

www.ifrc.org  
Saving lives,  
changing minds.

# Emergency Plan of Action Operations Update Greece: Wildfires

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n° MDRGR003 EPoA update n° 1</b>	<b>GLIDE n° WF-2018-000123-GRC</b>
<b>Date of issue: 3 October 2018</b>	<b>Timeframe covered by this update: 23 July - 31 August 2018</b>
<b>Operation start date: 23 July 2018</b>	<b>Operation timeframe: 9 months, ending April 2019</b>
<b>Overall operation budget: CHF 2,068,669</b> (CHF 572,647 multilateral contributions and CHF 1,496,023 bilateral contributions)	
<b>N° of people being assisted: 7,100</b>	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Spanish Red Cross	
<b>Other partner organizations actively involved in the operation: Ministry of Infrastructure, Transport and Networks, Municipality of Rafina, Municipality of Megara, Municipality of Marathonas, Civil Protection, international, national and local NGOs</b>	

This **Operations Update no. 1** is reporting on all activities since the onset of the disaster (on which an Emergency Appeal was launched on 31 July) until 31 August 2018. The attached interim financial report reflects the IFRC multilateral contributions and bilateral contributions received directly by the Hellenic Red Cross. This appeal is fully funded.

## A. SITUATION ANALYSIS

### Description of the disaster

Following a hot and windy spell, on 23 July 2018, several wildfires broke out in forests and villages in Greece across the Attica region, primarily in the areas surrounding the capital of Athens. By 24 July noon, 14 fire outbreaks were reported. The two major outbreaks happened in the wider region of Attica. The first fire started on Monday in the Gerania mountains in the west of Attica, in the settlement of Kineta. Dense pine forests were burnt, and flames reached house yards in several other nearby settlements. Soon after, fires started to break out in the regions of Rafina and Marathonas. The village of Mati was the most affected and burnt down almost completely. Fires also broke out in several areas of northern Greece, and on some islands including Crete, however, further away from residential areas with no casualties reported. Extinguishing the fire was very difficult due to the strong winds and the extreme difficulty of access to the areas.



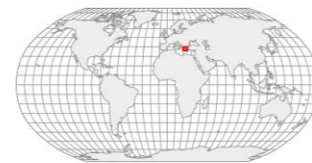
The Red Cross health team engaging the affected population in Rafina. *Photo cred: HRC*

Almost 94 per cent of the cities in Rafina and Marathonas were affected by recent wildfires. On 25 July as the death and injured toll rose, people responded by donating massive amounts of items in kind such as burn creams, clothing, medicines, biscuits etc. to the Hellenic Red Cross (HRC) and other humanitarian actors. As of 15 August, the death toll reached 96 people<sup>1</sup>. Almost 200 persons were reported to be injured, many of which in critical condition. More than 3,000 houses and homes have been assessed in both Eastern and Western Attica and an estimate of 3,236<sup>2</sup> homes withstood various degrees of damage and about one third of them (908 categorized as “red”) was assessed as

<sup>1</sup> [‘Fire death toll at 96’. 15 August 2018.](#) Newspaper article - Ekathimerini

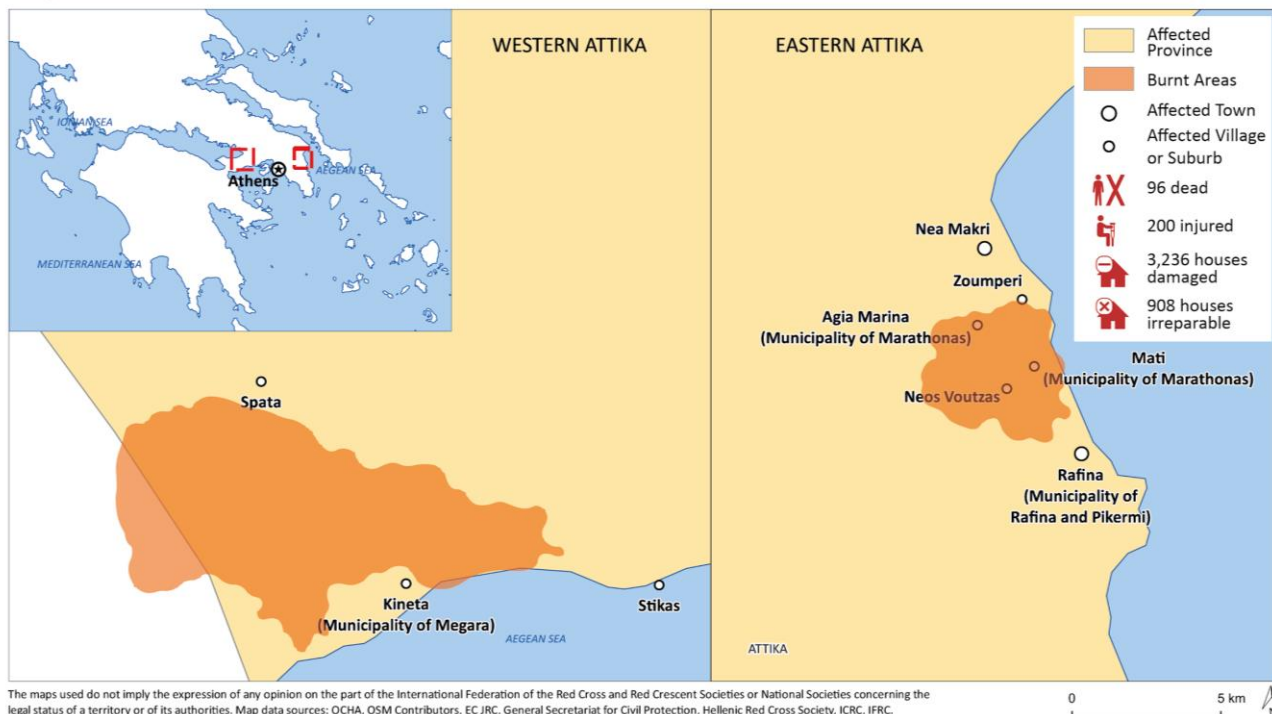
<sup>2</sup> [Damage assessment report.](#) 27 July 2018, Ministry of Infrastructure, Transport and Networks

irreparable.<sup>3</sup> Apart from the human casualties there was heavy damage to the electricity and water networks, both of which were significantly disrupted. At time of reporting, restoration works are still ongoing.



## Greece, Forest Fires in Attika: Situation Update

12 September 2018



**Map of the fire-stricken areas in Rafina and Marathonas**

Housing needs of fire victims in Marathonas and Rafina were covered. In Nea Makri, people were accommodated in the 5<sup>th</sup> summer camps of St. Andrew (95 persons), the Army Officer's Recreation Center (144 persons) and the Centre for the Recreation of Air Force Officers (218 persons), as well as in the Marathonas and Mati hotels<sup>4</sup>. In Rafina the fire affected persons were hosted in hotels, homes of relatives and friends as well in newly built blocks of flats. but

The borough of Nea Makri and the Municipality of Rafina operated points for distribution of relief donations (food, water, diapers, clothes etc) to the affected people. The in-kind donations were reduced after several relevant announcements by both municipalities. Nevertheless, people continued to bring relief items. The Municipality of Nea Makri was also distributing daily hot meals to the affected population of both municipalities.

According to the General Secretary of Civil Protection, the fires constituted a worst-case scenario due to (1) the high-density forest in the affected areas, (2) strong winds, and (3) high temperatures. A state of emergency was declared, and assistance from the EU was requested due to the intensity and magnitude of this phenomenon. The Government of Greece began receiving submission of applications for the granting of an exceptional one-off aid in the form of an allowance, to natural persons and businesses affected by the fires on 23 and 24 July 2018. As of 21 August 2018, 4,239 applications have been filed<sup>5</sup>.

<sup>3</sup> [Damage assessment report](#), 27 July 2018, Ministry of Infrastructure, Transport and Networks

<sup>4</sup> Information from the inter-municipal coordination meeting, 20 of August 2018

<sup>5</sup> [Press release, 22 August 2018](#), Ministry of Infrastructure, Transport and Networks

## Summary of current response

### Overview of Host National Society

The Hellenic Red Cross (HRC), member of the International Movement of Red Cross and Red Crescent Societies, was established on 10 June 1877. It is the biggest humanitarian organization in Greece and according to its legal status, the HRC is a non-profit organization officially recognised by the Hellenic Republic, as a voluntary aid society, auxiliary to the public authorities in the humanitarian field. HRC's work is based on voluntary work and in order to achieve its humanitarian mandate, HRC collaborates with other entities, both governmental and private, using funding from national as well as from European resources.

The HRC has 454 staff and over 5,550 active volunteers with more than 80 branches throughout Greece. Currently, the National Society's assistance to the people affected by the fires is being provided mainly by the different divisions of the HRC headquarters (since there is no active branch in the area), including Nursing (health and care); the Samaritans (search, rescue and first aid, relief); Social Welfare (PSS, social welfare, shelter and relief distributions); and Tracing Services (Restoring Family Links).

In 2018, the HRC started to build a disaster response mechanism that would ensure that the National Society is better prepared to face the different possible disasters in Greece through improved coordination during response operations. The process started with HRC appointing a disaster management (DM) coordinator and recruiting a DM officer to work with the IFRC DM delegate in developing contingency plans (the plans for migration and floods have been completed aligned with the Civil Protection's hazard prioritisation), and standard operating procedures (SOPs) to clearly outline the necessary actions during the operation. Setting up and training of the three response teams was completed in July 2018: a National Disaster Response Team (response coordination body that can be deployed to the field as a whole or in a modular manner, based on the existing capacity and needs at the affected area), an Emergency Health Unit (team consisting of experienced nurses, doctors and volunteers that can deliver primary health care during and after emergencies) as well as an Emergency Psychosocial Support Unit (roster of experienced Psychosocial Support and Psychological First Aid practitioners that can be deployed to support the affected persons).

### Red Cross Response

#### Launching the Appeal:

- **23 July:** Several wildfires broke out in forests and villages across the country, primarily in the areas surrounding the capital of Athens. The HRC immediately started to provide first aid services to affected people in Rafina Municipality.
- **24 July:** The HRC National Disaster Response Team (NDRT) was deployed to Rafina and Nea Makri together with the Emergency Health Unit, the Emergency Psychosocial-Support Unit and the Mobile Health Unit. [Information bulletin No. 1](#) was issued.
- **25 July:** As the death toll rose (84 persons), people responded by donating massive amounts of items in kind such as burn creams, burn dressings, medicines, biscuits etc. to HRC, Municipality of Rafina and Marathonas and other humanitarian actors. [Information bulletin No.2](#) was issued.
- **26 July:** The death toll reached 83 people and more than 187 persons were reported to be injured, with many in critical condition. The HRC continued to provide first aid and other health related services, Psychological First Aid, Restoring Family Links (RFL) services as immediate response to the disaster. An earmarked bank account was also opened by Hellenic Red Cross.
- **31 July:** IFRC issued an [Emergency Appeal](#), based on request of HRC, for seeking 2 million Swiss francs on a preliminary basis to enable the IFRC to support the HRC for delivering assistance and support to approximately 7,100 people for nine months.
- **24 August:** The detailed [Emergency Plan of Action \(EPoA\)](#) was published.

Mobilisation of the NDRT: As there is no existing HRC capacity in the two areas where the fires started (i.e. there is no HRC branch in the municipalities or in their vicinity), the National Society mobilised the NDRT initially for the assessment of the situation in the Gerania Mountains and in Rafina/Nea Makri and then to coordinate the operation in the field of Rafina and Nea Makri. The NDRT produced daily situational reports during its deployment and coordinated the implementation of services by the various teams: *Emergency Health Unit (EHU)*, *Emergency Psychosocial Support Unit (EPSSU)*, *Samaritans* (especially for First Aid and Search and Rescue) and *Restoring Family Links (RFL)*. The team leaders of the NDRT participated in all coordination meetings in the affected municipalities (Rafina and Marathonas). By the 7<sup>th</sup> day of the response, the NDRT ceased its coordination role as HRC's EHU and EPSSU took over the coordination.

Relief: Due to the tragic nature of the event – this disaster was characterized as the third deadliest disaster, in terms of death toll in post-war Greece – substantial amounts of in-kind donations were given to HRC from the Greek community. Most of it were distributed to affected cities in Municipality centres (especially Rafina); donated further to healthcare centres and hospitals or sent to other fire affected areas, for example some medicines and relief goods to



the affected district of Glykia Zoi at Kinetta, belonging to the Megara Municipality, in which 14 houses were completely destroyed by the fires of western Attica.


Despite the relatively well-functioning supply chain scheme of HRC, they were not able to cope with this new situation, and the warehousing facilities as well as the whole supply-chain system became overwhelmed resulting in a temporary disorganised warehouse and incomplete lists of donations and distributions. HRC will improve its supply-chain systems and logistical infrastructure under this EA.

HRC opened an **earmarked bank account** to receive donations for the fire victims; and issued a press release which warned people from fake accounts and other organisations posing as the HRC, to protect the fire victims as well as HRC itself from financial 'exploitation' of private interest by misuse of the Red Cross name or distortion of public opinion. The press release warning was published by more than 100 Greek websites and media. Through this EA, a fundraising strategy will be developed to further build the preparedness of public donations.

The HRC **community engagement and accountability (CEA)** officer supported the HRC health team in designing brochures on 'Protection Measures after the Fires' that were disseminated to the communities. HRC's **cash transfer programme (CTP)** officer was also mobilized to the affected districts to conduct needs assessments and preparations for potential cash-based assistance.

The HRC has provided the following assistance to the affected population as of 31 August when the first immediate response phase ended:

Sectors	Service
 <b>Health</b>	<p style="text-align: center;"><b><u>605 primary health care consultations</u></b>  <b>(299 consultations provided to men, 297 to women and 9 to children)</b></p> <p><i>The emergency health unit (EHU) has been mobilised since the second day of the incident to provide health services to persons affected by the fire. There has been mobilization of a Mobile Health Unit to provide door to door services to those that are unable to reach the public health system.</i></p>
	<p style="text-align: center;"><b><u>119 PSS Services</u></b>  <b>(56 services provided to men and 63 to female)</b></p> <p><i>HRC staff and volunteers have been deployed to provide PSS and PFA services to persons affected by the fires. Since the implementation of the mobile health unit they are also doing a door to door implementation of services.</i></p>
	<p style="text-align: center;"><b><u>475 First Aid services</u></b></p> <p><i>The Samaritans Division from Athens, Piraeus and Nea Smyrni branches were deployed since the first day of the fires. Field first aid posts were set up respectively according to the ongoing needs. 15 Search and Rescue patrols were also conducted in affected areas, to search for casualties, with a total of 480 volunteer hours provided by the Search and Rescue team; HRC lifeguards were also involved in underwater searches (at Kokkino limanaki). In total, 184 Samaritan volunteers were engaged in the operation.</i></p>
 <b>Volunteer service</b>	<p style="text-align: center;"><b><u>279 volunteers</u></b></p> <p><i>Volunteers from all sectors have been deployed supporting services in Health, RFL etc. Most volunteers were from the Samaritan divisions with a total of 184 volunteers providing First Aid and Search &amp; Rescue. 15 Search and Rescue patrols were conducted in affected areas, to search for casualties, with a total of 480 volunteer hours provided by the Search and Rescue team; HRC lifeguards were also involved in underwater searches (at Kokkino limanaki).</i></p>

 <p><b>Restoring family links</b></p>	<p><b><u>73 requests processed</u></b></p> <p><i>The RFL unit has mobilized two staff members and one volunteer who have been registering missing persons in the field. In total, 73 requests have been processed, 69 from Greece and 4 from abroad. They have also coordinated with the National Forensic Mechanism for Disasters which was activated by the state to process the files of missing persons and assist in the identification process. ICRC provides technical and financial support to the Tracing Service of the HRC in the effort to help families find their missing relatives. ICRC also provides technical assistance to governmental forensic teams involved in the identification of dead bodies and has donated material equipment (such as personal protective equipment, body tags, and body bags) to forensic medical services.</i></p>
--	--

HRC's capacity has been steadily increasing as a result of its extensive participation and coordination of assistance in the population movement response as well as other disasters. Therefore, HRC with the support provided by the current appeal is strengthening its capacity to implement the interventions outlined in this plan.

### **Overview of Red Cross Red Crescent Movement in country**

Since an Emergency Appeal was launched for Greece in 2015 to support the population movement response, the HRC has been supported by IFRC, ICRC and several Partner National Societies, out of which the Danish Red Cross (DRC) and Spanish Red Cross (SpRC) remain in country. IFRC continues to lead the coordination mechanism jointly with HRC among all Movement partners through bi-weekly Cooperation Management Group (CMG) meetings while the Spanish RC has the grant management lead for the ECHO-funded activities. IFRC takes an active role also in the Movement-wide technical working groups of community engagement and accountability (CEA) and Protection that are convening on a regular basis with participation of HRC, ICRC, IFRC, SpRC and DRC. The Protection WG is not only a coordination forum, but also a mechanism for joint advocacy initiatives.

HRC has been responding to the wildfire emergency since the early onset, supported by these same partners. IFRC is providing technical support for the coordination of the emergency, while Spanish Red Cross is supporting the Mobile Health Unit in addressing health-related needs. ICRC continues to provide some technical and financial support to the Tracing Service of the HRC in the effort to help families find their missing relatives. ICRC also provides technical assistance to governmental forensic teams involved in the identification of dead bodies and has donated material equipment (such as personal protective equipment, body tags, and body bags) to forensic medical services.

### **Overview of non-RCRC actors in country**

The main governmental body for the disaster response is the **General Secretariat for Civil Protection** as a competent statutory body, given that tackling the problem of forest fires involves the coordinated action of many agencies and bodies. The fire brigade, police (Ministry of Citizen Protection – Ministry of Interior), the army (Ministry of Defense), Periphery & Municipalities, with involvement of the Ministry of Health & National Health Operations Centre (EKEPY), are the main institutional bodies for coordinating and responding to the disasters. At the local level the Ministry of Health operates local health centres that provide primary healthcare services. The Municipalities are also involved in the disaster response through the provision of technical means (water tank vehicles, construction and earth-work equipment) but also through their respective social support networks and facilities. The social intervention of the municipalities could include relief and food distributions, cash assistance and psychosocial support depending on the needs of the affected in every municipality. On 9 August 2018, the Greek Prime Minister presented a new plan for civil protection that will include the coordination of agencies and forces (among them the Hellenic Red Cross) and will take into account the climate change experienced in Greece relating to the fire emergency.

The governmental bodies' response include, since the beginning of the emergency, the reduction of the wildfires, search and rescue, provision of temporary shelter for those displaced by the fire, collection and distribution of food and non-food items, provision of health services, setting up the registry of affected persons, and damage and needs assessment. Moreover, the government is taking actions to speedily implement the relief measures for the affected citizens.

Other actors in the field supporting the response efforts of the Government, include the following:

- **Médecins Du Monde (MDM)** providing psychological support services at the Health Centre of Rafina and health services with a mobile unit
- **Médecins Sans Frontières (MSF)** operating in Nea Makri (mainly in the area of Mati) with health services through a mobile unit
- The **Smile of the Child** providing health services and supporting with PSS in the 5th summer camp of St. Andrew, which houses about 120 fire victims of the Municipality of Marathonas (Nea Makri)
- **Medical School of Athens** providing doctors for health services at the 5<sup>th</sup> summer camp of St. Andrew

- The **Association for Regional Development and Medical Health (EPAPSY)** providing psychological and psychiatric support to those affected at the Nea Makri Health Center
- **Οργανισμός Προγνωστικών Αγώνων Ποδοσφαίρου Α.Ε. (OPAP Lottery Company)** covering feeding costs of guests in the 5th summer camp of St. Andrew
- The **Association of Midwives of Attica** offering counselling services to pregnant women and mothers of infants and supporting with baby milk delivery once a week
- The **"Pamamkaristos" Foundation** supporting PSS activities for children

HRC is in constant communication with local authorities and other actors in the field. Meetings with municipalities and NGOs are being held to coordinate the assessment of needs, mapping of the area and ensuring that complementary services are being provided.

## Needs analysis and scenario planning

### Needs analysis

HRC has been responding to immediate needs since the fires broke out. The recent fires in Greece have resulted in:

- Direct loss of lives;
- Missing persons;
- Heavy injuries and immediate health needs;
- Loss of properties (houses, restaurants, shops etc.) and consequent financial loss;
- Need for direct psychological support due to traumatic experience and post-disaster PSS management for disaster victims and communities in the vicinity.

One of the most urgent need identified is for **psychosocial support (PSS) services**. The fire has had a vast impact on the psychological wellbeing of the people affected, but also on entire communities in the affected areas. There is a need for provision of psychological first aid (PFA) to address the immediate effects of the fire, as well as psychosocial support moving forward. PSS activities should include support by mental health specialists to support the victims of the fires, their relatives and the broader community, with the identification of missing people also being a priority. Furthermore, specialized PSS intervention will be provided to the volunteers exposed at the traumatic experience of finding dead people and PSS sessions will be provided to all the HRC volunteers involved in the operations. There is also a **need for support in health-related areas**, especially for those with chronic conditions that depend on regular check-ups and continuous timely treatment. Health problems are related to exposure to the wildfires, such as burns (from minor to severe), respiratory complications due to exposure to smoke, eye irritation as well as fear and stress. People with acute or chronic health problems include older people reluctant to leave their homes or being unable to do so due to mobility restrictions.

However, as the fires were put out and infrastructure slowly being restored, **needs for recovery** have been emerging, and HRC is looking to understand how to complement the actions provided by the government.<sup>6</sup> Considering the necessity for a more detailed needs assessment, HRC staff is continuously in contact with stakeholders in the field to receive the latest information on the current situation, including updates on where evacuated people are located. Based on the information received from the municipalities of Rafina, Marathonas and Megara and on the initial assessment of HRC's National Disaster Response Team, as of now, the needs of people affected include both **short-term** (i.e. health, PSS) **and mid-term recovery**. The immediate needs include shelter for the people who have lost their primary residence. As the damaged site is a relatively small geographic area with mostly upper-class holiday homes, insurance policies are in place and support is currently being provided by the Government.

A balanced needs-based approach for recovery will be applied for the implementation of cash-based assistance to affected people, taking into consideration the government's measures towards fire victims and avoiding overlaps. The needs of each affected household can vary depending on the level of the damage to their homes (repairable or completely damaged) or their livelihoods. In this case, a multipurpose cash grant was defined as the most suitable response modality to cover the diverse needs according to the beneficiaries' priorities and assist the affected households in their self-recovery. The Red Cross cash assistance will help the selected households in their early recovery by covering basic needs, needs for household equipment and recurring cost for three months supporting their self-recovery.

In view of the above context of the direct, as well as indirect effect to a 12,600sq/km area population, there was also a collective call – further reinforced by the media – for a new disaster risk reduction context with preparedness and mitigation measures at a national level to support those populations (direct affect: vulnerable through cash; indirect affect: residents of the area and overall population in the country) on awareness with DRR awareness training and campaigns. **Community disaster preparedness** efforts, with a more proactive approach from the communities can prevent similar situations in the future in the area and also elsewhere in Greece.

<sup>6</sup> A new law to compensate the victims was passed on 26 July in the Greek Parliament and it has been reported that the fund has at least 40 million Euros to be paid out to cover losses.

This emergency response has allowed the HRC to utilise their recently enhanced disaster response mechanism. Starting with a Preparedness for the Response (PER) self-assessment, the National Society has been developing several actions during 2018 to strengthen their emergency coordination and operations. The actions have included developing of emergency structures, contingency planning, training of emergency response team and others. These measures have allowed staff and volunteers of the HRC to provide better assistance to those in need. Along with actions such as continuous disaster preparedness training, enhancing the response capacity of branches, a PER post-operational analysis will be conducted to monitor the progress so far and adjust the preparedness for response plan of action.

An added value to the above is given even more since, Greek PM Mr. Alexis Tsipras announced on 9 August 2018 the establishment of a National Emergency Management Service.<sup>7</sup> The new service will replace the General Secretariat for Civil Protection. This service will be independent and will be subordinated directly to the Ministry of the Interior. As the Prime Minister (PM) mentioned, the Head of the new National Agency will be a person of high experience, operational capacity and scientific competence. In the structure of the service and at its highest level, a permanent Scientific Council is formed and operates by representatives of all the country's scientific research institutes and structures involved in the field of natural disasters. In addition, **the PM identified the important role and contribution of the Hellenic Red Cross in his announcement and highly ranked HRC next to the Fire Brigade and the port authorities as a considerable member for this National Emergency Management Service. The HRC President accepted this honorary invitation of the PM with a related press release.**<sup>8</sup>

### ***Selection of target population***

The target population to be reached are those people who are directly and indirectly affected by the fires in municipalities of Rafina, Marathonas and Megara. Besides recognizing the **direct victims of fire** (those which had death losses, property losses, health issues and in need from in kind donations to PFA and PSS services), it is imperative to also identify the indirect victims (such as those who lost their livelihoods). On that note, HRC participated in related coordination meetings (starting with the ones held at the Municipality of Rafina) to fully understand both types of existing needs to respond as well as on any recovery plans on the way. The Red Cross approach is to prioritize families and individuals who are the most vulnerable, or who have not received any assistance to address particular vulnerabilities.

A reliable source of reference for HRC on identifying vulnerable groups is the draft legal Act of government published in National Gazette on the 26 July<sup>9</sup> in support to fire victims; an Act which provides an extended list of victims' categorization and identification of related vulnerabilities. The HRC **cash team** is coordinating directly with social welfare office of Municipality of Rafina, Marathona and Megara so as HRC to receive the official registry of the affected populations. The application process for the financial aid of EUR 5,000 from the Ministry of Infrastructure is continuing. Altogether, 4,239 applications have been filed in the three affected municipalities of Rafina, Marathon (Nea Makri) and Megara (Kinetta). The entitled beneficiaries are the owners of houses which have been marked in yellow and red condition depending on the level of damage. Applications from 557 families, which were affected by the fires have been submitted to the Municipality of Rafina for emergency financial assistance of EUR 586, to cover for immediate living needs. Also, the application process for the additional financial support from Municipalities of EUR 5,850 for household appliances has begun. The HRC is looking at complementing this government initiative with its own Cash-based intervention, as described in the Detail Operational Plan.

The area of intervention for **health and PSS** is being coordinated with other actors. The Ministry of Health/EKEPY divided the affected areas into different neighbourhood zones and assigned them to the different actors. The HRC was requested to remain in Kokkino Limanaki – Rafina, one of the most affected areas. In that respect, the HRC's Nursing Division is in constant and direct interaction with the people affected, continuously assessing the present and future needs for health-related services. The EPSSU provided PFA in the first period after the disaster until 5 August. From 6 August until 20 September, PSS (case management) provision is / will be provided once a week to identified cases on respective referrals received by Nursing at Home as well as other actors. According to the needs assessment, if necessary, the PSS visits to identified cases will be increased (more days weekly) or decreased.

In summary, government legal act and measures, municipality feedback, participation in related coordination meetings as well as direct assessments still on the field remain the main source of HRC targeting approach to the vulnerable population. This is combined with close media monitoring of the HRC Communications Office on the current trends on the needs of affected people.

<sup>7</sup> 'Tsipiras: A National Emergency Management Service is Established', 9 August 2018, TV without borders

<sup>8</sup> 'The EES to the new Managing Authority. Emergency Needs', Hellenic Red Cross

<sup>9</sup> Government Gazette A 138 / 26.7.2018

## B. OPERATIONAL STRATEGY

### Implemented strategy


A main priority until now has been to understand the full scope of the disaster; therefore, **continuation of detailed assessments has been essential**. The plan is to have a comprehensive approach, including addressing the immediate needs and early recovery of people directly affected by fires, but also those who are indirectly affected. Based on the assessments so far, currently the overall objective is to **support the needs of 7,100 people** of the most vulnerable affected communities with appropriate immediate and medium-term assistance in a timely, effective, and efficient manner. The aim is also to help people recover from the impact of the fires and increase their resilience to future emergencies. Therefore, this plan encompasses mainly the following sectors: **Health, Livelihoods and basic needs and Disaster Risk Reduction** with integrated elements of **protection, gender and inclusion and community engagement and accountability**. However, more specific activities are currently being designed. In the short term, information materials were prepared with a detailed description of the services provided by the Hellenic Red Cross. Protection services were mainly offered through **Restoring Family Link** services, addressing people in search of their missing relatives.

These sectors of interventions complement one another, to provide a holistic approach in assisting the affected population:

1. **Cash-based assistance:** The main focus of operations is on providing those who have been directly or indirectly affected by the fires with cash-based assistance to support their **early recovery**. This appeal aims to support 600 affected families with cash assistance, providing multi-purpose cash grants through bank transfers to cover basic needs and recurring costs, to help people recover and reduce the sense of insecurity. As part of the ongoing assessments, the functionality of the market has been checked, As part of the ongoing assessments, market access has been checked, and selection criteria are being defined and developed based on social and economic indicators, taking into consideration the Government's current assistance plan to the people affected.
2. **Health:** The areas of intervention in the **short term** were health (mainly first aid at the initial stage, primary health care services and psychosocial support services). In the **mid-term**, activities will focus on early recovery and preparedness activities, which will include the delivery of integrated community-based training activities (stage I), incorporating First Aid, PFA and RFL modules, targeting people residing in districts of the affected municipalities. **Psychosocial support** will also be provided in the midterm, depending on the needs. More concretely PSS (case management) will be provided once a week in the frame of visits at home, to identified cases, after respective referrals received by the Health Mobile Unit or other actors. According to the needs assessment, if necessary, the number of PSS visits to identified cases will be increased (more days weekly) or decreased as well as extended after 20 September 2018.
3. **Disaster Risk Reduction:** Following the severe impact of the fires, HRC will carry out activities to support vulnerable communities to better prepare for possible disasters, as the recent events (e.g. flash floods on 26 July which occurred a few days after the fires) have shown the need for an **increased focus on preparedness** to avoid future tragedies. This intervention focuses on a community-based approach to risk mitigation and preparedness to ensure that communities at risk can have more tools and knowledge to cope with possible disasters. Continuous building of HRC's capacity disaster response mechanism is a significant step to deliver on this outcome which is covered further under Strategy for Implementation.
4. Underpinning these interventions will be the capacity building of HRC's systems, as well as staff and volunteers to increase HRC's efficacy and accountability in delivering assistance to the affected people. Capacity building efforts will include upgrading of systems, in particular improvement of monitoring, tracking and reporting on inventories and relief items, as well as training of HRC staff and volunteers and establishment of relevant SOPs and procedures.

## C. DETAILED OPERATIONAL PLAN

As the Emergency Appeal and subsequently Plan of Action has only recently been launched, many of the activities outlined have not yet commenced as of reporting date. The progress of activities being reported is as of 31 August 2018.

		
<h3>Livelihoods and basic needs</h3> <p>People targeted: 600 households (approx. 1,800 people)            People reached: 0            Male: 0            Female: 0</p>		
<p><b>Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</b></p>		
Indicators:	Target	Actual
# of households able to cover basic needs, mitigate insecurity and self-recover	600	0
<p><b>Output 3.3: Households are provided with unconditional/multipurpose cash grants to address their basic needs</b></p>		
Indicators:	Target	Actual
600 selected households supported with multipurpose cash grants (to cover basic needs, mitigate insecurity, support self-recovery)	600	0
<p><b>Progress towards outcomes</b></p>		
<p>The recent wildfires in eastern and western Attica have affected thousands of households, resulting in great livelihoods insecurities among affected population. Loss of lives, destroyed houses and family businesses, and loss of livelihoods have created insecurity and post-traumatic stress, which are difficult to overcome. Cash Transfer Programming (CTP) has been identified by the NDRT assessment as a suitable mechanism to assist affected population on their early recovery.</p> <p>The programme will target 600 households directly or indirectly affected by the recent disaster in eastern and western Attica. The total amount to be transferred will be EUR 1,500 (approx. CHF 1,730) per household in a period of 3 months, based on an analysis prepared by HRC cash team. The objective is to assist the selected households with multipurpose cash grants in order to cover basic needs and recurring costs and to mitigate the sense of insecurity and its negative effects. The calculation of the amount is based on the basic needs of a household that has been utterly or partially destroyed taking into consideration the cash assistance and benefits announced by the Greek Government.</p> <p>The HRC CTP officer conducted several visits at the field in order to assess the situation through direct observation, meetings with representatives of all three affected municipalities (Rafina, Marathonas, Megara), participation in the coordination meetings and cooperation with the municipality social services in order to evaluate the extent of the needs for a cash intervention and to be able to identify the selection criteria of affected people for a CTP intervention.</p> <p><b>Challenges:</b> Even though the HRC CTP team has gained experience in implementing CTP interventions during the migration crisis, the winter cash programs and the Mandra floods, this disaster presents several challenges that is external to the HRC as well as potential risks that need to be mitigated despite the positive response received on this assistance, These challenges relate to: a) the exchange of data and information needed from the relevant bodies (ministries, regions, municipalities) to facilitate this process; b) possible competitive environment with other actors involved (who will also provide financial support as many different fundraising accounts have been created since); c) dealing with the people who are in a state of shock; some of whom have already begun to receive financial assistance, and having to subject them to lengthy processes such as submitting the same supporting documents in order to receive the aid from Red Cross. HRC will be providing PSS services as needed.</p> <p>To ensure the sharing of official information and synergies between the current recovery initiatives the HRC is enhancing the collaboration and communication with regional and local authorities through frequent visits, including to the prefecture of Attica and the Municipalities authorities. In addition, agreements between HRC and the affected municipalities are being prepared. It is expected that this coordination will allow a quick implementation of the cash-based intervention. A well running selection process will be ensured through clear and transparent selection criteria and processes, to avoid additional stress for the affected population.</p>		



## Health

**People targeted: 400**

People reached: 709

Male: 356

Female: 353

**Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.**

Indicators:	Target	Actual
# of people reached by NS health services	400	709

**Output 4.1: Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency (Health)**

Indicators:	Target	Actual
# of primary health care services provided through Emergency Health Unit	220	227
# of primary health care services provided through Nursing at home	300	378
# of persons reached with primary health care	150	134
# of first aid services	450	475
# of persons reached with First Aid	150	475
480 search and rescue volunteer hours	480	480

**Output 4.4: Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency (PSS) - 150 people targeted, 400 services targeted**

Indicators:	Target	Actual
# of psychosocial first aid service	119	119
# of persons assisted with PSS/PFA	150	100
# of psychosocial support and follow up visits	281	4

### Progress towards outcomes

#### **First Aid**

On the day of the disaster, a team of HRC Samaritans was deployed to the field at Kineta, to set up a first aid station. Another team of Samaritans went to Rafina, to assess the situation. By late night on 23 July, 18 Samaritans were deployed in the Rafina Town Hall with the aim to set up a first aid station. They supported the National Ambulance Service and Coastguard Service by providing first aid to the population arriving from the Mati district. On 24 July a Samaritans rescue team patrol located 26 victims. On 25 July, after a request by the Search and Rescue Department of the Fire Service, the Samaritans participated in search and rescue operations around Mati and Neos Voutzas in the Municipality of Marathonas. Further, on 27 July the HRC Lifeguards were deployed to conduct underwater search at Kokkino limanaki in Mati. For seven days, the Samaritans, mainly from HRC branches of Athens, Nea Smyrni, Piraeus, Kalamata, Tripoli, Korinthos and Nafpio operated on three 8-hour shifts per day and set up first aid stations in Rafina, Nea Makri and Kineta. As of 30 July, and based on the assessed needs, the Samaritans officially ceased operations. In total 184 Samaritans were deployed in all shifts of the response activities and provided 475 FA services to cases like burns, fainting, respiratory difficulties, hypertension.

#### **Mobile Health Unit**

On the first day of the incident two health NDRT members were deployed in the field to assess the situation. Based on the primary needs identified, subsequently, the mobile Emergency Health Unit (EHU) was deployed, as part of the HRC emergency response to the affected areas so as to provide emergency services in the affected population. The EHU offered medical services to 130 people with acute health problems fire related (breathing difficulties, and some people with chronic problems (like asthma, diabetes hypertension) due to the disaster and the disruption of the normal way of living. Most cases needed follow up care.

The medical team of the HRC EHU treated people (with health problems due to their exposure to the fires) who were coming to the Municipality hall for information and support. After assessing the situation and receiving referrals from various parties - *the Municipality, field workers of other agencies, as well as from the people who were being treated* - of people with acute health problems in need of medical services but refusing to or could not leave their homes, **the EHU started providing mobile health services through home visits**. Through ongoing assessments, it was identified that people with chronic problems, e.g. diabetes, asthma, hypertension and disability, were in need of health services at home, as people were experiencing emotional numbness due to shock and their normal rhythm of living were unsettled consequently affecting their behaviour towards their own health needs (e.g. disrupted medicine supply and intake; food supply and irregular scheduling of mealtimes) leading to worsening health

conditions (unbalanced sugar levels, worsening of asthma, development of ulcers). As the mobile health unit (MHU) is a service normally assigned to the Migration response to which it had to return after two weeks, this led to the need to involve the HRC's "Nursing at home" MHU which was effectively deployed to take over after the EHU and follow up on cases identified and treated by them.

The MHU conducted home visits to offer its medical services and also distributed a leaflet produced by the Nursing Division of the HRC in collaboration with the HRC CEA office with information about the necessary protective measures to take after fires (as this was assessed to be a need). From 1-5 August 2018, the MHU provided 137 health interventions to 25 people. Both units also conducted referrals to the Emergency PSS Unit (EPSSU).

### **Nursing at Home**

The MHU staff identified the need to provide medical services at home for the fire victims with acute fire related medical problems but not requiring hospitalisation, as well as for the ones after their discharge from hospital. There was also a need to offer care to unregulated chronic problems of people who were directly affected (burns, injuries, respiratory and eye problems) and indirectly (due to disruption of normal living and treatment routines) from the fires. This will be the target group of the Nursing at Home, until a certain degree of normality is restored in people's lives which will gradually be phased out once people's capacity to take responsibility of their health is restored and are also fully integrated in the public health system.

### **Psychological first aid (PFA) and psychosocial support (PSS) activities**

On the first day of the fires, a PSS NDRT member was deployed in the field to assess the situation. Based on the primary need identified, the EPSSU as part of the HRC emergency response was deployed to the affected areas to provide PFA at the population. HRC's social workers and social welfare division (SWD) volunteers were deployed to the affected areas to provide much needed PFA through door to door visits. Further PSS and case management will be provided based on identified needs through respective referrals received by the HRC Health Mobile Unit as well as other actors.

The HRC Social Welfare Division (SWD) PSS focal person also participated at the weekly coordination meetings organised by the Municipality, to follow up on PSS matters, issues and needs.

Specialized PSS intervention provision has also been made available to the HRC volunteers involved in the operation, in particular for those who have had a traumatic experience of finding dead people.

PSS activities will be adapted according to the ongoing needs assessment.

**Population to be assisted:** People targeted include those who have been directly affected (e.g. loss of relatives, property), but also those not directly affected who have been exposed to the disaster (e.g. witnessed destruction and/or deceased persons, stress due to potential loss of livelihoods). To support a return to normality for those affected, appropriate psychological interventions need to be planned and implemented in a timely matter. Specialized support for dealing with natural disaster and trauma will need to be offered by well-staffed teams.

Currently the HRC health team operates in certain areas of Rafina and Marathonas/Nea Marki as other health actors are present in the other affected areas. This is happening in close coordination with other actors and the respective municipalities. However, HRC will extend its services if needed. The MHU continued to visit homes based on referrals from municipalities, word of mouth and whenever there was a need for follow up. Alongside physical medical attention, PSS is considered one of the main priorities in the short and longer term by the HRC. EPSSU as well as other actors and follow up on PSS/case management visits where necessary. The main Psychological issues faced concern needs for PFA, information, directives, counselling, and referrals

**Challenges:** The challenges faced during the implementation of the health response was the emotional and psychological impact of the fire on people living at the affected areas and the way this has affected their physical health, in both acute and chronic health problems, and their mental health. People are neglecting their health such as not taking their medicines as they used to before the fire; they also face difficulty in accessing the public health system due to the loss of their car or due to abandonment by their paid carers. Therefore, HRC is providing home care visits and liaising physical health care with mental health care through an integrated approach of both teams' (EHU and EPSSU) visits as well as with referrals to the PFA/PSS HRC team. A percentage of people are still away and are currently hosted by friends and relatives. Especially families with children were the most affected and are still avoiding the affected areas. Once school is starting in September, these families will return and a need for more PSS with children is anticipated. Many NGOs and Public actors with expertise in PSS services provision for children are involved and activated in the area and they are going to cover the respective needs of kids.

To address the challenges regarding access to beneficiaries, focus will be given on receiving referrals from local actors as well as internal referrals from CTP program, Hotline and primary healthcare services of PSS cases. PSS access for staff and volunteers is available upon request, additionally, PSS/PFA trainings for volunteers are being planned (not yet scheduled) w will have components in selfcare.



## Protection, Gender and Inclusion

**People targeted: 400 (300 with general protection targeting HRC staff and volunteers, 100 with RFL targeting affected communities)**

People reached: 73<sup>10</sup> (RFL)

Male: 33

Female: 40

**Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs.**

**Output 6.1: NS programmes improve equitable access to basic services, considering different needs based on gender and diversity factors**

Indicators:	Target	Actual
# of staff/volunteers attending the training	400	0
# of staff/volunteers that have signed the CoC and CSG policy	400	0
% programmes meeting the data protection and referral pathway protocol requirements	100%	Ongoing

**Output 6.1 (a): RESTORING FAMILY LINKS**

**(a) RFL needs are assessed and identified**

**(b) RFL services are provided**

Indicators:	Target	Actual
# of requests received	NA	73

**Progress towards outcomes**

### Restoring Family Links

A restoring family links (RFL) NDRT member was deployed together with a RFL staff member in order to provide RFL services in the field, as well as to perform a parallel assessment of needs. Based on that assessment RFL staff and volunteers were deployed to start registering people in the municipality of Rafina on the missing persons (assisting the municipality in creating a list). Also, the HRC RFL team, through the NDRT team, served as liaisons to local authorities – as list of survivors from coastguard was received. In parallel the RFL unit joined the HRC HQ's coordination team and initiated network procedures (communication with ICRC Athens Office) as well as opened an RFL banner on the RFL website. The ICRC forensics advisor assisted with the identification of the dead and donated some items to the forensic authorities. ICRC also assisted in liaising with the forensic authorities (university of Athens). The RFL team visited hospitals in Athens to establish contacts and obtain information on the spot (as hospitals were already overwhelmed with phone calls). The following days the RFL team followed up with persons that placed the requests (requests were received through various ways: direct application in the affected areas; phone calls; and tracing requests by other national societies and individuals living outside Greece).

#### **Challenges:**

- Limited capacity due to summer leave; RFL volunteers had to be mobilized from Patras
- Internal coordination: during the first days reporting lines and communication channels were not clearly established
- Lack of awareness of RFL code of conduct in general – need to better disseminate information within the HRC (to board, staff and volunteers) on RFL and also specifically on RFL code of conduct and about RFL better across HRC. This will be one of the actions planned under the emergency plan of action.
- HRC in response operations is perceived more as a volunteer organisation – Civil Protection is not very well informed about RFL capacity of HRC.

Mainstreaming of the other protection indicators have not yet actively commenced.

<sup>10</sup> This number indicates requests made for tracing services (in which 75 people were declared missing)



## Disaster Risk Reduction

People targeted: 4,500

People reached: 0

Male: 0

Female: 0

### DRR Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster

Indicators:	Target	Actual
Community preparedness plans in place	3	0

### Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.

Indicators:	Target	Actual
# people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks	4500	0
# of people reached through RCRC programmes for DRR and community resilience (excluding public awareness and education campaign) stage I and stage II	150	0

### Output 1.1 (a): Strengthen RFL capacity to respond and increase RFL resilience of communities

# Districts in Attica are well informed and prepared for RFL	11	0
# HRC volunteers trained on RFL	150	0
# RFL kits/backpacks ready to be mobilized	5	0
RFL box and mobile unit to be established	1	0
Materials adapted	NA	0

### Progress towards outcomes

Communities affected by the wildfires continue to be at risk of fire-related disasters – mostly due to factors like weather conditions during the summer season, density and type of forest coverage (pines mostly, highly flammable species of tree when dry), topography and urban setting. The potential risks highlighted by these wildfires indicate a need to ensure that community preparedness and risk reduction measures are implemented alongside relief and recovery interventions.

Therefore, disaster risk reduction activities will be implemented such as a communications campaign and community-based (CBDRR) activities (*stage - health and RFL related preparedness and stage II – disaster family response training*), to ensure that communities at risk are better prepared to face and reduce the impact of future disasters in areas that are prone to natural disasters. The targeted population to be assisted are communities in settlements of affected areas in eastern and western Attica region (four settlements at Marathonas, three settlements in Rafina and three settlements at the municipality of Megara). The disaster risk reduction-focused communication campaign mainly targets the communities affected by the fires, however through social media, it also seeks to reach other areas with similar vulnerabilities and risk conditions.

So far, the HRC DM team is conducting preparatory works for the relevant curriculum and training material for the stage II community training for families, while technical staff from nursing, Samaritans, social welfare and RFL teams are doing the same for the stage I (14 hours, trainings for individuals).

**Challenges:** An anticipated challenge would be to ensure community buy in and participation in the trainings. A good communication strategy is necessary to overcome any possible resistance or reluctance due to various reasons (trauma, etc)

## Strengthen National Society

**Outcome S1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform**

**Output S1.4: National Societies have effective and motivated volunteers who are protected**

Indicators:	Target	Actual
Ensure volunteers are insured	5550	In progress
% of volunteers aware of individual roles and risks of operation	100%	0
% of volunteers accessed psychosocial support when needed	100%	0

**Output S1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened**

Indicators:	Target	Actual
Staff trained	45	0
Volunteers trained	100	0
Contingency plans developed (fire, flood and earthquake)	3	0
Disaster management policy developed	1	0

### Progress towards outcomes

Activities under this section have yet to commence.

## International Disaster Response

**Outcome S1: Effective and coordinated international disaster response is ensured**

**Output S2.2: Effective response preparedness and surge capacity mechanism is maintained**

Indicators:	Target	Actual
# of the HRC surge needs are covered	NA	2

**Output 2.3: Supply chain and fleet services meet recognized quality and accountability standards<sup>11</sup>**

Indicators:	Target	Actual
Warehouse expanded (75 sqm)	1	0
HRC staff trained on logistics and warehouse management	15	0
Staff of HRC branches trained on logistics and warehouse management	20	0

**Outcome S2: The complementarity and strengths of the Movement are enhanced**

Indicators:	Target	Actual
% of programmes within this Appeal that include CEA components	100%	ongoing

### Progress towards outcomes

During the reporting period additional support for PMER and communications were provided respectively.

## Influence others as leading strategic partner

**Outcome S3: The IFRC Secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable**

Indicators:	Target	Actual
# of new volunteers	150	0
% of visitor increase to website	30% <sup>12</sup>	0

**Output S3.1: The IFRC and NS are visible, trusted and effective advocates of humanitarian issues**

Indicators:	Target	Actual
-------------	--------	--------

<sup>11</sup> The budget codes for this is under SF11

<sup>12</sup> As HRC was not monitoring with Google Analytics, the objective is to reach 1,500 month with the new website (to be launched by November 2018) and increase traffic to 10-20 per cent.

# of publications (national and regional) in national media (regarding the documentary)	15	0
# of side events before, during and after the launch of the documentary	5	0
<b>Progress towards outcomes</b>		
Activities under this section have yet to commence.		

<b>Outcome S3.02 The programmatic reach of the NS and the IFRC is expanded</b>		
<b>Output S3.01.01: Resource generation and related accountability models are developed and improved</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Monitoring plans established for programmes	100%	0
# of external reports generated for this appeal (TBD depending on pledges)	100%	0
HRC has a PMER focal point	1	0
<b>Progress towards outcomes</b>		
Activities under this section have yet to commence.		

<b>Effective, credible and accountable IFRC</b>		
<b>Outcome S4.01: The IFRC enhances its effectiveness, credibility and accountability</b>		
<b>Output S4.13: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
% of financial KPIs are achieved	100%	0
<b>Progress towards outcomes</b>		
Activities under this section will be reported in the next operations update.		
<b>Output S4.16: Audit and risk management</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
% of financial KPIs are achieved	100%	0
<b>Progress towards outcomes</b>		
Activities under this section will be reported in the next operations update.		

## D. BUDGET

An [interim financial report](#) is annexed to this Operations Update.

## Contact information

For further information, specifically related to this operation please contact:

### In the Hellenic Red Cross National Society

- **Secretary General:** Despina Perimeni, [secretary\\_general@redcross.gr](mailto:secretary_general@redcross.gr)
- **Operational coordination:** Angelica Fanaki, Director of Resource Mobilization & Programs Department, [angelica.fanaki@redcross.gr](mailto:angelica.fanaki@redcross.gr),

### In the IFRC

- **IFRC Country Office:**  
Ruben Cano, Head of Country Office, [ruben.cano@ifrc.org](mailto:ruben.cano@ifrc.org),  
Sofia Malmqvist, Programme Coordinator, [sofia.malmqvist@ifrc.org](mailto:sofia.malmqvist@ifrc.org)
- **IFRC Regional Office for Europe:** Seval Guzelkilinc, DM Coordinator, [seval.guzelkilinc@ifrc.org](mailto:seval.guzelkilinc@ifrc.org)
- **IFRC Geneva:** Susil Perera, Senior Officer, Response Recovery and Preparedness, [susil.perera@ifrc.org](mailto:susil.perera@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

- Louise Daintrey-Hall, Acting Partnerships and Resource Development Coordinator, IFRC Regional Office for Europe, [louise.daintrey@ifrc.org](mailto:louise.daintrey@ifrc.org)

### For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- Dorottya Patkó, PMER Manager, IFRC Regional Office for Europe, [dorottya.patko@ifrc.org](mailto:dorottya.patko@ifrc.org)

### How we work

All IFRC assistance seeks to adhere to the [Code of Conduct](#) for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Humanitarian Response \(Sphere\)](#) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.



# EMERGENCY APEAL

MDRGR003

GREECE WILDFIRES

Budget Group	Budget				Actual spending (2018/07-2018/8)				Variance			
	Multilateral Response		Bilateral Response	Appeal Budget CHF	Multilateral Response		Bilateral Response	ACTUALS CHF	Multilateral Response		Bilateral Response	Variance CHF
	IFRC	HRC via IFRC			IFRC	HRC via IFRC			IFRC	HRC via IFRC		
700	5,450		6,000	11,450	2,490			2,490	0		0	0
710	7,027		2,473	9,500					2,960		6,000	8,960
730	3,405		20,455	23,860					7,027		2,473	9,500
740	2,410		7,357	9,767	23			23	3,405		20,455	23,860
760	1,234		3,266	4,500	30			30	2,387		7,357	9,744
790	700			700					1,204		3,266	4,470
799	0			0					700		0	700
	0			0					0		0	0
	0			0					0		0	0
<b>Total GENERAL EXPENDITURES</b>	<b>20,226</b>		<b>39,551</b>	<b>59,777</b>	<b>2,543</b>			<b>2,543</b>	<b>17,683</b>		<b>39,551</b>	<b>57,234</b>
Partner National Societies	0								0		0	0
Other Partners (NGOs, UN, other)	0								0		0	0
Operational Provision	0								0		0	0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>			<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>
Programme and Services Support Recovery	34,950		91,307	126,257	821			3,505	34,130		88,622	122,751
<b>Total INDIRECT COSTS</b>	<b>34,950</b>		<b>91,307</b>	<b>126,257</b>	<b>821</b>			<b>3,505</b>	<b>34,130</b>		<b>88,622</b>	<b>122,751</b>
Pledge Earmarking & Reporting Fees	0		0	0					0		0	0
<b>Total PLEDGE SPECIFIC COSTS</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>			<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>
<b>TOTAL BUDGET</b>	<b>572,647</b>		<b>1,496,023</b>	<b>2,068,669</b>	<b>13,444</b>			<b>57,434</b>	<b>559,203</b>		<b>1,452,032</b>	<b>2,011,235</b>
<b>Available Resources</b>												
Multilateral Contributions	572,647			572,647								
Bilateral Contributions	1,496,023			1,496,023								
<b>TOTAL AVAILABLE RESOURCES</b>	<b>2,068,669</b>		<b>0</b>	<b>2,068,669</b>								
<b>NET EMERGENCY APEAL NEEDS</b>	<b>0</b>		<b>0</b>	<b>0</b>							<b>0</b>	<b>0</b>

## APPROVALS

Name/Position: Sofia Malmqvist, Programme Coordinator, IFRC Greece

Date: 1/10/18

Signature: 

Name/Position: Angelica Fanaki, Head of Programmes Department, HRC Greece

Date: 1/10/18

Signature: 

Name/Position: Ruben Cano Revillas, IFRC Head of Country Office

Date: 1/10/18

Signature: 

Name/Position: Nikolaos Oikonomopoulos, HRC President

Signature: 