulting from exposure to sun and fuel. Many were traumatised by the journey. Pregnant women and children, who are particularly vulnerable, were also increasingly among migrants arriving by boat. In 2008, MSF provided medical care to more than 1,400 migrants and refugees in Lampedusa. Most came from sub-Saharan Africa, notably Somalia and Eritrea. During the journey, migrants and refugees were often subjected to abhorrent conditions and violence, including rape. New government policies introduced in May 2009 curbing the influx of migrants have meant that migration to Lampedusa by boat has ground to halt. As a result, MSF was forced to withdraw its team from the island, though it remains prepared to re-establish its presence should the situation change.

ACCESS TO HEALTHCARE FOR UNDOCUMENTED MIGRANTS

Over the past seven years, MSF has set up 35 clinics providing healthcare and psychological care to undocumented migrants in six Italian regions, notably Sicily, Campania and Puglia. The clinics were integrated into the country's national health services and services were provided respecting migrants' anonymity. In 2009, four clinics were still run by MSF in Campania region, assisting more than 1,600 migrants. The clinics have been gradually handed over to local health authorities.

ASSISTANCE TO MIGRANT SEASONAL WORKERS

Since 2005, MSF has provided medical and humanitarian assistance to seasonal migrant workers in Sicily, Puglia, Calabria and Campania. In 2009, MSF teams provided more than 700 consultations and distributed hygiene kits and other essential items. The poor living and working conditions endured by migrant seasonal workers often result in regular osteo-muscular problems, gastroenteritis and dermatological conditions.

PUSHING AUTHORITIES TO TAKE RESPONSIBILITY

MSF conducts advocacy work urging authorities to take responsibility for improving living and working conditions for migrants. In 2008, following MSF's

requests, regional authorities in Puglia undertook emergency measures to improve living conditions and provide adequate medical services for the 4000 migrants working in the region. As a result of a joint effort between MSF and other organisations, the Ministry of Interior issued a directive that any obligation of civil servants to report undocumented migrants, as implied in the recent legislation, does not apply to the health sector. To establish the practical impact of the legislation, MSF is conducting a survey in Campania region.



"I come from Côte d'Ivoire. I have been in Italy for two months. I travelled to Sicily on a boat. It was a horrible journey. We were more than 15 people, there were people throwing up, they didn't have food or water. The time I spent in Libya had been even worse. After crossing the desert, we were put in prison without being given any explanation. For six months I lived in a cell measuring 5 by 10 metres with twenty other people. There was no toilet and we could hardly ever go out. Food was insufficient and the police would often beat us up. Now I have come here to pick tomatoes. They pay us three to four Euro for a box. If all goes well I will earn 30 Euros per day here, but I don't have work every day. I live in a shack and I sleep on a mattress on the floor. I didn't think I would have such a bad life in Italy."

20 YEAR OLD MIGRANT FROM CÔTE D'IVOIRE,
WORKING IN THE TOMATO PICKING FARMS IN PUGLIA.
INTERVIEW DONE IN SEPTEMBER 2009.





BELGIUM



In November 2009, one year after closing its programme of access to healthcare for undocumented migrants, MSF set up a refugee camp in the centre of Brussels to highlight the political gridlock around reception and accommodation of asylum seekers in Belgium. European and Belgian legislation dictates that asylum seekers should get access to adequate reception, including housing, once they have submitted an official asylum request. But government housing has been full to saturation since last year. As a consequence, asylum seekers are not only out on the streets but also do not get any other services such as access to healthcare.

CONTEXT

Belgium experienced a peak in asylum requests in 2000, when more than 42,000 asylum requests were initiated. In 2008, 12,252 asylum requests were made; in 2009 this number will be higher. In 2009, the top three countries of origin of asylum seekers in Belgium were Afghanistan, Russia (Chechnya) and Iraq. Asylum requests are handled by different governmental institutions in Belgium: the Commissioner-General for Refugees manages the asylum procedure, while the Federal Agency for Asylum Seekers (Fedasil) provides material assistance. Since the introduction of the new Asylum legislation in 2006, asylum seekers receive only material assistance, not financial help. Housing, accommodation and healthcare are part of this assistance package, which is managed by Fedasil or other implementing partners. Asylum seekers spend four months in a so-called “open reception centre” before being allocated private accommodation suited to their needs.

MSF IN BELGIUM

On the morning of 18 November 2009, a team of 40 MSF volunteers set up a refugee camp in central Brussels. MSF had been called upon by a coalition of NGO’s, who sought

publicly to put pressure on the government to assume its legal responsibilities to accommodate asylum seekers. After repeated requests to the government to resolve the ongoing housing crisis went unheard, the refugee camp was intended to show explicitly the consequences and urgency of the plight of homeless asylum seekers, whose right to housing is no longer guaranteed.

The camp was a symbolic act, and never intended to serve as an alternative to the accommodation otherwise provided by the Belgian government. With a maximum capacity of 60 persons, admission criteria were established to ensure that those housed in the camp were the most vulnerable of the homeless asylum seekers, including single women, families and minors. Over the course of five days, 276 people stayed at the camp, most of them qualifying as particularly vulnerable persons.

The camp was timed to coincide with the KERN, reduced Belgian Council of Ministers meeting, ahead of the EU summit nominating the incumbent Belgian Prime Minister as the President of the European Council. The coalition of NGO’s succeeded in obtaining a guarantee of housing for 450 asylum seekers as a temporary emergency measure, on top of the accommodation that will become available at the end of December and in the course of 2010.

Accommodation was also guaranteed for the beneficiaries who sought refuge in the MSF refugee camp. However, despite our efforts, the housing problem persists. MSF will continue to collaborate with other NGO's to ensure that

the Belgium government heeds its promise to identify more accommodation options to meet the needs of migrants.



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“When I came (to Belgium) the Ministry took my finger prints and data. I arrived 18 days ago. I had no place to go and no food. For 18 days I slept in the railway station, under the bridge or in construction areas. We slept 2-3 hours until the station closes and then went back around 4 or 5 o'clock when the station opens again. Every day we ask Fedasil to give us accommodation. For food we sometimes ask Pakistanis and Afghans, who sometimes give us some Euros to help us out. All this time we were on the streets.”

AFGHAN REFUGEE IN BELGIUM, INTERVIEWED IN THE MSF CAMP IN BRUSSELS, 12 NOVEMBER 2009.

“We took many cars, trucks and buses. Many times we were covered up. Day and night looked the same. We were sometimes completely covered, with small holes for breathing. The smugglers did not want to give us the names of the places we were passing. Sometimes we did not eat for two, three days.... At a certain point we arrived in Istanbul. We stayed for 20-25 days in a covered house. We could not go out. I managed to go out twice because I speak English. Many did not go out for 25 days. If you obey the smugglers they are ok, if not they beat you.”

AFGHAN REFUGEE IN BELGIUM, INTERVIEWED IN THE MSF CAMP IN BRUSSELS, 12 NOVEMBER 2009.





FRANCE



In France, a number of asylum seekers and non-French speaking patients face problems accessing psychological care. Many of the migrants have fled violence, human rights violations and deprivation at home, only to find themselves homeless and destitute in France. Migrants without valid immigration papers are extremely vulnerable and susceptible to anxiety and emotional trauma as a result of their experiences at home, the journey to France and their current living conditions. Living on the streets also leads to physical health problems. In 2007, MSF set up a new programme in Paris to provide migrants with medical assistance, psychological care and social support.

CONTEXT

Asylum-seekers in France are caught up in regional political objectives aimed at controlling immigration flows throughout Europe. As a consequence, reaching France is becoming more difficult, and administrative procedures to submit asylum requests are increasingly complex. Asylum-seekers who don't speak French and find themselves sleeping on the streets have real difficulty obtaining psychological assistance.

MSF IN FRANCE

In Paris, MSF runs a centre offering psychological care to people in distress who come to France seeking asylum and protection. Most of them have fled conflict or political violence at home. Some arrived in France only recently, while others have been living in the country for some time. MSF patients, like many asylum seekers in France, have problems accessing existing psychological care and services because of the nature and intensity of their psychological distress, their social and administrative insecurity, the language barrier and other factors.

A multi-disciplinary MSF team offers treatment and assistance tailored to each patient: therapeutic care is complemented with medical, social and legal referrals

and advice. Since the centre opened two and a half years ago, more than 650 people have received care. In total, MSF medical staff have conducted more than 7,000 consultations: 50 percent for psychological care; 25 percent for medical care, and 25 percent for social assistance. MSF psychologists have assisted 365 migrants and asylum seekers and have 160 regular patients.

People without valid immigration papers are extremely vulnerable and likely to suffer from high levels of anxiety, due to their current extremely poor living conditions but also because of what they went through in their home countries. Psychological care is essential to avoid a deterioration of their emotional state, which can lead to suicide attempts. Of the patients attending the centre, 41 percent reported that they have had suicidal thoughts.

During the summer 2009, MSF also organised a weekend of scabies treatment for Afghan migrants living on the streets in Paris. In November, MSF provided emergency supplies to help homeless and destitute migrants over the winter period.



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L. was born in Afghanistan, 30 years ago. Like most Afghans, he reached France after a long and painful journey across Afghanistan, Iran, Turkey, Greece and Italy. Part of his family died in a bomb blast in Afghanistan. L. fled his country with his wife and children to seek refuge in Iran because he was scared; he travelled alone to France.

He is in constant fear of being sent back to Afghanistan. He has applied for asylum, but his request has been rejected, and he no longer has the right to remain on French territory.

L. has been receiving healthcare at the MSF centre for a year, supervised by an MSF psychologist. The violence he shows towards himself reveals his distress. Every day, his

thoughts are haunted by what he suffered in Afghanistan.

“The disorder in my head corresponds to the disorder of what I saw, to inhumanity, and to the disorder of war. War makes normal people crazy.”

CHECHEN WOMAN

“Healthcare can’t solve all troubles, but it relieves, strengthens, reconstructs, and establishes new perspectives and reference points; this may not mean full recovery, but it allows remission or the reduction of the most overt and debilitating problems.”

JACKY, PSYCHOLOGIST AND MEDICAL COORDINATOR





MALTA



Malta's location, in the Mediterranean Sea at the entrance to the European Union, has made it a common port of disembarkation for thousands of migrants and asylum seekers setting off from the coast of Libya towards Europe. All migrants and asylum seekers arriving in Malta are systematically detained for up to 18 months. The prolonged detention and the conditions they are subjected to, both in detention and open centres, add to migrants' suffering and aggravate their physical and mental health. After more than one year providing healthcare mostly inside detention centres for migrants and asylum seekers, Médecins Sans Frontières (MSF) plans to focus its activities on psychological support for migrants and asylum seekers on the island.

CONTEXT

Over the past several years, migrants and refugees crossing the Mediterranean Sea to Europe have found themselves trapped in Malta, an island with an area of 316 square kilometres and 400,000 inhabitants. Escaping conflict, deprivation or widespread violation of human rights, migrants travel mostly from Sub-Saharan countries to Libya, where they set off on a perilous sea crossing.

In 2008, more than 2,700 migrants and asylum seekers arrived in Malta. Between January and October 2009, 1,241 migrants and asylum seekers landed in Malta – more than half of the new arrivals were from Somalia and 10 percent came from Eritrea.

The Maltese government reception policy for migrants and asylum seekers is aimed at reassuring public opinion and acting as a deterrent against new landings. Upon arrival, all migrants and asylum seekers are systematically detained for up to 18 months. In the detention centres, they face overcrowding, inadequate sanitation and poor living conditions, an environment that has damaging effects on their health. Many migrants and asylum seekers suffer from psychological trauma as a result of their experiences, the dangerous journey to Malta, life

in detention and general uncertainty for the future. Yet, the provision of medical care in the centres is limited and migrants in detention have no access to psychological care.

After their release from detention, migrants and asylum seekers are given a place in one of the 15 open centres on the island. There, they can move freely and begin to build a new life in Malta. But living independently and integration in Maltese society remain difficult and living conditions are still poor. Some centres are overcrowded and lack adequate water and sanitation facilities.

MSF IN MALTA

MSF started providing healthcare and psychological support to undocumented migrants and asylum seekers in Malta in August 2008. Initially, medical care was provided inside two detention centres for migrants: Safi and Lyster Barracks. Consultations in the centres quickly revealed how the appalling living conditions and a lack of access to healthcare - including mental health care – were endangering the physical and mental health of the detainees. Nearly 20 percent of all health conditions diagnosed by MSF medical staff were respiratory problems linked to exposure to cold and lack of treatment for

infections. In March 2009, after repeatedly asking authorities to take measures to improve living conditions inside the centres, MSF suspended its activities. At the same time, MSF published a report to expose the appalling conditions migrants were subjected to in Maltese detention centres. Before suspending its activities, MSF had provided medical care to 2,000 migrants and asylum seekers in these detention centres.

In June 2009, MSF resumed activities inside Takandja, the detention centre where migrants are taken upon arrival in Malta. Since then, MSF has provided more than 1,000 medical consultations inside the detention centres. Among the newly arrived migrants and refugees complaints are often a result of the harsh conditions of the journey to Malta. Most migrants have spent days on a boat, with limited food and water, unable to move, exposed to sun and rain. This leads to musculoskeletal, dermatological, urinary and gastrointestinal health problems.

Experiences in the countries of origin, the harsh journey, poor living conditions and uncertainty for the future contribute to a high incidence of mental health symptoms among migrants. Between July and September 2009, MSF conducted more than 300 psychological consultations. Problems ranged from insomnia and anxiety to depression, Post Traumatic Stress Disorder and, in extreme cases, psychotic behavior.

In 2010, MSF activities will focus mostly on mental health care for migrants and asylum seekers. The services will be available for migrants both in detention and open centres. However, MSF will carry out consultations outside detention centres, to avoid MSF becoming a permanent presence in the Maltese detention centres. MSF will also document the situation of migrants and refugees through its mental health activities and engage in advocacy activities.

All MSF activities are carried out with the help of cultural mediators, who speak the patients' language and are able to bridge cultural gaps between health worker and patient. The mediators also work in public health facilities to facilitate migrant access to healthcare on the island.

“The militia came to my house to kill my brother. They shot me in the shoulder. While I was pregnant, militia beat me and pushed me to the ground. I was seriously injured and was sent to the MSF clinic in Somalia. They had to remove my dead baby. I decided to leave. Otherwise, I would have died. The journey to Libya took about a year. I took the boat in 2006. Nobody could really imagine where we were going to land. Malta is very hard. All I really want is to be with my children. I hope to be allowed to live in a nice place and bring my children there.”

SOMALI WOMAN LIVING IN EX APPOGG OPEN CENTRE, MALTA. (SEPTEMBER 2009)



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“When we arrived in Malta, we had to pay for a mattress and a blanket. They deducted 30 Euros from the 130 a month we receive to buy food and live on. There are 10 bunk beds in my tent. There are holes in the tent roof and when it rains in winter, the water comes in. There is no electricity and it can be very cold. My father and my brother are dead. My wife is still in Somalia. It is hard to make a life for yourself and your family when they are still there?”

23 YEAR OLD RACHID IS A SOMALI CULTURAL MEDIATOR WORKING FOR MSF IN MALTA. HE SPENT 7 ½ MONTHS IN DETENTION AND NOW LIVES IN A TENT IN ONE OF MALTA'S OPEN CENTRES FOR MIGRANTS AND ASYLUM SEEKERS. (SEPTEMBER 2009)



MORROCCO



Médecins Sans Frontières (MSF) has been working in Morocco since 2000, providing medical and humanitarian assistance to sub-Saharan migrants and advocating for better access to healthcare and respect for their human dignity. Morocco is a country of transit for migrants from sub-Saharan countries on their way to Europe. Many of them find themselves blocked in Morocco, at the doors of Europe, unable to go back home or to continue the journey. Reinforcement of border controls in recent years has worsened the situation. Growing numbers of migrants are living in extremely poor conditions, embarking on more dangerous journeys to Europe or falling victim to violence and exploitation.

CONTEXT

Morocco is a place of transit and forced stay for migrants from sub-Saharan Africa. Ceuta and Melilla, two Spanish outposts on the Moroccan mainland, were the scene of violent clashes in 2005 as migrants attempted to enter European Union territory. At least 15 migrants were killed, dozens more wounded and hundreds detained. Since then, many migrants have headed to the cities of Rabat and Casablanca or to areas around Oujda on the Algerian border, where they face extremely poor living conditions and violence.

Reinforcement of border controls and other security measures have forced asylum seekers and migrants to embark on longer, more dangerous journeys to Europe with high death tolls. A growing number of migrants and asylum seekers have found themselves blocked in Morocco, unable to continue their journey or to return home. They are left with an increasing sense of frustration and hopelessness. Because of their poor living conditions and irregular status, migrants are easy prey for trafficking and smuggling networks. Women and unaccompanied minors are increasingly being subjected to violence and exploitation.

Arrests and refoulements across the Algerian and

Mauretanian borders by the Moroccan security forces are frequent. Migrants are also at risk of attacks and robbery by common criminals, who act with total impunity.

Migrants and asylum seekers come from a number of African countries. Most are from Nigeria; the next largest group of migrants come from Democratic Republic of Congo and other countries in West Africa. Many have fled poverty and unemployment at home, but a large number are escaping conflict and violence and, in some cases, sexual violence.

MSF IN MOROCCO

MSF began working with sub-Saharan migrants in Morocco in 2000. Since then, MSF has provided medical and humanitarian assistance and advocated for better access to healthcare for migrants and respect for their human dignity.

MSF has teams based in Rabat, Casablanca and Oujda. There are two components to MSF's work here: provision of direct curative and preventive medical care; and facilitating access to the Moroccan health system.

Between 2003 and October 2009, MSF medical staff carried out 25,389 direct consultations and attended 4,250 cases of violence. The MSF medical outreach team

helped patients access medical care in Moroccan health centres (4,190 cases) and hospitals (3,598 cases). With MSF's support, more than 100 patients with infectious diseases, including tuberculosis and HIV/AIDS, were diagnosed and treated in Moroccan health facilities. Migrants now have access to vaccination programmes and antenatal care. Sexual and reproductive health is a priority for MSF, and through the programme, doctors and nurses provide support and assistance to women and children who have been victims of sexual violence and exploitation.

Advocacy work to complement these medical activities includes lobbying authorities and other actors to assume responsibility for protection and assistance to migrants.

MSF emphasises the obligation to respect the health and dignity of migrants: in a report published in 2005, MSF documented violence and abuse against migrants inflicted by Moroccan and Spanish security forces. In 2008, MSF presented a follow-up report to authorities in Spain and Morocco.

Increasingly, MSF is adopting a regional approach to provide better assistance to migrants and expand the scope of its activities. In June 2009, MSF went to two areas with a heavy concentration of migrants - the border area with Mauritania, and the city of Nouadhibou, the main port of exit of boats to Spain - to evaluate the situation of migrants and the need for MSF assistance.



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“We came on foot. In order to make this journey on foot you have to be very strong. You only have the water that you carry, and when this water runs out you have to drink water that you get from camels. There is so much sand, and when you are with small children, it's hard, it's really hard. When we arrived in Gadamés we only had a few things to eat, we ate some biscuits. Then some men came to us. They said : ‘We need women’. I asked them why they needed women. They told me again that they needed women and started to beat me. They were so strong. I was raped for five days, that's five days, one after the other. I could not refuse. They forced you to have sex. They

touch you all over. They take sand and throw it onto you. I cried to God but there was no miracle that could help me escape. You find yourself wishing for death. But death doesn't come.”

WOMAN FROM DEMOCRATIC REPUBLIC OF CONGO.
INTERVIEWED IN MOROCCO IN DECEMBER 2009.

