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# Internal Evaluation Report



Project “Direct and Holistic Medical and Psychosocial Intervention for Refugee and Migrant Children in Danger in Greece” (ECHO/-EU/BUD/2018/011007)

Organization: The Smile of the Child,  
Greece

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The current report has been produced by “The Smile of the Child” in the framework of the Project “Direct and Holistic Medical and Psychosocial Intervention for Refugee and Migrant Children in Danger in Greece” funded by the Directorate General for European Civil Protection and Humanitarian Aid Operations of the European Union (DG ECHO).

For more information regarding this report please contact us at: [projects@hamogelo.gr](mailto:projects@hamogelo.gr)

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## INTRODUCTION

“The Smile of the Child” (TSoC) implemented the Project “Direct and Holistic Medical and Psychosocial Intervention for Refugee and Migrant Children in Danger in Greece” funded by DG ECHO. The project is the Organisation’s first to be directly funded by the European Commission's department for European Civil Protection and Humanitarian Aid Operations (ECHO). The project run for almost one year (April 1<sup>st</sup> 2018 until March 15<sup>th</sup> 2019).

With an EU grant of EUR 800.000, the project contributed to the protection of more than 800 minors and the improvement of their quality of life (more specifically, 865 minors and pregnant women, from April 2018 until January 2019). The services provided during the Project were the identification, intervention, treatment and protection of minors and more specifically of:

- refugee/migrant children with increased medical needs
- refugee/migrant children victims or at risk of violence/ trafficking/ smuggling and missing children

The main activities of the Project were:

- a) Support refugee/migrant infants and children with increased medical needs (suffering from a chronic illness, recovering from a serious injury, having reduced mobility, presenting developmental disorders etc.) and/or pregnant and lactating women accommodated in apartments in Athens and Thessaloniki (e.g. provide paediatric home treatment, medical and nursing care, physiotherapy, psychosocial support, assistance in medical consultations, training of parents on how to handle the medical issue of the child),
- b) Prevention and response to violence against refugee/migrant children via provision of telephone counselling and direct intervention (24 hours a day/7 days per week, free of charge) for refugee/migrant minors victims of violence (physical, sexual and/or psychological abuse and/or neglect), smuggling, trafficking and missing children, handling of reports of violence against migrant/refugee children in collaboration with national authorities.

The Project was implemented by two specialized teams based in Athens and Thessaloniki, respectively, covering the wider areas of Attica and Northern Greece. The teams were composed with qualified personnel (social workers, physiotherapists, paediatricians, psychologists and nurses) and were active in the places of residence of refugee/migrant families with children with increased medical needs (apartments). In addition, the specially trained professionals (line operators), along with the assistance of interpreters, received the requests and the referrals while activating all available services and procedures for refugee/migrant minors in need.

The Project was implemented in close and continuous cooperation with the authorities and the organizations that had the overview of the beneficiaries (e.g. the organizations responsible for the accommodation of beneficiaries, the paediatric hospitals responsible for their health coverage, social services).

The current report summarizes the results of the internal evaluation of the project that was addressed a) to the project’s staff and b) the beneficiaries of the medical intervention actions in both regions (Attica and Thessaloniki).

## THE SMILE OF THE CHILD

“The Smile of the Child” is the largest internationally recognized non-profit, non-governmental Organization in Greece in the critical field of child protection, support of children and families with children in need, as well as free public health service for children, both in prevention and treatment.

The Organization started its operations in 1996 by Costas Yannopoulos, President of the Board of Directors, inspired by the wish of well-being for all children in the world, expressed by his 10-year old son Andreas before he succumbed to brain cancer in late 1995. Over 23 years of activities “The Smile of the Child” has made a difference for more than 1.480.000 children and their families in Greece.

“The Smile of the Child” currently operates with approximately 3.466 active volunteers on a daily basis and more than 500 specialized personnel and is financed through donations from sponsors and the broad public in Greece that is familiar with the Organization and appreciates its action for all children, without exception and without distinction of background, origin, religion or any other criterion.

The operational commitment of “The Smile of the Child” is structured along four main groups of children in need of protection: **children victims of violence, children victims of disappearance, children with serious health problems and children who live in poverty or are threatened by poverty.** In order to address the different needs of these children “The Smile of the Child” implements a variety of actions and provides services in the areas of **prevention, intervention and therapy.**



## 1. METHODOLOGY

TSoC initiated a twofold evaluation process addressing a) the **beneficiaries** of the medical actions of the Project (the families and their children with increased medical needs)<sup>1</sup> and b) the **staff** of the organisation that implemented the actions. Two evaluation questionnaires, adjusted to each target group, were drafted with the aim to receive the feedback of the beneficiaries on the one hand and examine and evaluate staff's perception and opinion about the Project on the other.

The evaluation questionnaires were based on the "Report on the Satisfaction of Beneficiaries" of the Procedure Manual of Quality Management System (ISO 9001:2015) adjusted to the Project's specific requirements (both questionnaires are available in the Annex). The beneficiaries and the Project's staff were asked to evaluate the project and assess the degree of their satisfaction from several aspects of the project that varied between the target groups (organization, implementation, coordination, communication, content, processes, services of the project etc.), the degree of their expectations' fulfilment and usefulness, what they liked most, what they did not like, any complaints that they may had and indicate suggestions for improvement (if any).

The completion of the evaluation questionnaire of the staff was conducted online (self-completed); the questionnaire was available for a month (November 2018) and was completed by almost all of the Project's staff; more specifically the 86% of the staff completed the evaluation questionnaire (36 social workers, physiotherapists, paediatricians, psychologists, nurses, interpreters and administrative staff). The rest of potential respondents were not possible to be reached due to the fact that they were not working for the project during that point of time.

As regards the evaluation questionnaire of the beneficiaries, this was an ongoing procedure for 4 months (October 2018-January 2019) during which the questionnaires were administered in both areas of intervention (Athens and Thessaloniki) either to the children or to their parents, where the children were not able to self-complete the questionnaire (e.g. due to handicap, very young age). The data collection method was either self-completion or structured interviews. The participation was voluntary and the questionnaires collected were anonymous.

From April 2018 until January 2019, the organisation had assisted 213 children and women. The questionnaire was administered to the open cases during the time period of October 2018 – January 2019 which were 89. The questionnaires were completed by the 72% of the open cases of beneficiaries which represents 64 children/parents and Pregnant or Lactating Women (in total 54 families since in some families more than one children suffered from health issues and were assisted). The rest of beneficiaries were not able to complete the questionnaire for various reasons such as a) the family has left Greece for another European country b) TSoC's personnel has visited only *once* the child/family (newly received cases and therefore it was not possible to evaluate the services provision), c) language barriers (e.g. difficulty to identify kurmanji interpreter), d) sometimes the families were not available due to bureaucratic issues they had to manage with public services. Therefore, a 30% of the total number of the assisted beneficiaries participated in the evaluation process.

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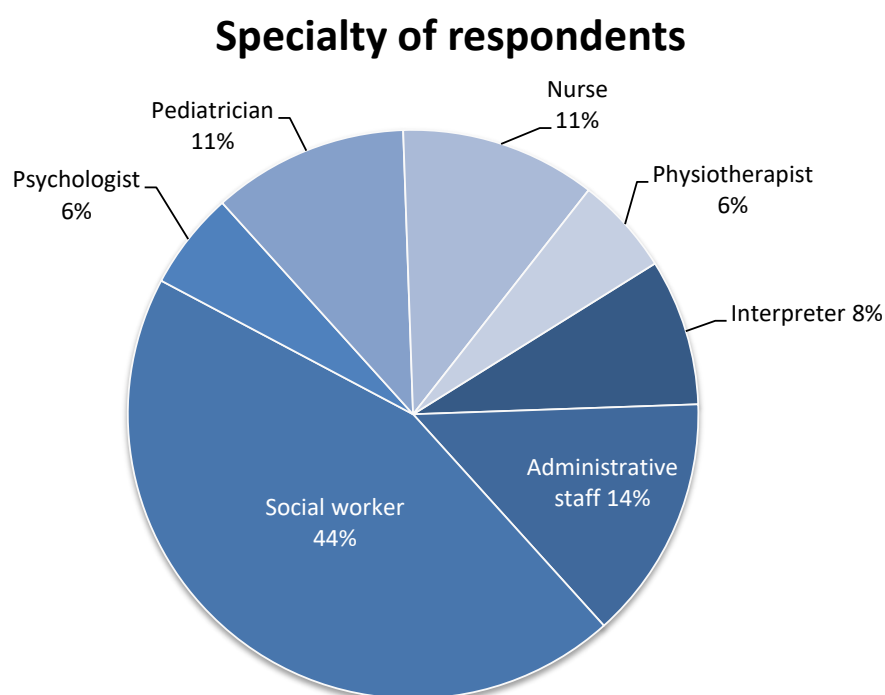
<sup>1</sup> The beneficiaries of the second axis of intervention (prevention and response to violence against refugee/migrant children via provision of telephone counselling and direct intervention) were not invited to participate in the evaluation process due to the specific character of the intervention, that is mainly conducted via telephone and due to the emergency character of the services provided (direct intervention for children in danger). Under conditions of crisis it is not possible to conduct the evaluation.

## 2. EVALUATION RESULTS

### 2.1 PROJECT'S STAFF

#### Characteristics of the staff

A total of 36 members of the project's staff completed the questionnaire. As presented on Figure 1, the majority of the respondents were social workers (16 people); the rest members of the staff were: administrative staff (5 people), Paediatricians (4), Nurses (4), Interpreters (3), Psychologists (2), Physiotherapists (2). The 50% of the respondents were working on the medical axis of the project's intervention, the 36,1% were working on the second axis of intervention (prevention and response to violence against refugee/migrant children providing telephone counselling and direct intervention to children in danger) and the 13,9% were the administrative staff.



**Figure 1.** Specialty of respondents (N=36).

#### Results

##### Satisfaction

Participants' mean satisfaction ratings with the project, as presented on Figure 2, are very high (8,7 – 9,7) for all the assessed aspects. All items received mean ratings above 9 apart from two items that received 8,7 mean rating (*adequate number of personnel*<sup>2</sup>) and 8,9 (*communication and dissemination activities*). The

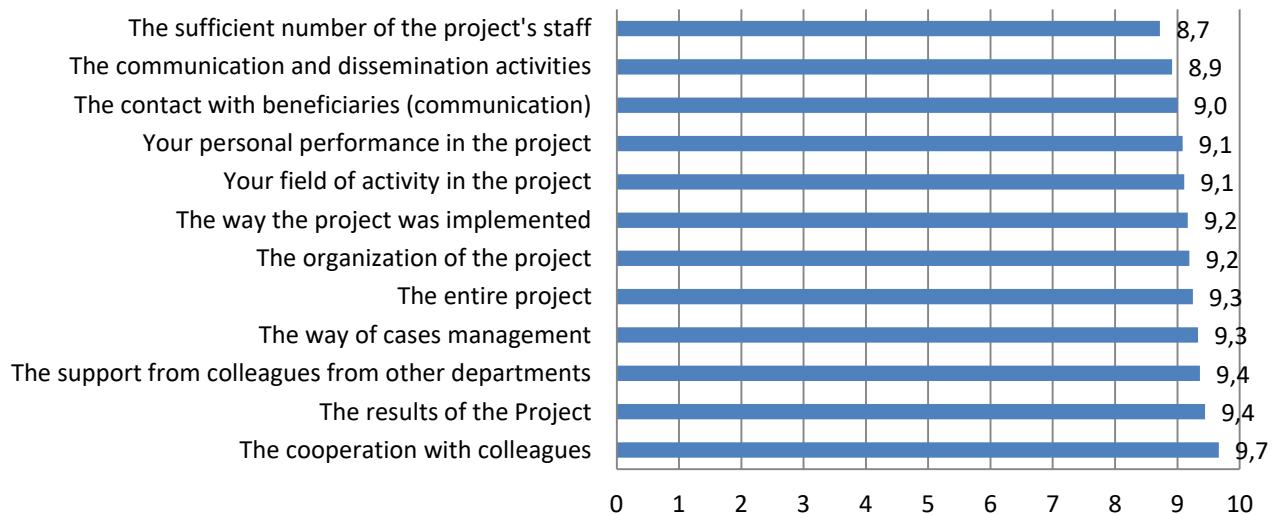
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<sup>2</sup> This was the only aspect that was rated lower than the others. One participant commented that it would be good to have more doctors and interpreters. However, the identification of doctors and interpreters is quite a challenge. Although, several efforts were made to recruit additional staff, the efforts were unsuccessful due to the fact that such positions are in high demand in general in Greece.



highest satisfaction mean rate (9,7) was given to the *cooperation with other colleagues* and one participant also added the “high expertise of the project’s team”. Other aspects that were also rated highly were: the *results of the project* and the *support of colleagues from other departments* (9,4 mean rating for both aspects), *the way of cases’ management/handling* and in general the degree of satisfaction from *the entire project* (9,3 mean rating for both aspects), *the way the project was implemented* and *the organization of the project* (9,2 mean rating for both aspects), their *personal performance in the project* and their *field of activity in the project* (9,1 mean rating for both aspects), and finally *the contact with the beneficiaries* (9 mean rating).

**On a scale of 0 to 10, in what extent you are satisfied from:**



**Figure 2.** Mean ratings (0=Not at all, 10=Absolutely) of staff’s satisfaction (N=36).

It is obvious that the Project gave the opportunity to the staff to work and be part of a Project with very specific purpose and noteworthy impact for children. This fact offered a considerable satisfaction to the entire staff since the results are tangible (there is progress in the health status of the children, the parents are well informed about how to support their child, there is immediate action to help a refugee/migrant child in danger or in need and additionally etc.).

It is characteristic, what one participant stated:

*I consider this project absolutely necessary and useful; it covers a significant gap in the country related to both the paediatric home care treatment of cases of minors with severe medical issues and the response to cases of violence / trafficking/ smuggling against minor refugees/migrants 24hours / 7 days. I consider both actions should be continued after the end of the funding.*

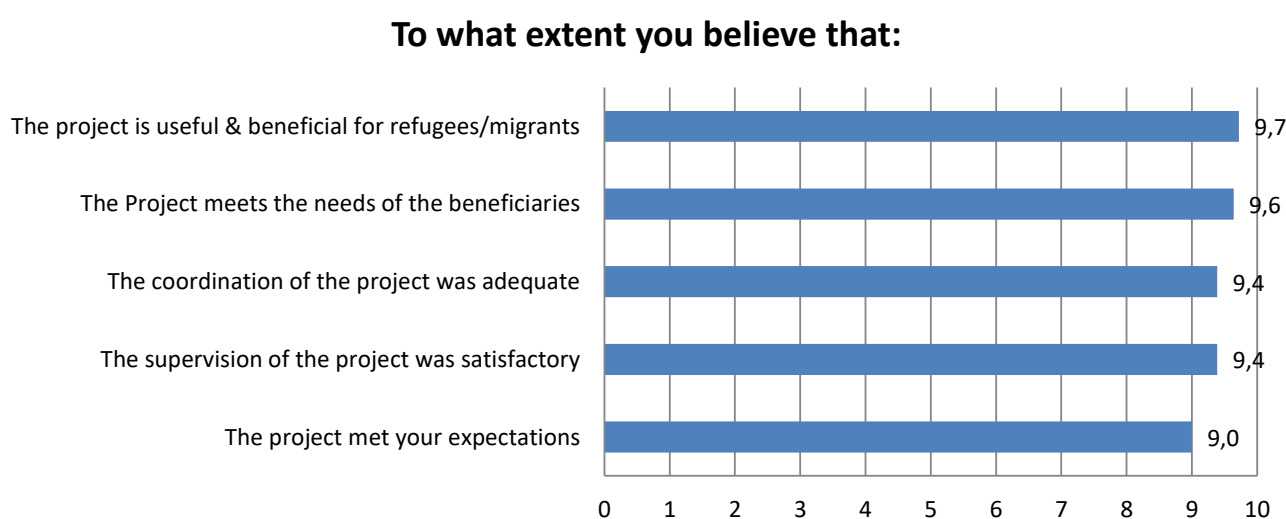
In addition, it was stated that *the project covers a great gap in terms of provision of physiotherapy, something that is in general a gap in the country.* Equally important was considered the fact that the medical staff of the project provided training to the parents about how to handle the medical problem of the child; the personnel was able to develop educational material for the parents for different medical issues in the parent’s language. Most of the times, parents are not aware about how to handle the medical issue of the child (e.g. diabetes) or how to handle special medical equipment. Through this Project, the staff had the opportunity to explain and train the parents accordingly in order to be able to be autonomous

and support their child which had as a consequence to have a better quality of life and avoid serious difficulties.

To sum up, the Project was well implemented and the staff was highly satisfied to be part of this effort because of the tangible results and impact to children.

### *The project and its usefulness*

According to the participants' responses (Figure 3), the Project is considered highly *useful and beneficial for the refugees/migrants* (mean rate: 9.7) and *met greatly the needs of beneficiaries* (mean rate: 9.6). The *coordination and supervision of the project* was greatly *adequate and satisfactory* (mean rate 9,4 for both aspects) and the project greatly *met the staff's expectations* (mean rate 9).



**Figure 3.** Mean ratings (0=not at all, 10=absolutely) of staff's personal opinion about the project and its usefulness (N=36).

Moreover, it was mentioned by one participant that there should be a department in the Organisation dedicated to the coordination of actions related to refugees/migrants. For the project, each axis of intervention had its own coordinator. According to the staff's opinion, there should be one department dealing with the activities addressed to the refugees/migrants. However, the structure of the organization is multiple action-based and each action has its supervisor (permanent staff - irrespective of the running projects) and the establishment of this new department was not possible to be achieved since the Organisation's aim is to help and support all children no matter what is their origin or religion.

### *Challenges during the Project*

A total of 15 people reported challenges which can be summarised below in three categories:

#### *1. Public health system*

Shortcomings exist in the public health system which creates many obstacles during the support of the children by professionals. There is a great need for physiotherapists. In addition, there is a difficulty to arrange an appointment in the Hospital because of the complicated system of appointments and a difficulty to find doctors for prescription.

Citizens without social security number should have access to the services, medicines and consumables for free. However, there are services that do not accept to support refugees/migrants or are not explaining the procedure or the procedure is so complex that discourages them.

There are many children without social security (AMKA) number because of typos to official documents such as birth certifications etc. The process requires a lot of time and there are many steps for the acquiring of the official documents. In general, it is very time-consuming procedure to book an appointment while the waiting time for proceeding with medical exams or medical prescriptions is very high.

Because of its longstanding cooperation with paediatric hospitals and other authorities, TSoC has covered many requests about medical consumables/supplies with high cost and assisted refugees/migrants during the medical consultations or when booking the appointments. All challenges and difficulties were handled.

## *2. Administrative issues*

The cooperation with other organisations was satisfactory and the cases of children with medical needs were increased in due time. This was the role of TSoC to be engaged in a systematic way which was very positive since there was an holistic approach and refugees' quality of life was improved. One respondent mentioned that organizations that were responsible for the accommodation of



refugees/migrants did not have the necessary expertise to support children and their families who suffered from severe diseases. "The Smile of the Child" did have such an expertise and longstanding experience in this field and established a specialised medical team contributing to an improvement of the quality of health of the beneficiaries. However, there were difficulties from time to time in cooperation with National Health System and other relevant authorities or organisations in order to provide the referrals.

## *3. 'In the field' issues*

The greatest challenge was that the needs of the children should be covered rapidly, properly and in a professional way. The personnel was close to the children while being in the hospitals in order to follow their medical record and conducted also the visits to the apartments. Moreover, there was a difficulty for professionals which was some parent`s refusal to accept the disability of their child, when parents realised that their child had a disability or faces a chronic disease. One of the first reactions was the refusal which turned into anger. The parents' anger was addressed to the medical staff that had as a purpose to provide information about the child's issue. Furthermore, there was a number of beneficiaries requesting their transition to other European cities and consequently they asked for legal advice which was not included in the staff's and project's duties.

In addition, beneficiaries often become manipulative and pressing without giving the time to handle the issues properly. They cannot understand that the waiting time in public hospitals is high while sometimes the organisations that have made the referral are not fully helpful which brings both TSoC's personnel and beneficiaries into an unpleasant situation for which TSoC is not responsible. Lastly, the tone of the voice and the way of talking of beneficiaries was something that cannot be interpreted.

### *Positive aspects, concerns and difficulties, complaints and suggestions for improvement*

The staff was also asked to provide some feedback on a series of open-ended questions, such as what they liked the most and what they did not like in this Project, any complaint that they may had, as well as suggestions for improvement, comments or remarks.

Their responses can be summarized as follows:

#### What I like the most in the project is:

A total of 29 people responded to that question. The most positive elements of the Project mentioned are related to:

##### a) Services provided

- The service quality and the holistic approach when supporting the children
- The 24/7 availability through the Hot/Helpline and the important support we provide to a specific group which is vulnerable
- The direct support for the coverage of the needs of children.

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*“This Project offers the Smile to refugees”*

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##### b) Satisfaction feeling

- Support children with serious needs, helping a very vulnerable group. Direct aid and support provided
- The communication with people
- There are refugees/migrants that get in contact with TSoC that already know the Project's activities
- Good cooperation with colleagues and positive spirit, common approach and goals during work. Encouraging environment for expression of thoughts, ideas and concerns. The feeling of giving during the daily schedule and the good mix of the team are some of the main remarks from the professionals
- The Project that offers the Smile to refugees
- The satisfaction of the children and their families when intervening effectively with the aim to solve any existing medical issue

##### c) Results

- Each result from each action realised in this Project
- The monthly meetings of the team
- The impact for the beneficiaries, better quality of life, improvement of their health
- There are many children with demanding medical needs that show significant progress in their health status during the Project
- Support to beneficiaries and good cooperation with public services that is due to the great experience of TSoC and the development of very good relations with them.

What I didn't like in the project is:

A total of 4 people mentioned that there is nothing that they didn't like; 12 people mentioned the following:

- The emphasis to the communication activities. In addition, it is not very easy to take pictures in the apartments of children who have health issues
- The Project is not well known to the target group which is addressed
- This is a Project that is funded for a limited and specific time. This Project should continue
- Many apartments are in non-easily-accessible areas; a lot of time is spent in transportations
- The difficulty on daily transfers when weather conditions are extreme.

Complaints

No complaints were mentioned.

Suggestions for improvement and other comments or remarks

A total of 15 people responded to that question and mentioned the following:

- The support to children with medical needs should be continued. The needs of refugees/migrants are high and they can be covered through the Project
- Networking of TSoC with the aim to promote the Project and more frequent participation to conferences, workshops etc.
- Foresee a lawyer position since refugees/migrants frequently ask for legal aid
- Continue the project with more personnel (more interpreters and physiotherapists)
- Identify ways to be limited the time spent in transportation.

Two respondents replied that there are no suggestions for improvements since the project is sufficient, and provides holistic and high quality services with great impact and should be continued.

## 2.2 PROJECT'S BENEFICIARIES

### Demographic characteristics

The questionnaire was completed by 59 children (or their caregivers when self-completion by the children was not possible) and 5 Pregnant and Lactating Women-PLW (54 families). The beneficiaries were coming from Iraq (56,3%), Syria (32,8%), Afghanistan (9,4%) and Lebanon (1,6%) as presented in Figure 4. The 47% of the beneficiaries were female and the 53% male (Figure 5). The mean age of PWL was 24 years and the mean age of children beneficiaries was 6,3 years; the 51% were children from 0-4 years old and the 49% were children from 5-17 years old.

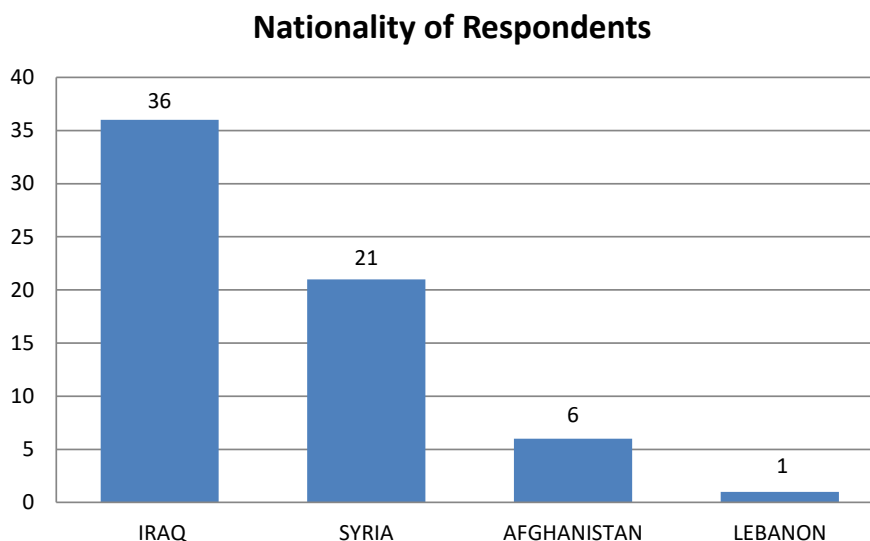


Figure 4. Nationality of respondents (N=64).

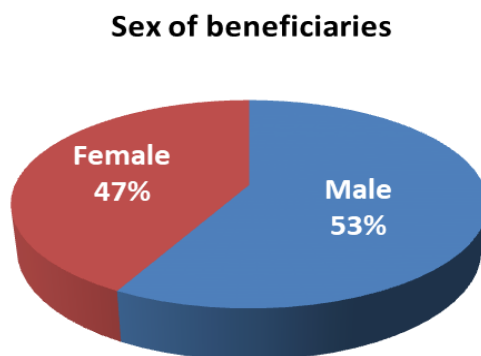
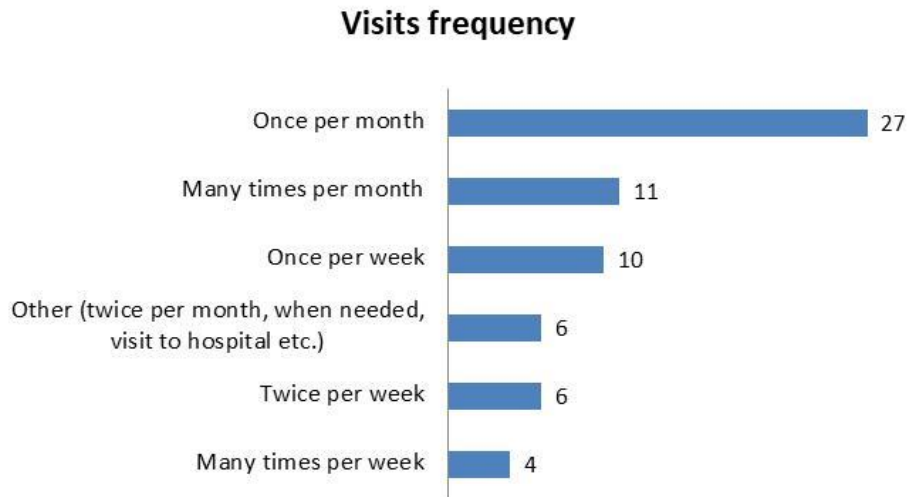


Figure 5. Gender of beneficiaries (N=64).

The frequency of the visits at home to these specific beneficiaries varied depending on the gravity of each child's health issue. As presented in Figure 6, for the 42,2% of the beneficiaries the frequency of the visits was "once per month", for 17,2% "many times per month", for 15,6% "once per week", for 9,% the response was other (e.g. twice per month, when needed, visit to hospital etc.), for 9,4% "twice per month" and for 6,3% "many times per week".



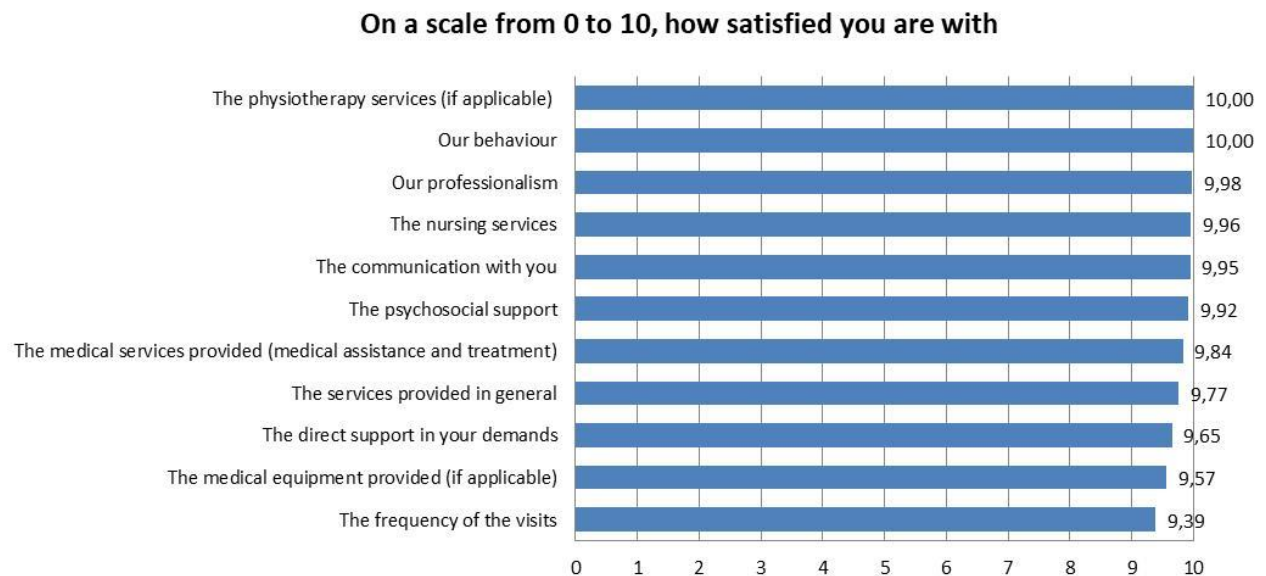
**Figure 6.** Frequency of TSoC's visits to beneficiaries.

## Results

### Satisfaction of beneficiaries

Respondents' satisfaction for the services provided was very high with mean ratings ranging from 9.39 to 10.00 (Figure 7).

All items received mean ratings above 9.57 apart from the *frequency of visits* (9.39). The highest satisfaction rates were related with *psychosocial support* (9.92), *communication of personnel with beneficiaries* (9.95), *nursery services* (9.96), *professionalism of personnel* (9.98) *physiotherapy* and *personnel's behaviour* (10 for both items).

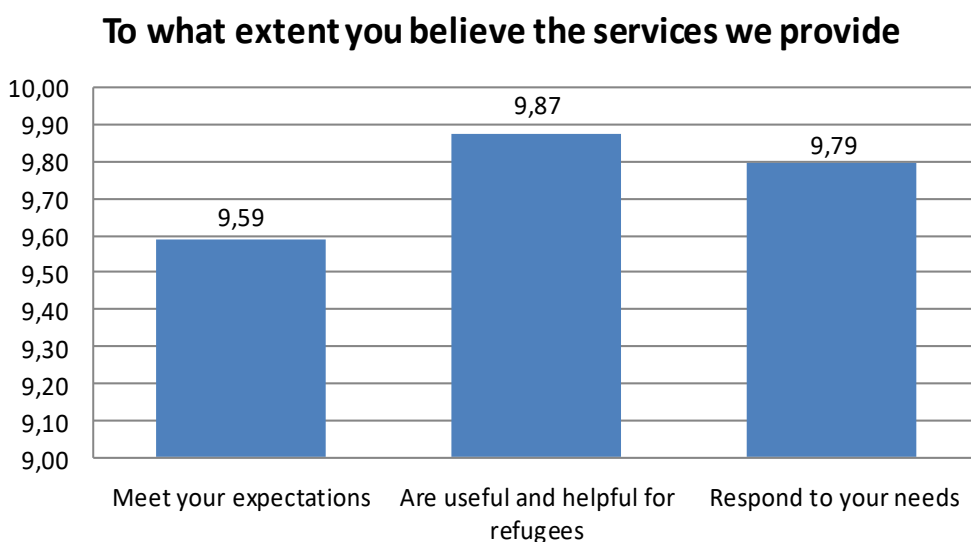


**Figure 7.** Mean Ratings (0=Not at all ... 10=Absolutely) of respondents' satisfaction (N=64).

The positive aspects of the services provided were that the families had the feeling that someone is there for them and they have someone to talk and support them. The visits of the personnel at home or the transfer of their child from/to the hospital were very important for the families in order to feel that they are not alone. Additionally, interpretation was a service that gave the opportunity to families to handle with bureaucratic issues, understand and comprehend the health issue of their child while receiving instructions/advice about how to handle this health issue. Lastly, the impression about TSoC` s personnel was very positive since the personnel was always present for the families, having an understanding about the issues of each family and treating these families with care, sensitivity and smile.

### The project and its usefulness

According to the respondents, the Project`s services were considered highly *useful and beneficial for the refugees/migrants* (mean rate: 9.87), *responded to their needs* (mean rate: 9.79) and *the services met the beneficiaries` expectations* (mean rate 9.59) as presented in Figure 8. The beneficiaries believed that the services provided by TSoC are useful and helpful and that they do respond to the needs of the families. There were some families mentioning that the services did not meet their expectations which is quite understandable since they were expecting -for instance- a financial support (which is not foreseen in the Project`s purpose).



**Figure 8.** Mean ratings (0=not at all, 10=absolutely) of beneficiaries` personal opinion about the project and its usefulness (N=64).

### Challenges during the Project

The beneficiaries were also asked to provide their feedback on a series of open-ended questions, such as what they liked most and what they did not like in this Project, any complaint that they may have, as well as suggestions for improvement, comments or remarks.

Their responses can be summarized as follows:

What I like most in the project is:



A total of 51 people responded to that question. The most positive elements of the Project mentioned are related to:

a) General Comments:

- *The way of communication and the quality of services*
- *The whole treatment and the holistic approach followed by the team*
- *The care of the team, the interest for the child's health condition and the support of the medical examinations*
- *Your professionalism, understanding and attitude*
- *The support offered for the medical issues of the children*
- *The availability and the willingness of the team to accompany to the hospital and the support to all medical issues. The paediatrician's examination of the child in our house as well of the whole team in order to book the appointments in the hospital*
- *The frequency of the visits of the team for our child*
- *The support of the team every time we needed them and their direct response.*

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*“ because of your presence, we had the feeling that our family was here in Greece and we were not alone”*

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b) Services provided:

- *The team supports and mediates between the family and the Hospital doctors and the support on this issue*
- *The support from the team and the facilitation in the hospitals. Personnel's kindness when accompanies the child to the hospital. The team fixes the appointments with the hospital and the appointments in the hospitals do not take a lot of time. Interpretation support to the hospital and the municipality (when needed). Continuous care and support during the visits*
- *Support and facilitation with nurse (healthcare worker) at school*
- *The services are excellent and the advice offered by the team was precious*
- *The medical advice offered by the paediatrician*
- *Your support to my daughter and the urinary catheters you provided*
- *Social-psychological and medical support*
- *The support during the pregnancy for making the appointments or accompany me to the doctor*
- *The vaccination of the children and the fact that the vaccination let the children go to school (since it is a prerequisite to have a vaccination certificate when going school)*
- *The services offered to disabled children.*

c) Satisfaction feeling:

- *The attitude and the professionalism of the personnel. Kindness and respect by the team*
- *The interest/care of the team for the child*

- *The immediate response of the team when urgent matters occurred to the child*
- *The smile and sensitivity about the child's problem*
- *Help, support, human generosity and education of the team*
- *Your approach and the communication during the visits*
- *The interest you show about the child*
- *Your gentle attitude and the therapy followed*
- *Your compassion, the direct response to our demands and your professionalism towards the child*
- *Love and support I received from the team. They were really very patient.*

#### What I didn't like in the project is:

A total of 14 people responded to that question; they did not mention any issue that they did not like from the project but rather general issues not related to the project's goals:

- *The waiting time in the hospital for the appointment we had with the doctor (this comment is common for the majority of the respondents)*
- *More support because of lack of some services such as food or cleaning services (although the Organisation was not responsible for these services).*

#### Complaints

A total of 3 people responded to that question and mentioned the following:

- *The activities are not addressed to adults*
- *The waiting time in the hospitals*
- *When for the appointments (with public services) we should be accompanied by someone, we became quite demanding towards the team occasionally.*

#### Suggestions for improvement and other comments or remarks

A total of 10 people mentioned the following:

- *Build schools for children with special needs with activities, games, courses and health services*
- *There should be similar project for adults. It could be a branch of the organisation where we can do the medical examination in order to avoid the visits to hospitals*
- *More support to daily needs of children (not only financially).*

### 3. CONCLUSION

The Project “Direct and Holistic Medical and Psychosocial Intervention for Refugee and Migrant Children in Danger in Greece” funded by DG ECHO was implemented by TSoC and lasted from April 1<sup>st</sup> 2018 until March 15<sup>th</sup> 2019. Main activities were a) the support of refugee/migrant infants and children with increased medical needs and pregnant and lactating women accommodated in apartments in Athens and Thessaloniki and b) the prevention and response to violence against refugee/migrant children via provision of telephone counselling and direct intervention. During the Project, TSoC initiated a twofold evaluation process with the purpose to receive the feedback from the beneficiaries and examine and evaluate staff’s perception and opinion about the Project.

The project had a very positive impact to the beneficiaries and the staff as well. The overall ratings were very high and the beneficiaries were highly satisfied with the services provided by TSoC. Overall, the Project was totally useful for the beneficiaries and they met to greater extent their expectations. Beneficiaries expressed their gratitude about the quality of the services, the support of the team and the holistic approach followed by the team.

The staff was also highly satisfied because of the purpose of the Project which was the support to refugee/migrant children with medical needs and children victims or at risk of abuse, trafficking, smuggling and missing children. The cooperation with colleagues was very smooth, the contact with beneficiaries was good and each member of the staff was highly satisfied with its performance. The Project was very useful and the staff had the feeling of providing tangible results to beneficiaries.

There were some common challenges that staff managed such as the complicity of procedures with public services or the gravity of health status of some children, but all challenges faced were handled due to the expertise and know-how of the staff and the longstanding experience of the organization in these areas of intervention (health and protection). The overall impression was that the Project was very important since TSoC assisted continuously children with medical needs along with their families, pregnant women, and children victims or at risk of abuse, trafficking, smuggling and missing children and in parallel beneficiaries felt better since they were supported directly with care and compassion and the health issue of their child was appropriately taken care of.

Beneficiaries were very satisfied and grateful for the fact that they were offered this medical and psychosocial support for their children. Especially, the parents of the children had the opportunity to understand and receive assistance for the future to be autonomous by being able to make an appointment to the hospital, manage bureaucratic issues or support their child with chronic health issue. Moreover, beneficiaries suggested expanding this project to adults also (not only children). For all the above mentioned reasons, the overall evaluation of the Project is more than positive and this is the proof why it could be considered as a best practice for future similar projects.

In conclusion, thanks to the funding by the European Commission, “The Smile of the Child” managed to offer holistic and substantial support to children in need 24 hours a day, and managed to bring a Smile to the face of refugee and migrant children and their families and to improve their quality of life. The project’s actions will continue being implemented by “The Smile of the Child” with own means until external funding is secured. The Smile of the Child will continue addressing the needs of refugee and migrant children and their families living in Greece by utilising the nationwide network of integrated services and actions and will not interrupt the support to those in need.

The beneficiaries themselves or the professionals/organisations/individuals can continue addressing the requests/referrals by calling the following numbers (24 hours a day/7 days a week, free of charge) or by sending an e-mail:

- National Helpline for Children SOS 1056 (sos1056@hamogelo.gr )
- European Hotline for Missing Children 116000 (116000@hamogelo.gr)
- European Helpline for Children & Adolescents 116111

The Smile of the Child will continue deploying for refugees and migrants its nationwide network that is comprised among others of the Mobile Medical Units of Intensive Care for Children and Newborns, the Multi-medical Unit Hippocrates and other Mobile Medical Units, a Pediatric Care at Home Unit, the National Helpline for Children SOS 1056, the European Hotline for Missing Children 116000 and the European Helpline for Children & Adolescents 116111, all three interconnected with the 112 European Emergency Number, a number of specialised logistical tools (search and rescue vehicles, jeeps, radio networks, repeaters), a Mobile Command Center, the Crisis Management Center “ODYSSEAS”, a Disaster Recovery Area at the Athens International Airport and the Search and Rescue Team “Thanasis Makris” with the participation of internationally certified canine teams.

# ANNEX

## 1. PERSONNEL QUESTIONNAIRE

Dear colleagues,

The purpose of the following questionnaire is the evaluation of the Project “Direct and Holistic Medical and Psychosocial Intervention for Refugee and Migrant Children in Danger in Greece”, implemented by “The Smile of the Child” (with the financial support from DG ECHO).

Our aim is to evaluate the level of your satisfaction from the Project and hear your proposals for the project’s improvement (if needed).

Your participation is not mandatory. You may stop or quit the questionnaire at any stage. **There are no right or wrong answers.** We are fully interested for **your opinion**. Your answers are confidential and anonymous. We expect from you to be honest and sincere since our aim is to improve our work in future projects such this.

### 1. Specialisation:

- Social Worker
- Psychologist
- Paediatrician
- Nurse
- Physiotherapist
- Management
- Other: \_\_\_\_\_

### 2. Division:

- Medical Department
- Hotline/ Helpline
- Administration (Athens / Thessaloniki)

**On a scale from 0 (=Not at all) to 10 (=Absolutely) ....**

### 3. How much satisfied you are from:

	Not at all		...						Absolutely		
	0	1	2	3	4	5	6	7	8	9	10
The entire project	0	1	2	3	4	5	6	7	8	9	10
The organisation of the project	0	1	2	3	4	5	6	7	8	9	10
The implementation of the project	0	1	2	3	4	5	6	7	8	9	10
Your personal performance during the project	0	1	2	3	4	5	6	7	8	9	10
The field of your activity in the project	0	1	2	3	4	5	6	7	8	9	10
The personnel adequacy	0	1	2	3	4	5	6	7	8	9	10
The cooperation among colleagues	0	1	2	3	4	5	6	7	8	9	10
The colleagues’ support from other departments	0	1	2	3	4	5	6	7	8	9	10
The results from the project	0	1	2	3	4	5	6	7	8	9	10
Your contact with the beneficiaries (consultation, communication)	0	1	2	3	4	5	6	7	8	9	10
The management of the cases	0	1	2	3	4	5	6	7	8	9	10
Communication and exploitation actions of the project	0	1	2	3	4	5	6	7	8	9	10

***Do you have any other comment/remark?***

**4. To what extent, do you believe that:**

**Not at all**

**...**

**Absolutely**

	0	1	2	3	4	5	6	7	8	9	10
The project meets the expectations you had	0	1	2	3	4	5	6	7	8	9	10
The project is useful and beneficial for refugees/ migrants	0	1	2	3	4	5	6	7	8	9	10
The project fulfils the beneficiaries' needs	0	1	2	3	4	5	6	7	8	9	10
The supervision of the project is satisfactory	0	1	2	3	4	5	6	7	8	9	10
The coordination of the project is satisfactory	0	1	2	3	4	5	6	7	8	9	10

**Do you have any other comment/remark?**

**5. What challenges/difficulties did you find during your work (if any)?**

**6. As regards the Project,**

a. What I <b>like most</b> is
b. What I <b>do not like</b> is
c. I have a <b>complain</b> about

**7. Do you have any other additional suggestion for improvement, comment, remark?**

**Thank you!!!** 😊😊😊😊

## 2. BENEFICIARIES QUESTIONNAIRE

The purpose of the following questionnaire is the evaluation of the Project “Direct and Holistic Medical and Psychosocial Intervention for Refugee and Migrant Children in Danger in Greece”, implemented by “The Smile of the Child” with the financial support from the Directorate General for European Civil Protection and Humanitarian Aid Operations of the European Union (DG ECHO).

Our aim is to evaluate the level of your satisfaction from the Project and hear your proposals for the project’s improvement (if needed).

Your participation is not mandatory. You may stop or quit the questionnaire at any stage. **There are no right or wrong answers.** We are fully interested for **your opinion.** Your answers are confidential and anonymous. We expect from you to be honest and sincere since our aim is to improve our work in future projects such this.

1. Nationality of the beneficiary:<sup>3</sup> \_\_\_\_\_

2. Gender

3. Age: \_\_\_\_\_ years old

Boy

Girl

**Details of the person who completes the questionnaire (in case the questionnaire is completed from a relative of the beneficiary)**

4. Gender

5. Relation with the beneficiary

Male

Mother

Female

Father

Brother/sister \_\_\_\_\_ age

Uncle/aunt

Other: \_\_\_\_\_

6. Frequency of visits from “The Smile of the Child”

Once until now

Daily

Once per week

Several times per week

Once per month

Several times per month

Other: \_\_\_\_\_

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<sup>3</sup> If there is more than one beneficiary in the family, different questionnaires should be completed.

On a scale from 0 (=Not at all) to 10 (=Absolutely) ...

**7. How much satisfied you are from:**

	Not at all		...						Absolutely		
	0	1	2	3	4	5	6	7	8	9	10
The frequency of the visits	0	1	2	3	4	5	6	7	8	9	10
The direct support in your demands	0	1	2	3	4	5	6	7	8	9	10
The communication with you	0	1	2	3	4	5	6	7	8	9	10
Our behaviour	0	1	2	3	4	5	6	7	8	9	10
Our professionalism	0	1	2	3	4	5	6	7	8	9	10
The services provided in general	0	1	2	3	4	5	6	7	8	9	10
The medical services provided (medical assistance and treatment)	0	1	2	3	4	5	6	7	8	9	10
The psychosocial support	0	1	2	3	4	5	6	7	8	9	10
The physiotherapy services (if applicable)	0	1	2	3	4	5	6	7	8	9	10
The nursing services	0	1	2	3	4	5	6	7	8	9	10
The medical equipment provided (if applicable)	0	1	2	3	4	5	6	7	8	9	10

*Do you have any other comment/remark?*

**8. To what extent do you believe that:**

	Not at all		...						Absolutely		
	0	1	2	3	4	5	6	7	8	9	10
The services provided meet your expectations	0	1	2	3	4	5	6	7	8	9	10
The services provided are useful for refugees/ migrants	0	1	2	3	4	5	6	7	8	9	10
The services provided fulfil your needs	0	1	2	3	4	5	6	7	8	9	10

*Do you have any other comment/remark?*

**9. As regards the services provided**

a. What I like most
b. What I do not like
c. I have a complain about

**10. Do you have any other suggestion for improvement, comment, remark?**

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Thank you!!! 😊😊😊😊





The Smile of the Child  
10 Zinonos Eleatou στr, Marousi, 15124  
Tel: +30 210 3306140  
Email: [info@hamogelo.gr](mailto:info@hamogelo.gr)  
Website: [www.hamogelo.gr](http://www.hamogelo.gr)