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Emergency Plan of Action Final Report Greece: Wildfires

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal	Operation n° MDRGR003
Date of Issue: 26 March 2019	Glide number: WF-2018-000123-GRC
Date of disaster: 23 July 2018	
Operation start date: 23 July 2018 (Appeal launch: 31 July)	Operation end date: 31 December 2019
Host National Society: Hellenic Red Cross (HRC)	Operation budget: CHF 814,296
Number of people affected: 4,118	Number of people assisted: 3,260¹
N° of National Societies involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Spanish Red Cross, Belgian Red Cross	
With the support of: Albanian Red Cross, American Red Cross, Australian Red Cross, British Red Cross, Finnish Red Cross, Hong Kong Red Cross, German Red Cross, Italian Red Cross, Iraqi Red Crescent, Japanese Red Cross, Portuguese Red Cross, Red Cross of Monaco, the Netherlands Red Cross and corporate and private donors.	
N° of other partner organizations involved in the operation: Civil Protection, Ministry of Infrastructure, Municipality of Rafina, Municipality of Megara, Municipality of Marathonas, international, national and local NGOs	

Red Cross Timeline

- **23 July:** Wildfires broke out across Greece, focussed in areas surrounding Athens. HRC provided immediate first aid to people in Rafina Municipality.
- **24 July:** HRC National Disaster Response Team (NDRT) deployed to Rafina and Nea Makri together with the Emergency Health Unit, Emergency Psychosocial-Support Unit and Mobile Health Unit. [Information bulletin No. 1](#) was issued.
- **25 July:** HRC continued providing first aid and other health services, Psychological First Aid, and Restoring Family Links (RFL) services. [Information bulletin No.2](#) was issued.
- **31 July:** IFRC issued an [Emergency Appeal](#), based on request of HRC, seeking 2 million Swiss francs to support more than 7,000 people for nine months.
- **24 August:** Detailed [Emergency Plan of Action](#) was published.
- **11 September:** The death toll rose to 99 persons after a 26 years old woman died while being hospitalised due to the severe burns.²
- **3 October:** The Emergency Appeal [Operations Update n° 1](#) was published reporting on all activities from the onset of the disaster until the end of August.
- **11 October:** Governing board of the IFRC voted to suspend the Hellenic Red Cross.³
- **18 October:** First instalment of Cash Transfer was made to 617 households. HRC continued PSS, health and DRR activities.
- **19 November:** [Emergency Appeal](#) was revised to reflect IFRC suspension of the Hellenic Red Cross.
- **14 December:** Internal revision of HRC wildfire appeal to continue the operation outside of the framework of an international IFRC emergency appeal, with an expected timeline until June 2019.

¹ 4,118 is the estimated number of people directly exposed, 3,260 is the number of people reached through IFRC multilateral funding, while 7,598 is the total number to be reached by the entire Red Cross movement intervention, including community based DRR activities led by the Hellenic Red Cross. The total number of people reached might include some double reporting, i.e. a person accessing PSS services and receiving cash assistance is counted as twice. Due to separate registration databases, there is currently no other possibility.

² [News article](#) from the 11th of September

³ [Press release](#): Statement on suspension of the Hellenic Red Cross as a member of IFRC

A. SITUATION ANALYSIS

Description of the disaster

On 23 July 2018, wildfires broke out in forests and villages across the Attica Region of southern Greece, primarily in areas surrounding Athens. Fires also broke out in the north of the country, as well as on some islands including Crete, however these fires were further from residential areas with no casualties reported. Due to strong winds and difficulty in accessing the affected areas, extinguishing the fires proved extremely difficult, and were described by Greece's General Secretary of Civil Protection as a worst-case scenario due to the high-density of forests, strong winds, and high ambient temperatures. A state of emergency was declared, and assistance from the EU was requested.

100 people⁴ were confirmed dead and more than 600 injured. 700 people were rescued by the coast guard and the navy after fleeing to beaches to escape the flames. Residents in the coastal region in western Attica were requested to abandon their homes, and hundreds of people were evacuated. Almost 94 percent of the cities in Rafina and Marathonas were affected by recent wildfires and it is estimated that more than 4,000 people were affected in total, with about 3,200 hectares burned, including forests, residential areas, playgrounds, and significant social infrastructure. Around 3,236⁵ homes were damaged in the fires, with about one third of them (908 categorized as "red") assessed as irreparable by the Ministry of Infrastructure. In addition, electricity and water networks also suffered severe damage and were significantly disrupted for a period of about two months during of which intensive repair works of the Municipality workers managed to gradually restore them.



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

Summary of response

Overview of Host National Society

HRC has been responding to needs of the affected people since the onset of the disaster. The National Society's assistance to people affected by the fires has been provided mainly through the HRC headquarters (there being no active branch in the affected areas), including Nursing (Primary Healthcare, home visits, psychological first aid); the Samaritans (first aid, search rescue and relief distribution); Social Welfare (PSS, psychological first aid, and relief distributions); and Tracing Services (Restoring Family Links).

In 2018, the HRC started to build a disaster response mechanism to ensure that the National Society is better prepared to face the different possible disasters in Greece through improved coordination during response operations. Setting up and training of the three response teams were 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 HRC nurses, doctors and HRC 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 HRC practitioners that can be deployed to support the affected persons). The fires response was the first time for the Hellenic Red Cross to utilise and successfully test their recently enhanced Disaster Response Mechanism.

In October 2018, due to the non-completion of agreed plan of action to address long-standing concerns in the Hellenic RC, the [IFRC's governing board voted to suspend HRC's](#) membership of the Federation. This suspension came into force from 1 January 2019 and implies that IFRC and Partner National Society cannot support to HRC programmes, both financial and technical.

It has to be noted that HRC has made significant progress thus far in the implementation of the plan of action agreed with IFRC. New Statutes were developed by HRC board⁶ which were revised and endorsed by the ICRC-IFRC Joint Statutes Commission and approved by the HRC General Assembly held on 2 December 2018. Immediately after the ratification of the new HRC Statutes by the Greek courts, Hellenic RC launched a membership campaign to expand the

⁴ As of December 2018. <https://www.naftemporiki.gr/story/1424664/tragodia-sto-mati-stous-100-oi-nekroi-upekupse-73xronos>

⁵ [Damage assessment report](#), 27 July 2018, Ministry of Infrastructure, Transport and Networks

⁶ HRC Central Board of Directors

social base of the organisation. An electoral General Assembly, the first one to be organised according to the new statutes, is now planned for 31 March 2019.

All multilaterally funded activities relating to the wildfires response, i.e. those supported through the IFRC portion of the appeal, were revised to be completed prior to the suspension taking effect on 1 January 2019. Due to this reason, a revision was published in November 2018, reflecting the early end of IFRC-funded activities. Following the completion of the IFRC-supported activities, HRC is continuing to deliver the remaining planned fire appeal action, funded through donations made directly to the HRC, until the scheduled conclusion at the end of June 2019. Despite the presence of long-standing internal governance issues, the HRC's operational capacity remains strong with successful large-scale implementation across both migration and wildfire responses. HRC staff and volunteers remain fully committed to continue addressing the needs of affected individuals and communities, with implementation of fire response activities ongoing and expected to achieve its targets, unhindered by the early completion of IFRC appeal activities.

Red Cross Response

Mobilisation of the NDRT: The National Society mobilised the National Disaster Response Team (NDRT), since the first day of the fires, to assess the situation and to coordinate the operation in the field involving the implementation of services by the various teams: Emergency Health Unit (EHU), Emergency Psychosocial Support Unit (EPSSU), Samaritans and Restoring Family Links (RFL). When the first phase of the emergency response operation ceased with a HRC Governance decision on 29 July, the NDRT ceased its coordination role as well. A field coordinator was appointed to coordinate the continued activities of the EHU and EPSSU on the ground.

Health: Samaritan teams were deployed, within hours after the disaster, to provide First Aid and Search and Rescue services during the first phase of the emergency response operation. The EHU was mobilised to respond to the acute health needs of the fire affected population followed by the Nursing at Home Mobile Health Unit to provide health services longer term. The EPSSU was also deployed to provide Psychosocial First Aid (PFA) to the affected people during the first period. At a later stage, the PSS Mobile Unit started providing PSS-case management to identified cases



HRC Samaritans searching for bodies in burned houses (left), Mobile Health Unit (middle) and the PFA Mobile Unit (right) arriving on the site. Photo Credit: HRC

Relief: Due to the tragic nature of the event substantial amounts of in-kind donations were given from the Greek community to the two Municipalities of Rafina and Marathonas. HRC also received large amounts of medicines, consumables and relief goods either in Rafina or in its central warehouse. Most of the medicines and consumables were used by the EHU and MHU during the health response operation and some medicines and relief goods were donated to the affected district Glykia Zoi at Kinetta, belonging to the Megara Municipality, in which 14 houses were destroyed by the fires of western Attica.

Despite the relatively well-functioning supply chain scheme of HRC, 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 started improving its supply-chain systems and logistical infrastructure mainly through bilateral funding received directly by HRC⁷.

HRC opened an **earmarked bank account** to receive donations for the fire victims; and issued a press release warning people from fake accounts and other organisations posing as the HRC, which was published by more than 100 Greek websites and media.

⁷ These activities will continue under the HRC PoA until June 2019.



Cash transfer programming (CTP): HRC's CTP officer was also mobilized to the affected districts to conduct needs assessments and preparations for cash-based assistance. After the signing of relevant agreements with the Municipalities and the identification of beneficiaries, HRC started implementing the Cash Based interventions.






HRC CTP team during the registration process.
Photo Credit: HRC

Cross-cutting issues: The HRC **Community Engagement and Accountability (CEA)** officer helped in the layout of the brochures, on 'Protection Measures after the Fires', prepared by the Nursing Division for the affected communities, and in designing of communication materials and questionnaires used by the CTP team. A hotline was operating to address queries regarding the cash programme. The HRC protection focal points supported **protection mainstreaming** through trainings for staff and volunteers.

The HRC provided the following assistance to the affected population, from the beginning of the wildfires' response operation until 31 December:

Sectors	Activities	IFRC and Movement contribution to end December 2018
 Health	<p>1,899 primary health care consultations Mobilised from the second day of the emergency, the Emergency Health Unit (EHU) provided health services to people affected by the fire. A Mobile Health Unit (MHU) has also been deployed to provide door-to-door services to those unable to attend the public health system. After the first month, this activity was taking over by HRC 'Nursing at home'.</p>	<p>IFRC Covered 50 per cent of nine HRC staff salaries - eight nurses and one doctor – to support the nursing at home activity.</p> <p>Movement Spanish Red Cross granted use of the Mobile Health Unit from its HRC/SRC ECHO-funded programme for two weeks and deployed one of its doctors to support the HRC in addressing health-related needs.</p>
	<p>375 PSS Services HRC staff and volunteers were deployed to provide PSS and PFA services to people affected by the fires, adopting a door-to-door approach since the deployment of the Mobile Health Unit.</p>	<p>IFRC Covered 50 per cent of the salaries of three NS staff providing PSS in the post emergency phase, and 100 per cent of the salary of the PSS Coordinator.</p>
	<p>475 First Aid services The Samaritans Division from Athens, Piraeus and Nea Smyrni branches were deployed from the first day of the fires. Field first aid posts were set up according to ongoing needs, 15 Search and Rescue patrols were conducted, and HRC lifeguards were also involved in underwater searches.</p>	
 Volunteer Service	<p>285 volunteers Volunteers from all sectors have been deployed to support Health, RFL services etc. Most volunteers were from the Samaritan divisions with a total of 184 volunteers providing First Aid and Search & Rescue; 60 from Nursing Division and 40 from Social Welfare and one RFL volunteer.</p>	<p>IFRC Provided blanket insurance for HRC's 5,550 registered volunteers up to 31 Dec 2018⁸.</p>

⁸ Blanket insurance was provided to cover all HRC volunteers because this was more cost effective and less bureaucratic than covering only those volunteers directly involved in the fire response.

	<p><u>104 requests for 73 missing people processed</u> The RFL unit mobilized two staff members and one volunteer who registered missing persons in the field. In total, 73 requests have been processed, 69 from Greece and 4 from abroad.</p>	<p><u>IFRC</u> Purchased RFL Kits, supporting equipment and RFL visibility materials, and funded two staff positions.</p> <p><u>ICRC</u> Provided technical and financial support to the HRC Tracing Service to help families find their missing relatives.</p>
 <p>Protection</p>	<p><u>98 volunteers and staff trained in protection</u> As of end of December, five protection trainings were carried out reaching 98 volunteers and staff to refresh protection principles and policies of the Red Cross, to ensure its compliance during the ongoing response.</p>	<p><u>IFRC</u> Covered 50 per cent of the protection officer salary. Furthermore, the IFRC PGI officer provided support in designing the training material.</p>
 <p>Cash Transfer Programming</p>	<p><u>617 households receiving multi-purpose cash grants</u> The HRC CTP team, after a three weeks registration process, identified 617 households from the three affected municipalities eligible for financial assistance through the CTP. Three tranches of 500 euros have already been transferred to the bank accounts of the selected beneficiary households.</p>	<p><u>IFRC</u> Paid 1st and 2nd instalments of the multi-purpose cash grant for households in Marathonas (307hh), Rafina (196hh), Megara (83hh), totalling more than CHF 620,000</p> <p><u>Belgian Red Cross</u> supported CTP with development of IM system.</p>

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 with several Partner National Societies and ICRC. Specifically for the wildfires, IFRC provided technical support for the coordination of the emergency, while Spanish Red Cross granted for two weeks the Mobile Health Unit used for the HRC/SpRC ECHO funded program and deployed one of its doctors to support the HRC Emergency Mobile Health Unit in addressing health-related needs. The Belgian Red Cross supported the CTP programme with the development of the IM system for the cash interventions. ICRC provided technical and financial support to the Tracing Service of the HRC in the effort to help families find their missing relatives. ICRC also provided technical assistance to governmental forensic teams involved in the identification of dead bodies and has donated material equipment (such as personal protective equipment and body bags) to forensic medical services.

Overview of non-RCRC actors in country

The main governmental body for the disaster response was the General Secretariat for Civil Protection, together with the fire brigade, police (Ministry of Citizen Protection – Ministry of Interior), army (Ministry of Defence), Municipalities and other local authorities, and the Ministry of Health and the National Health Operations Centre (EKEPY). At the local level, the Ministry of Health operated local health centres. Municipalities were involved through the provision of hardware (e.g. water tankers, earthmoving equipment etc) as well as their social support networks and facilities.

Other non-governmental actors include several international and national NGOs and foundations. Coordination meetings with municipalities and NGOs were held regularly (daily/weekly) up to September 2018, to support the continuous assessment of needs, mapping, avoid duplication and ensure the complementarity of services provided. PSS coordination meetings continued until December 2018.

Needs analysis and scenario planning

The fires in Greece resulted in:

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

Assessments were based on the initial assessment of HRC's National Disaster Response team, as well as on continuous analysis of information from relevant stakeholders, including authorities, municipalities, other NGOs, media, and people

affected by the fires. Initial findings showed that people affected by the fires displayed both short-term (i.e. health, psychological first aid) and mid-term recovery needs. Several months after, it became clear that the psychological impact was bigger than initially expected. HRC and others addressed short-term needs in the first months following the disaster, while recovery interventions are ongoing and will continue outside of the framework of this appeal.

Initially, **health problems** were directly related to exposure to the wildfires; burns (minor to severe), respiratory issues due to smoke inhalation, eye irritation, trauma, fear and stress. Older people unwilling or unable to leave their homes, sometimes due to mobility restrictions, were particularly at risk of both acute and chronic health problems, representing a need for health-related home visits, especially for those with chronic conditions requiring regular check-ups and treatment. **Later on, health needs** included monitoring the wellbeing of people previously visited by the HRC Mobile Health Unit, as well as attending to new referrals and providing vaccinations to older people protecting against flu, pneumococcus and herpes zoster (shingles).

One of the most urgent needs identified was for **psychosocial support (PSS) services**. The fire has had a huge impact on the psychological wellbeing of affected communities. There was a need for provision of psychological first aid (PFA) during the first days after the fires hit to address immediate needs. **Several months after the fires were extinguished, many people showed signs of post-traumatic stress**. People the Red Cross engaged with through other activities (health, cash, etc) clearly expressed the need for ongoing psychosocial support.

As the fires were put out and infrastructure restored, **needs for recovery** emerged, with the Red Cross deciding to complement the Government's efforts with its own cash intervention⁹. A balanced needs-based approach for recovery has been applied for the implementation of cash-based assistance, taking into consideration the government's measures towards fire victims and avoiding overlaps. A multipurpose cash grant was defined as the most suitable option to cover people's diverse needs and assist affected households in their self-recovery. The upcoming winter and an expected increase in living expenses and needs prompted an increase in the number of cash instalments from three to five.¹⁰ Findings from a Post-Distribution Monitoring (PDM) exercise conducted in December suggested that the main needs were reconstruction and household equipment, followed by expenses related to food. Because of the destroyed and/or damaged homes, more than half were still staying with friends or family.

The huge scale and impact of the fires also sparked calls for increased focus on disaster preparedness and mitigation. **Community disaster preparedness** efforts can help prevent fires and fire damage in the future, both in the affected areas and in other high-risk areas of the country. Greece, which frequently experiences disasters, can benefit from adopting a more proactive, community-based approach to DRR.

Despite HRC's relatively well-functioning logistics systems, warehousing facilities as well supply-chain management were overwhelmed during the emergency. As part of the response to the fires and with IFRC support, the HRC improved its **supply-chain management systems and logistics infrastructure** and will continue doing so with its own funding.

Selection of target population

The target population were people directly and indirectly affected by the fires in the municipalities of Rafina, Marathonas and Megara. The Red Cross approach was to prioritize families and the most vulnerable individuals, including those who did not receive any other assistance, and those who had specific vulnerabilities.

A reliable reference for identifying vulnerable people was the draft legal Act of Government published in National Gazette on 26 July 2018¹¹ in support of fire victims. The Act provided an extended list of specific vulnerabilities. The Red Cross **cash team** coordinated with the social welfare offices of Rafina, Marathona and Megara Municipalities to access the official lists of affected people.

Health and PSS activities have been coordinated alongside other actors. The Ministry of Health/EKEPY divided affected areas into neighbourhood zones and assigned them to different agencies. HRC was requested to remain in Kokkino Limanaki – Rafina and Neos Voutzas - Nea Makri (Marathonas), two of the worst affected areas. According to the needs assessment and requests made by EKKKA (National Centre for Social Solidarity), PSS interventions were also needed for summer residents of the municipalities of Rafina and Marathonas who have returned to their permanent homes in Athens and neighbouring municipalities.

Operation Risk Assessment

Adhering to the principle of 'do no harm' is fundamental to how the Red Cross Red Crescent Movement approaches any intervention. The following risks, assumptions and constraints were identified and mitigated

⁹ 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.

¹⁰ Note: two instalments are funded through multilateral donations; the rest is through unilateral donations received.

¹¹ Government Gazette A 138 / 26.7.2018

- Occurrence of another disaster: Seasonal disasters such as flash flooding and landslides might be exacerbated by the impact of the fires. The situation (incl. weather forecasts) was closely monitored, and efforts were put in the disaster preparedness and response capacities of the HRC.
- Challenges to the PSS referrals pathway: Closer collaboration and coordination between all actors for the referral of PSS cases remained a significant challenge. In addition, it was feared that people may be unfamiliar with receiving or requesting PSS services, while post traumatic reactions usually only appear months after the event. This required ongoing monitoring to identify people in need. To mitigate this, the HRC's own internal referrals pathway from the Cash Transfer Programme, as well as from the Health activities was strengthened.
- People moving back to their main homes in Attica: A certain percentage of people affected by the fires were summer residents which means that they return to homes elsewhere for the winter. This led to a reduction in numbers of people requiring support, particularly health services. Close collaboration with Health Centres in Rafina and Marathonas (Nea Makri) helped to establish a referral pathway for fire-affected people in need of health services outside the geographic area of the Red Cross response.

Exit strategy

The appeal was revised in November 2018 to complete all planned IFRC activities and spend all remaining multilateral funding before the end of 2018. Up to this cut-off point IFRC continued to provide technical support to the NS with a view to ensuring HRC was in as secure a position as possible from which to take on and complete all remaining activities before the conclusion of their own portion of the wildfires' response by the end of June 2019. This included a DM surge support during November and December 2018, during which the plan of action was further revised and adapted to the new context. HRC has been an able lead in charge of this operation from the beginning of the response, and IFRC anticipates a smooth continuation of the operation after 1 January 2019; HRC staff and volunteers remain fully committed to addressing the needs of fire-affected individuals and communities.

B. OPERATIONAL STRATEGY

Implemented strategy

The response strategy developed by the HRC was based on continuous needs assessments by the team in the field. The overall objective for the IFRC was to support the HRC in its response, and in doing so to support the needs of 2,484 people¹² focusing on the most vulnerable, with appropriate immediate and medium-term assistance in a timely, effective, and efficient manner, while at the same time helping people to recover from the impact of the fires and supporting increased resilience to future emergencies.

IFRC multilateral funding encompassed support to the following sectors: Health, Livelihoods and Basic Needs, with integrated elements of Protection, Gender and Inclusion, and Community Engagement and Accountability. These interventions complement one another, providing a holistic approach to assisting affected people:

1. **Cash-based assistance**: The main focus of operations was to provide those who have been directly or indirectly affected by the fires with cash-based assistance funded jointly by the IFRC and HRC (CHF 2,500 per household in total, 5 x CHF 500 instalments) to support **early recovery** within the first months of the onset and to assist with winterisation expenses. This appeal supported 617 affected families with cash assistance, providing multi-purpose cash grants through bank transfers to cover basic needs and recurring costs, and to help people recover and reduce their sense of insecurity.
2. **Health**: The areas of intervention in the short term were mainly first aid at the initial stage, primary health care services and psychosocial support services. In the **mid-term**, IFRC-supported primary health care services continued to be provided through the HRC Nursing at Home service and included the provision of vaccinations for older people; **psychosocial support** was also provided at Rafina and Marathonas, and the HRC PSS Service in Athens offered support to those referred by the Health Mobile Unit, the CTP program and others. Community events and activities for families and older people were organised to support the recovery of people affected by the fires.
3. **Capacity building**: Support to building the capacity of the National Society was a key component of any IFRC appeal, with Greece no exception. Developing HRC's capacity for disaster response was a significant element of this, including support to developing logistics and other capacities, and technical support in multiple sectors up until the end of December 2018.

¹² Target as per revised EPoA.

Complementary to these multilaterally-funded activities, HRC continues additional operations outside the scope of the IFRC EA framework beyond 31 December 2018, including completion of the CTP programme, large scale Disaster Risk Reduction activities and continuation of ongoing health and PSS activities, internal capacity building and institutional preparedness.

C. DETAILED OPERATIONAL PLAN



Livelihoods and basic needs

People reached: 617 households (1,516 people)
Male: 720
Female: 796

Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:	Target	Actual
600 households able to cover basic needs, mitigate insecurity and support self-recovery	600	617

Output 3.3: Households are provided with unconditional/multipurpose cash grants to address their basic needs

Indicators:	Target	Actual
600 selected households supported with multipurpose cash grants (to cover basic needs, food, household equipment, utilities and other recurring cost)	600	617

Narrative description of achievements

The wildfires in eastern and western Attica 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 great insecurity. Cash Transfer Programming (CTP) was identified by the NDRT assessment as a suitable mechanism to assist affected population with their early recovery.

The programme targeted 617 households directly affected by the recent disaster in eastern and western Attica. The objective was 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 total amount to be transferred is EUR 2,500 per household, which is distributed in monthly tranches of 500 euros in a period of 5 months. The calculation of the amount was based on the basic needs of a household that has been totally or partially destroyed taking into consideration the cash assistance and benefits announced by the Greek Government. The increase in the number of tranches from three to five was decided considering the final number of households, the increased household expenditures during the near winter, the persistent needs and the actual availability of funds.

Targeting selection criteria of affected people for a CTP intervention were drawn up in discussion with local authorities (representatives and social services of the three affected Municipalities) and with community members. The final selection criteria were set by the HRC CTP team and combine context-specific and social welfare criteria as follows:

- Main residence (Property user: owner or tenant)
- Total or partial damage (designated by the authorities as "red" or "yellow")
- Older people (pensioners over 65 with the main or a secondary residence affected as above)

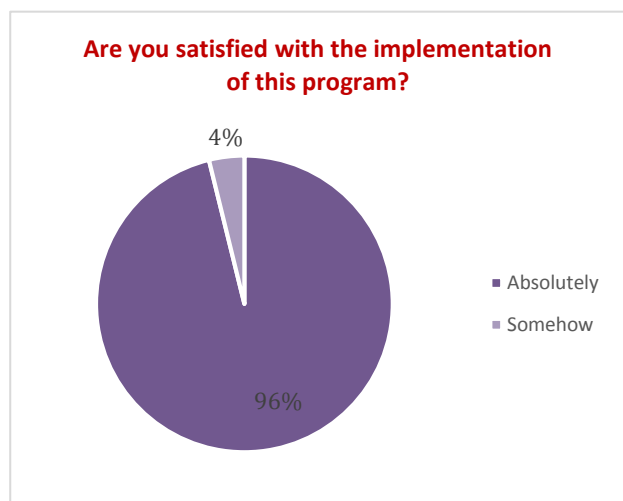
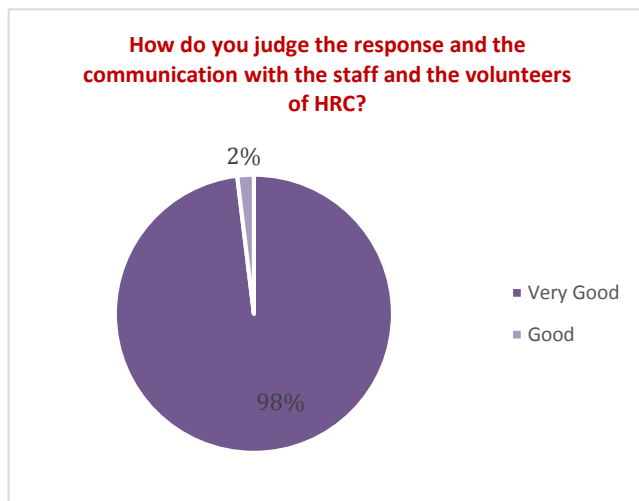
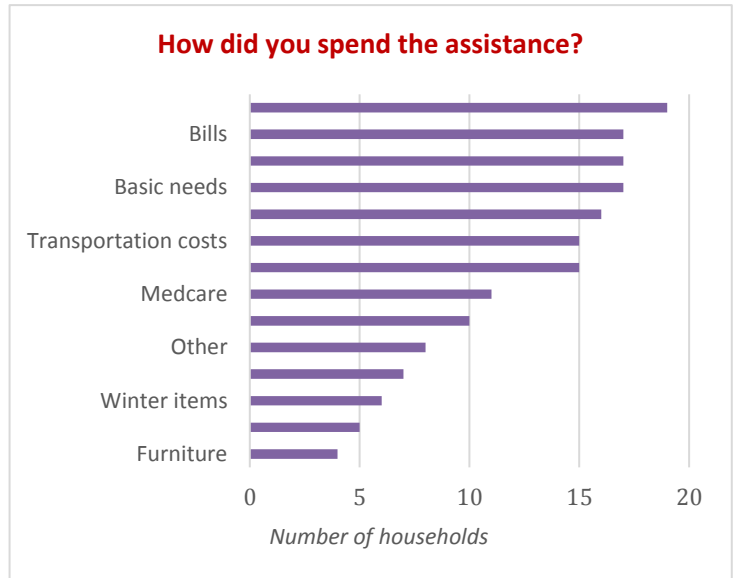
Priority was given to those who met at least one of the following vulnerability criteria:

- Unemployed.
- Multi-child families (four or more).
- People with disabilities.
- People with serious health problems.
- People and families on low income.

The registration process lasted three weeks and took place from 17 September to 5 October in all three Municipalities, while, at the same time, a help desk and a hot line was operating to help affected people, who wanted to apply, in their queries. The hotline will continue to operate at the HRC HQs throughout the implementation of the HRC programme. During the registration process in the three Municipalities, the CTP team ensured the presence of the HRC PSS services who helped in the containment of emotional moments lived by some affected families.

The final selection of beneficiaries, which identified 617 vulnerable households meeting the set criteria, as well as the payment lists were completed by mid-October. KoBo Toolbox was used for mobile data collection, with the joint work of the HRC and the Belgian RC. Three tranches of 500 euros has been distributed to the selected beneficiaries, completed end October and beginning of November and December respectively. The first two payments were paid out closely one after the other because of the delay in the first instalment, as it was understood that the needs would be greater sooner after the disaster. The HRC CTP team has received a very positive feedback for the implementation of the programme so far from the beneficiaries as well as the Municipalities.

PDMs were conducted in December, based on a representative sample of 52 households. Respondents were satisfied with the quantity and quality of the information received regarding the programme, the registration process and the HRC hotline. Most of households confirmed that the programme has helped them to recover from the impact of the disaster, showing the relevance of the assistance. The expenditure can be seen in the chart on the right, showing the money was spent on a variety of items all linked to recovery. The modality (cash transferred directly to bank accounts) was well received (98 per cent indicate it as preferred payment method). 63 per cent confirm that they prefer to receive the amounts in several installments, while 37 per cent would have wished to receive the whole amount at once. HRC staff and volunteers received very positive feedback (in terms of behavior and communication), and 96 per cent are completely satisfied with the implementation of the programme. Many people used the PDM to express their gratitude to say thank you in the comment section.



PDM results indicate the satisfaction with the implementation of the programme as well as with HRC.

Challenges

- Delays in the signing of the programmatic agreements with the Municipalities.
- Communication problems within the HRC, due to limited understanding of the CTP programmatic commitments and procedures, reflected in delays to start the CTP registrations and first payment.
- Continuous revisions of plans to adjust the work plan due to changes of the initial estimated target, the increase of funds, the changing needs/upcoming winter, and the increase of tranches, resulting in a high workload.
- It was challenging for the staff and HRC volunteers taking part in the registration process when dealing with applicants who had lost family members, as the psychological impact on people was severe. Also, during the PDM exercise, there were beneficiaries who either expressed the need for psychosocial support or

needed more time to complete the interview as they experienced a lot of psychosocial pressure. The CTP team referred the cases that expressed their will to receive help to their PSS colleagues.

- The CTP team needed to spend more time on some telephone calls. In these cases, the staff would call the beneficiary back and spent more time explaining the registration process, eligibility criteria and to respond to people who were not eligible or who had not registered in time.

Lessons Learned

- Having a team of social workers/PSS staff accompanying the registration teams to deal adequately with the emotional reactions and to set up internal referral pathways should be repeated in other disaster contexts.
- The presence of PSS colleagues should be considered as well when PDMs are carried out in disaster contexts as people bring in mind the disaster and have the need to talk and share their experience.
- To ensure the sharing of official information and synergies between the recovery initiatives, the HRC enhanced collaboration and communication with regional and local authorities through frequent visits, including to the prefecture of Attica and the Municipalities authorities. This coordination allowed a quick implementation of the cash-based intervention.
- Community Engagement and Accountability (CEA) should be more involved in the management of communication around and promotion of the CTP hotline. As best practice, a clear framework for handling feedback, responding to complaints, and referring issues raised to external partners, should be established before the hotline is launched. All staff involved should receive training in handling/responding to complaints, with the CEA focal point or other key staff member identified as responsible for responding directly to people who have called with complaints, especially at the beginning of the intervention.



Health

People reached: 1,597 (796 Health, 356 PSS, 445 PSS community events)

Male: 680

Female: 917

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	1,225	1,597

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 consultations provided through Emergency Health Unit	220	243
# of primary health care consultations provided through Nursing at home ¹³	2200	1,899
# of first aid services	450	475
480 search and rescue volunteer hours	480	480
# of people >65 vaccinated	n/a	57

Output 4.4: Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency (PSS)

Indicators:	Target	Actual
# of psychosocial first aid (PFA) services	110	119
# of psychosocial support (PSS) services	300	256
# of children/parents participated at the events	300	245
# of beneficiaries (elderly) participated in community PSS activities	150	200

¹³ Through Mobile Health Unit (MHU)

Narrative description of achievements

First Aid

In total 184 Samaritans were deployed to provide first aid services, starting just few hours after the fires begun and continuing for seven days, until 30 August, when the first phase of the emergency response operation was ceased. In total, 475 FA services were provided though FA posts set up in Marathonas and Rafina. In addition to the first aid services, Samaritans provided search and rescue services in land, at the most affected areas of Marathonas Municipality (Mati and Neos Voutzas), as well as at sea with their Lifeguard team.



HRC Samaritans providing first aid services. Photo Credit: HRC

Mobile Health Units

A. Emergency Health Unit (EHU)

The Emergency Health Unit (EHU) provided health services to the affected population, as part of the HRC emergency response to the affected areas. The EHU offered medical services to 130 people with fire related acute health problems (e.g. breathing difficulties, burns, eye inflammations, high blood pressure) and some people with chronic problems (like asthma, diabetes, hypertension) which became deregulated due to the disaster.

At the first days the HRC EHU treated people who were coming to the Municipality hall for information and support, but after assessing the situation, the EHU started providing mobile health services through home visits, to people with acute health problems in need of medical services but who would not leave their homes. The EHU also distributed leaflets with information about the necessary protective measures to take after fires (as this was assessed to be a need). The leaflets were produced by the Nursing Division of the HRC in collaboration with the HRC Community Engagement and Accountability (CEA) officer. EHU also conducted referrals to the Emergency PSS/PFA Unit (EPSSU). As the EHU could not prolong its stay, because the vehicle and the staff of the EHU was normally assigned to the Migration response, the HRC's "Nursing at home" MHU took over.



The Emergency Health Unit are treating patients with fire related acute health problems. Photo Credit: HRC

B. Nursing at Home Mobile Health Unit

The Nursing at Home MHU medical staff when taking over from the EHU, saw the need to continue providing medical services at home for the fire victims with acute fire related medical problems not requiring hospitalisation, as well as to those discharged from the hospital. Through ongoing assessments, it was also identified that people with chronic problems (e.g. diabetes, asthma, hypertension, cardiac problems and disability) were in need of health services at home, as their condition became deregulated due to the direct effects of the fire (burns, injuries, respiratory and eye problems) as well as due to the indirect ones, such as damaged water and electricity supply network, the burning of the family car and the emotional impact of the disaster, which affected their normal living and their behaviour towards their own health needs, (e.g. disrupted medicine supply and intake; food supply and irregular scheduling of mealtimes).

The Nursing at home MHU, through daily home visits, treated a total of 326 people residing at the fire affected Municipalities of Marathonas and Rafina. In total, 1,899 health consultations were undertaken, including clinical examination, medicine administration, health education, follow up, referrals, information provision and vaccination. Regarding vaccination, a total of 57 persons have been vaccinated with the flu and PCV vaccines (due mostly on October and November) which accounts for the 85 per cent of the active patients over 65 years old.

The HRC health team operated in certain areas of Rafina (Kokkino Limanaki and Kioupi) and Marathonas (Neos Voutzas), while Mati area (in Marathonas) and the city of Rafina was being covered by Médecin du Monde (MDM). New people continue to enrol to the MHU programme, through referrals from the people already treated and referral from the Municipalities of Rafina and Marathonas and other actors (Caritas, MDM). A total of 60 HRC volunteers from the Nursing Division has been supporting the work of the HRC medical staff of both Mobile Health Units (EHU and Nursing at Home). Every day at least one HRC volunteer joined the Nursing at Home MHU.

The Nursing at Home MHU will continue to offer its services until a certain degree of normality is restored in people's lives and will gradually phase 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

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. A total of 100 people was reached. After the completion of the PFA period, PSS was provided to 227 people, based on identified needs through respective referrals received by the HRC Mobile Health Unit and other actors in Rafina and Marathonas, as well as to affected people during the three weeks of the CTP registration process at the affected Municipalities of Marathonas, Rafina and Megara. The PSS services are currently being provided at home but also a space has been allocated to HRC for PSS services at the Municipality hall of Rafina, which has not been used so far due to the coverage of the PSS needs of beneficiaries via the mobile PSS Unit, targeting people who have been directly affected (e.g. loss of relatives, property), but also those not directly affected but have been exposed to the disaster (e.g. witnessed destruction and/or deceased persons, stress due to potential loss of livelihoods) and are presenting signs of emotional distress and post-traumatic stress disorder.

PSS activities also include PSS provision via the HRC PSS Service in Athens to affected population living in the urban areas, as well as a variety of other activities like events for children and adults during the Christmas holidays and Halloween, and activities for the older people (excursions, theatre performance attendance, city walks etc) in connection with the HRC Open Care Centre for Elderly (KAPI) near Athens. In addition, support and facilitation of PSS activities for pre-school age children attending the public Kindergarten at Rafina. So far, an entertaining performance was organised for the 45 children of the public Kindergarten at Kokkino Limanaki (one of the most affected area of Rafina Municipality), while the rest activities will be scheduled later and will be implemented gradually by the end of April 2019.

Specialized PSS intervention provision upon request has 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. The HRC PSS coordinator participated at weekly PSS coordination meetings organised by the Municipality of Marathonas, to follow up on PSS matters, issues and needs.



PSS community events were organised in the affected areas. HRC choir performing in the Centre for Elderly, as part of the PSS community events that were organised in the affected areas. Photo credit: HRC

Challenges

- The challenges faced by the MHU medical team was mainly the effects of the polluted environment of the area on their wellbeing. The medical staff and the HRC volunteers started presenting eye inflammations and respiratory problems. To overcome this, specialised charcoal face masks were procured and provided to the MHU staff and volunteers to protect their health. The psychological status of the people being served at the affected areas, due to the emotional and psychological impact of the fire, even though it affected their health, was managed with attentive listening, exhibition of empathy and with referrals to the HRC PSS services for those who were willing to accept PSS services.
- The challenges faced by the HRC PSS team were the identification of people in need of PSS services willing to get help, the coordination with the numerous other PSS actors and finding a base (an office) to provide services. To overcome these challenges, the PSS team coordinated with the MHU team for referrals and with the CTP team (during the CTP registration process of applicants and for referrals through the CTP hotline) and after coordination with the other actors started providing PSS home visits to the identified cases. After discussions with the Municipalities of Rafina and Marathonas, a space was allocated by the Municipality of Rafina to HRC for PSS activities, on demand.

Lessons Learned

- Having the newly established HRC disaster response tools of the Emergency Health Unit and the Emergency PSS Unit proved to be valuable assets in this operation, as it enabled the HRC to provide immediate and effective health response to the affected people and a holistic disaster response.



Protection, Gender and Inclusion

People reached: 147 (73¹⁴ from RFL and 98 from Protection)

Male: 41

Female: 108

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 people reached with RFL services	n/a	73
# of staff/volunteers attending the trainings on protection	150	98
# of programmes meeting the data protection and referral pathway protocol requirements	4	4

Narrative description of achievements

Restoring Family Links (RFL) was an essential component in the HRC emergency response operation for the wildfires. The HRC RFL team received 104 requests for 73 missing people, which have now been completed and classified.

Special attention has been given to meet the needs of the most vulnerable people in the ongoing response, as elderly, very young children and people with chronic illnesses have been amongst the most affected. This includes preparedness purposes, protection and RFL mainstreaming, including capacity building through the introduction of new systems and trainings for staff, volunteers and community members of the affected Municipalities.

The HRC RFL and Protection teams have already developed a training material (power point presentation and text for the manual) for the “*Stage I DRR community training*” which HRC will implement at the three affected Municipalities, and for which a 1,5-hour session on protection and a 2-hour session on RFL has been included. With these trainings, members of the affected communities will be made aware of common protection and RFL issues and that they can report those to HRC staff and volunteers. In addition, the community will be aware on the different needs of the vulnerable groups as well as actions to prevent further risk. The community trainings have been scheduled to start on January on Marathonas and Rafina, as the manual of the training could not be delivered before January and the Municipality representatives did not wish to start before the Christmas holidays.

In addition to the community trainings, trainings are held for HRC staff and volunteers, as part of the activities to strengthen the HRC capacity to support community-based disaster risk reduction, response and preparedness activities. including 3-hours sessions on protection and RFL respectively, aiming to provide awareness on identifying and recognizing vulnerable people after a disaster and how those people can be best assisted by the HRC responders. As of end of November, three protection trainings were carried out reaching 74 volunteers and staff from nursing (49) and Social Welfare divisions (25) were refreshed on RFL and Protection principles and policies of the Red Cross, to ensure its compliance during the ongoing response (3-hour sessions). This included improving comprehension of the RFL Code of Conduct, the RCRC Code of Conduct and Child Safeguarding Policy. It also included topics about communications and keeping the scene of any incident, safe and clean. Additional training is already scheduled.

Regarding internal protection of data, the IT unit in the HRC has conducted some research and wrote a proposal which was approved by the governing board of the Hellenic Red Cross. To support the HRC to establish protocols for safe and ethical way to respond to protection concerns (abuse and others) based on recognised good practices and national referral pathways, the protection focal points collaborated with the HRC Social Welfare and Nursing Division as well as with the RFL and CTP sectors. In addition, communication with the involved actors (NGO's, Public authorities, municipalities of the affected areas) was maintained, allowing HRC to be aware of the latest developments, the services provided by each actor as well as the referral pathways between the actors.

¹⁴ This number indicates 75 people who were declared missing based on the requests made for tracing services

Materials for the dissemination of RFL and protection components have already been developed and are ready to be used in the upcoming planned activities. The translation into Greek language of the RFL Code of Conduct has been done. Protection policy paper has been developed for the HRC and is in the process to be approved by the HRC board.

Challenges

- Limited awareness on RFL and protection issues within the HRC (Governing board, staff and volunteers), as well as among local authorities. To raise awareness among volunteers, during December 2018/9, pilot trainings have taken place for volunteers in Attica region (trainings will continue outside of the framework of this appeal). Additional dissemination sessions to reach other regions in Greece are required to mainstream the knowledge and practice across the HRC branches and enhance the capacity for future crisis.

Lessons Learned

- RFL is often neglected in preparedness planning and not well-integrated with relative activities/services such as Search and Rescue, Health Services and PSS. Coordination at the very first stages of a crisis is critical to properly provide quality to sensitive services such as the accompaniment of families through the identification of dead, as an example. Hellenic Red Cross emergency response teams, such as rescue or the health teams, should be better informed about RFL IT-Communications. RFL understanding should be strengthened through a better link between RFL and PSS services (i.e. develop an accompanying service to go along the families of the missing ability for the HRC (inter-service))



Disaster Risk Reduction – outside of the EA

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

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

Narrative description of achievements

To ensure that communities in the affected Municipalities are better prepared to face and reduce the impact of future disasters and to increase community resilience, HRC started implementing disaster risk reduction (DRR) activities, mostly with their own funding. This includes a **DRR-focused communication campaign**, targeting mainly school children in 40 schools in the three affected Municipalities. The campaign includes the distribution of comic books on how to act during fires, earthquakes and floods and a mini first aid kit for each student, as well as a fully equipped FA kit and a poster with key messages on preparedness for each of the targeted schools. **Community-based (CBDRR) training activities**, targeting people living in the affected areas, including a Stage I training package named “*I know and act better*” with a duration of 16 hours, including sessions on the basics of Disaster Preparedness, Protection, RFL, First Aid and PFA, and the Stage II training package, addressing families in the same areas with sessions on disaster family response plans. Feedback from municipalities was positive and they were eager to organise the trainings. Further DRR initiatives include the development of a smartphone application (to help people prepare family disaster plans), rebuilding of social infrastructure, tree plantation (replacing burnt trees in fire stricken communal areas of the affected municipalities with species that are more resistant to fire in order to mitigate against future fires).

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

Indicators:	Target	Actual
100 per cent of volunteers are protected through training, development, and institutionalized mechanisms.	100 per cent	75 per cent

Output S1.4: National Societies have effective and motivated volunteers who are protected		
Indicators:	Target	Actual
<i>Ensure volunteers are insured¹⁵</i>	5,550	5,550
<i>100 per cent of volunteers aware of individual roles and risks of operation</i>	100 per cent	75 per cent
<i>100 per cent of volunteers accessed psychosocial support when needed</i>	100 per cent	100 per cent
Output S1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators:	Target	Actual
<i>45 Staff trained</i>	45	13 ¹⁶
<i>100 Volunteers trained</i>	100	74 ¹⁷
<i>3 Contingency plans developed</i>	3	1
<i>1 Disaster Management policy developed</i>	1	0
<i>5 RFL kits/backpacks ready to be mobilised¹⁸</i>	5	1
<i>1 RFL box, 1 RFL mobile unit established</i>	1	1
Narrative description of achievements		
<p>The HRC has different groups of volunteers, and ways of management (per division or unit) but no overarching framework. This creates challenge when it comes to implementation and standardization of volunteers' management. The IFRC insurance scheme was provided for 5,500 volunteers of the HRC until the end of December 2018.</p> <p>Volunteers from all four divisions were trained in FA, PFA, RFL and protection during the implementation period of this operation. PSS was offered to all social welfare volunteers who participated in the PFA services, during the first period of the HRC response operation. Specialized PSS intervention provision upon request were made available to the HRC volunteers involved in the operation, in particular for those who have had a traumatic experience of finding dead people. Twelve Samaritans who participated at the Search and Rescue activities in Mati (Marathonas Municipality) were offered PSS services from an external PSS provider.</p> <p>In September, the Hellenic Red Cross held in Athens a Lessons Learnt Workshop to discuss the response operation. The different session allowed the HRC to identify best practices, challenges and areas to improve their Response Mechanism based on the recent experience. The first days consisted of a discussion to identify best practices, challenges and recommendation around the delivery of emergency services, emergency response units, information management and overall coordination. The following two days capitalised in the findings to further improve the mechanism; tools like the Situation Report (SitRep) were revised and enhanced, and SOPs were created to outline processes like the deployment of the emergency units, delivery of emergency services and others.</p> <p>Branch-related preparedness activities have been incorporated as part of this Fires Emergency Appeal with the aim of developing not only Branch Disaster Response Teams (BDRTs) but also localised contingency plans for at least three HRC branches. The pilot branch for this new initiative is the Thessaloniki branch, being the biggest branch of the HRC, and the activities started with an introductory meeting held beginning of October with heads of the branch to explain the upcoming activities. End of October, workshop was held, with the participation of Branch's focal points to further work on the revision of the risk analysis and scenario of the plan, establish of an Emergency Coordination Structure for the Thessaloniki Branch, and draft an initial outline of the branch's response. The Branch will continue with the development of the Branch Contingency Plan along with SOPs. The training for the BDRT will be held in February, outside the scope of this appeal by HRC.</p> <p>During the wildfire operation that allowed to test the newly created emergency response mechanism of the Hellenic Red Cross, it became clear that an important component to improve the whole operation would be strengthening the assessment capacity of the national society. As a result, a 3-day emergency needs assessment training was held on the 26 - 28 November, targeting key HRC staff and volunteers who are usually involved in assessing the situation in emergencies. The training focused on the importance of assessments, assessment process and</p>		

¹⁵ Initially until December

¹⁶ 13 staff (and 5 volunteers) trained as part of the ENA training. However, these targets refer to different activities (the Disaster Preparedness trainings for staff and volunteers which are scheduled for May 2019, outside of the framework of this appeal).

¹⁷ As part of the protection trainings for volunteers. However, these targets refer to different activities (the Disaster Preparedness trainings for staff and volunteers which are scheduled for May 2019, outside of the framework of this appeal).

¹⁸ 5 RFL kits/backpacks and 1 RFL kit box (both constituting 1 complete RFL mobile unit) exist and are ready to be mobilised

steps, collecting and analysing primary and secondary data, and reporting and dissemination. After these sessions, a working session was held to develop a common form/template to support a harmonised assessment process across HRC. As a result, participants were able to enhance their skills and understanding related to emergency needs assessments, making them more prepared for future emergencies, as well as having contextual tools.

RFL preparedness activities were conducted, such as ensuring that an RFL element is included in all relevant trainings, as well as the creation (configuration of content) and acquisition of five operational RFL kits/backpacks and one RFL kit box to facilitate RFL interventions during disasters. To further enhance the HRC RFL response capacity during disasters the content of five RFL operational kits/backpacks and one RFL kit box (both constituting 1 RFL mobile unit)¹⁹ have been configured, ordered and delivered to HRC RFL team on December. The cost for the purchase of the items was covered by IFRC. The RFL mobile unit (5 RFL kits/backpacks and 1 RFL kit box) will act as contingency in case of disasters. A **Training of Trainers (ToT) RFL package** was prepared in order to prepare facilitators for these trainings and a ToT was held for 3 RFL staff. For the needs of the RFL trainings to community and HRC staff and volunteers, the content of one RFL training kit was configured and ordered in December. The RFL training kit will be used as a training aid.

Challenges

- The HRC has different groups of volunteers, and ways of management (per division or unit) but not an overarching standard. This is a huge challenge when it comes to implementation and standardization of volunteers' management.
- There were challenges due to the lack of understanding of the Response Mechanism by some members of the senior management. Increased efforts were made to raise awareness on the newly created mechanism.
- Due to the suspension of HRC from the IFRC, the necessary structural changes around the DM mechanism could not be made which. In addition, some planned DM capacity building activities, were delayed as HRC staff were occupied with issues related to the suspension.

Lessons Learned

- The newly created response mechanism of the HRC was finalised in July and not yet approved at the onset of the disaster. Despite this, the mechanism worked very well, considering that it was the first time; showing the effects of the DM capacity building efforts.

International Disaster Response

Outcome S2: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective response preparedness and surge capacity mechanism is maintained

Indicators:	Target	Actual
100 per cent of regional surge capacity initiated with timely deployment and implementation	100 per cent	100 per cent
100 per cent of the HNS surge needs are covered	100 per cent	100 per cent ⁴

Output S2.1.3 NS compliance with Principles and Rules for Humanitarian Assistance is improved.

Indicators:	Target	Actual
100 per cent of programmes include CEA components	100 per cent	100 per cent

Outcome S2.2: The complementarity and strengths of the Movement are enhanced

Indicators:	Target	Actual
100 per cent of operations where coordination is optimized	100 per cent	100 per cent

Output 2.2.3: Supply chain and fleet services meet recognized quality and accountability standards²⁰

Indicators:	Target	Actual
75sqm expansion of WH space	75sqm	24.3 sqm
15 trained HRC staff on logistics & warehouse management	15	5
20 HRC Branches received training material on logistics and warehouse management	20	0

¹⁹ Each RFL kit includes HRC vests and hats, router, 1 mobile phone, 1 charger, phone cards, folder with stationary material. The content of RFL kit box contains foldable table and chairs, mobile phones, generator and cables.

²⁰ The budget codes for this is under SF11

Narrative description of achievements

Since the first day of the disaster, coordination between Movement components has been strengthened through an agreed framework developed during the Migration Emergency Operation outlining modes of information sharing, communication and decision making at technical, operational and strategic levels. A national Task Force (TF) was chaired by IFRC Programme Coordinator together with HRC Operation Coordinator and meeting regularly (initially a few times per week, and later every two weeks) with all relevant technical focal points from HRC, IFRC, ICRC and PNS.

In terms of surge, additional support for PMER and communications were provided respectively, and the regional office Europe provided support in revising the appeal.

Efforts were made to improve the supply chain and upgrade the warehouse. This included the procurement of two 40 feet containers to be located in the HRC main warehouse is ready to be launched upon approval. It is expected to be finished by February 2019. The inventory system is currently being upgraded to simplify the process of recording and trucking. Furthermore, the Standardisation of relief items has started, and a proposal for the standardization of hygiene kits and baby kits is ready to be submitted for approval to the HRC board. The materials for the warehousing training was developed and the staff have commenced the pre-training tasks on 19 November. This material will be also sent to 20 active HRC Branches once they will be adapted. These activities were funded with HRC funds.

In coordination with the specific focal points per component, Community Engagement and Accountability (CEA) has been mainstreamed in the operation. A hotline was established in the early stages of the response, feedback from community members was acted on to improve the delivery of services, in particular CTP, health and PSS services. Support to the health team was focused on the timely and relevant provision of information to people. For example, leaflets were developed on how to mitigate health risks in the aftermath of the fires, designed with input from the CEA focal person. For PSS, efforts have included the provision of space for feedback collection in templates/forms, and support to ensure feedback is adequately documented and systematically addressed. For CTP, to ensure provision of timely and relevant information, printed materials were distributed (e.g. leaflets and posters), as well as information being available online and through the telephone help line. To support feedback-response, help desks and Post Distribution Monitoring (PDM) surveys were used, as well as the hotline, and FGDs are planned to be implemented in the future.

Challenges

- The CEA strategy was challenging as community members were very hard to reach in the initial days. Furthermore, there were delays communicating the launch of the CTP program, due to HRC's own internal bureaucracy.
- Despite the relatively well-functioning supply chain scheme of HRC, they were not able to cope with the huge amounts of in-kind donations received, and the warehousing facilities as well as the whole supply-chain system became overwhelmed resulting in a temporarily disorganised warehouse and incomplete lists of donations and distributions.

Lessons Learned

- Compared to prior operations (e.g. Mandra Floods), cooperation inside the HRC has increased. The potential for coordination among the three divisions (Social Welfare, Nursing and Samaritans) is there but needs to be further strengthened.
- For the future, a CEA SOP's document should be approved by the HRC board to provide a cross cutting document outlining CEA in all the relevant sectors.
- A CEA focal person should be identified in all sectors (health, CTP, PSS) to ensure better preparation and organization for timely provision of relevant information, the establishment of feedback mechanisms, and an increase in programme accountability.
- For future emergencies, it is important to have the capacity to quickly allocate vehicles, drivers and fuel for the timely deployment of NDRTs.
- Establishing 'fast track' internal procurement processes that can be applied in emergencies is necessary, as the current procedures are not designed for emergencies
- To better deal with substantial in-kind donations, there is a need to standardize the kind of donations the HRC can accept (based on needs) and what kind of donations should not be encouraged or even refused.
- Model contracts for providers/companies should be negotiated and developed pre-crisis and before the next emergency hits, setting out the main conditions required by the HRC. This will help save time when the next emergency arrives.

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
150 new volunteers	150	More than 700 ²¹
% increase of visitors to website	30 per cent	n/a ²²

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

Indicators:	Target	Actual
# of publications in national media (regarding the documentary)	15	5
# of side events before, during and after the launch of the documentary	5	1

Narrative description of achievements

Since the disaster in Mati, where HRC activities were heavily promoted by international and national media, many people wanted to volunteer with the HRC. 50 volunteers in the Social welfare department, more than 700 new applications to the Samaritans and another 40 people to the Nursing Unit.

The plan to have an improved website will finally not be materialised despite the efforts done (e.g. looking for relevant companies), but the HRC public relations team regularly uploaded to the old HRC website articles, stories and photos regarding the HRC response to the wildfires from the early time and continues to do so.

A documentary was produced, released to the media and uploaded on the YouTube channel of the HRC on 9 December²³ It depicts the various activities of the HRC response to the wildfires, such as home visits of the Nursing at Home MHU, the CTP and PFA activities as well the role of the HRC volunteers. The documentary has been displayed in several events organised by the regional branches of the HRC. Efforts to promote the documentary to TV shows continue. Also, a shorter version (3 min) of the documentary has been created to use it during the trainings on PSS, First aid. etc. for the affected communities.

Two short videos were produced portraying beneficiaries of the cash transfer program implemented by HRC and IFRC for the persons affected by the Wild Fires in Greece in the summer of 2018. The videos have been published by IFRC.

Challenges

The HRC board at the time of the onset of the disaster was a newly appointed and therefore quite inexperienced in how to deal with emergency communications. However, through close monitoring, guidance and technical advice, HRC managed to overcome this obstacle.

Lessons Learned

- At the very beginning of the event, the HRC needs to develop coordinated key messages to share to the public to communicate their actions and needs; the messages need to be developed based on the information received by the teams in the field.
- There should be focal points in the field for Information management and communications responsibilities to alleviate the role of the Field Team Leader. A focal person and/or spoke person needs to be predetermined to avoid the dissemination of non-agreed messages to the public.

Outcome S3.02 The programmatic reach of the NS and the IFRC is expanded

Indicators:	Target	Actual
Amount of funding mobilised by IFRC together with NS	100 per cent	100 per cent

Output S3.01.01: Resource generation and related accountability models are developed and improved

Indicators:	Target	Actual
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²² The new website did not materialise, therefore this indicator cannot be calculated as the old HRC website does not count number of visits.

²³ www.youtube.com/watch?v=Yrh1KBx4giY. As of 31 January 2019, the documentary has 1,148 views.

Monitoring plan established for programmes	1	1
# of external reports generated for this appeal (TBD depending on pledges)	4	4
HRC has a PMER focal point	1	0.5 ²⁴

Narrative description of achievements

Despite the big efforts done to fulfil the reporting commitments related to this operation, the gap within the HRC in terms of PMER remained. Internal advocacy for the designation of a dedicated PMER person in HRC was carried out, and might materialise in 2019. An acting HRC part-time PMER focal point was appointed until a permanent HRC PMER focal point would take over, and provided significant support despite her limited mandate, in following up with teams to ensure regular system of data collection.

To ensure regular monitoring of activities and progress, a monitoring plan was established. Monthly monitoring templates were filled out to keep track of the progress, and to collect numbers on a regular basis. Reports have been prepared, incl. Operations Update 1, pledge-based reports, the final report as well as informal updates.

The HRC and IFRC have gone through different Lessons Learned processes along the operation's implementation period. As part of IFRC's exit strategy and the closure of this appeal, an internal review was conducted with the purpose to reflect on the lessons learned, and to outline clear and manageable recommendations for HRC's continuation this operation. This led to an internal revision of the HRC wildfire operation in December, and a management response tool was developed to manage the recommendations given by several Lessons Learned workshops of latest disaster response operations incl. Wild Fires Operations. The document contains specific recommendations on 1) Roles and Responsibilities; 2) Development of SOPs; 3) Coordination; 4) National Society capacity building and 5) Disaster Management system understanding. An evaluation may be conducted after the end of HRC's operation in June 2019.

Challenges

- The lack of an official PMER focal point in HRC posed significant challenges. An acting PMER was appointed, however with a limited mandate and many other responsibilities. Inside the NDRT team, the lack of focal points for PMER, Information management and communications also put a burden on the team leaders, who had to step in to cover these additional tasks.

Lessons Learned

- There should be focal points in the field for PMER and Information management responsibilities to alleviate the role of the Field Team Leader.
- Creating a unified system for more effective collection of information and information sharing that consolidates the updates from all services within the HRC would be essential. The wildfire appeal showed, that it is possible
- To improve mechanisms for registration of beneficiaries, ideally through mobile data collection. For CTP, the initiative between HRC and the Belgian Red Cross proved successful in testing KoBo Toolbox for registration forms and PDMs. This in-house capacity could be transferred to other departments.
- The SitReps that were produced in the initial days and weeks by the team leaders of the NDRT needed to be in English and in Greek, requiring nightshifts to finalise the translated versions. For the future, it is recommended that remote persons could translate the SitRep in English instead of the focal teams in the field in order to decrease their workload.

Effective, credible and accountable IFRC

Outcome S4.01: The IFRC enhances its effectiveness, credibility and accountability

Indicators:	Target	Actual
100 per cent of operations where established processes and procedures are followed	100 per cent	100 per cent

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

Indicators:	Target	Actual
100 per cent of financial KPIs are achieved	100 per cent	99,6 per cent

Output S4.16: Audit and risk management

Indicators:	Target	Actual
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²⁴ Acting part-time PMER

100 per cent compliance with federation procedures	100 per cent	100 per cent
# of low-level recommendations coming from the audit	n/a	n/a
Narrative description of achievements		
<p>All contributions and pledges were properly registered and approved by IFRC Greece based on the discussions with Hellenic Red Cross and donors. A Project Agreement was signed between IFRC and Hellenic RC, following the standard IFRC template, and revised when the implementation period was shortened through the revised appeal.</p> <p>All the funding (99.60 per cent) was implemented within the planned implementation period.</p> <p>In terms of the use of IFRC EA funds, 77 per cent was dedicated to the multipurpose cash transfers made to the victims of the wild fires. Another 11 per cent of the costs are related to the human resources to deliver the initial emergency response as well as the cash program. The rest was used to facilitate equipment for RFL, office cots, travel and technical support to Hellenic RC to implement the operation.</p> <p>Compliance with all federation procedures was ensured and always verified with Europe Regional Office. Given the amount of the budget, the external audit was not deemed necessary.</p>		
Challenges		
<p>The main challenge was the need to reduce the implementation period of the appeal due to the suspension of Hellenic RC by IFRC Governing Board. This forced IFRC to discuss with HRC a revision of the initial plan and budget to ensure that all contributions received by IFRC could be used by the end of 2018 while HRC accepted that activities planned for 2019 would be implemented with the contributions received directly by Hellenic RC.</p>		
Lessons Learned		
<p>This was a very particular appeal given that the National Society managed to mobilise much more funds (through local and international donations) than the IFRC. IFRC emergency appeal procedures and budgets are well designed to channel international funds to an emergency operation, but not so well prepared to incorporate and reflect situations where, like in Greece, the implementing National Society has received significant funding and is willing to manage and implement that funding with IFRC as part of a joint emergency appeal.</p>		

D. BUDGET

Total funding received for this Emergency Appeal was CHF 815,222. As per the financial report attached, the operation closed with a balance of CHF 926. IFRC seeks approval from its donors to reallocate this balance to its Greece Operational Plan for 2019 (MAAGR001). Partners/Donors who have any questions regarding this balance are kindly requested to contact Louise Daintrey-Hall at the IFRC Regional Office for Europe (phone: +36 1 888 4507; email: louise.daintrey@ifrc.org) within 30 days of publication of this report. Following this date, the reallocation will be processed as indicated.

Contact information

Click here for:

- [Revised Emergency Plan of Action \(EPoA\)](#)

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

In the Hellenic Red Cross

- **Secretary General:**
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- **Operational coordination:**
Angelica Fanaki, Director of Resource Mobilization & Programs Department, angelica.fanaki@redcross.gr

In the IFRC

- **IFRC Country Office:**
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- **IFRC Regional Office for Europe:**
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- **IFRC Geneva:**
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For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Europe:**
Louise Daintrey-Hall, Acting Partnerships and Resource Development Coordinator,
IFRC Regional Office for Europe, louise.daintrey@ifrc.org

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

- **IFRC Regional Office for Europe:**
Dorottya Patkó, Planning, Monitoring, Evaluation and Reporting Manager,
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 (NGO's) 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.**

Disaster Response Financial Report

MDRGR003 - Greece - Fires

Selected Parameters

Reporting Timeframe	2018/7-2019/02	Programme	MDRGR003
Budget Timeframe	2018/07-12	Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	TOTAL	Deferred Income
A. Budget	814,000	
B. Opening Balance		
Income		
Cash contributions		
<i>Albanian Red Cross</i>	11,389	
<i>American Red Cross</i>	238,997	
<i>Australian Red Cross</i>	22,108	
<i>Belgium - Private Donors</i>	116	
<i>British Red Cross</i>	100,508	
<i>Canada - Private Donors</i>	73	
<i>China Red Cross, Hong Kong branch</i>	24,772	
<i>Finland - Private Donors</i>	46	
<i>Germany - Private Donors</i>	116	
<i>Great Britain - Private Donors</i>	22	
<i>Intercontinental Hotels Groups(IHG)</i>	19,894	
<i>Ireland - Private Donors</i>	34	
<i>Italian Red Cross</i>	34,067	
<i>Japanese Red Cross Society</i>	66,000	
<i>Portuguese - Private Donors</i>	49	
<i>Portuguese Red Cross</i>	1,241	
<i>Red Cross of Monaco</i>	19,312	
<i>Switzerland - Private Donors</i>	150	
<i>The Netherlands Red Cross</i>	252,001	
<i>VISA</i>	24,328	
C1. Cash contributions	815,222	
C. Total Income = SUM(C1..C4)	815,222	
D. Total Funding = B +C	815,222	

* Funding source data based on information provided by the donor

Disaster Response Financial Report

MDRGR003 - Greece - Fires

Selected Parameters			
Reporting Timeframe	2018/7-2019/02	Programme	MDRGR003
Budget Timeframe	2018/07-12	Budget	APPROVED
All figures are in Swiss Francs (CHF)			

III. Expenditure

	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	15,000	14,630	370
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs	669,000	680,242	-11,242
AOF4 - Health	9,000	8,618	382
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion	1,000	650	350
AOF7 - Migration			0
Area of focus Total	694,000	704,139	-10,139
SFI1 - Strengthen National Societies	65,000	66,365	-1,365
SFI2 - Effective international disaster management	21,000	9,909	11,091
SFI3 - Influence others as leading strategic partners	16,000	11,206	4,794
SFI4 - Ensure a strong IFRC	18,000	22,678	-4,678
Strategy for implementation Total	120,000	110,157	9,843
Grand Total	814,000	814,296	-296