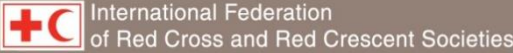


Emergency Plan of Action (EPoA)

Albania: Earthquake



Emergency Appeal n°	MDRAL008	Glide n°:	EQ-2019-000157-ALB
Date of launch:	29 November 2019	Expected timeframe:	12 months
		Expected end date:	29 November 2020
Category allocated to the of the disaster or crisis: Orange			
EPoA Appeal Funding Requirements: CHF 3 million			
DREF allocated: CHF 250,000			
Total number of people affected:	100,000 (estimate)	Total number of people to be assisted:	10,000 directly, 50,000 through community-based activities
Provinces (prefectures) affected:	Durrës, Kruje, Tiranë, Lezhë Minor / secondary affected: Dibër, Vlorë, Kukës, Fier, Elbasan, Berat	Provinces/Regions targeted:	Durrës, Kruje, Tiranë, Lezhë Vlorë, Fier
Host National Society presence: 350 staff and volunteers, 6 branches active in response The Albanian Red Cross is present in the country with 39 local branches, 2,445 registered volunteers and 53 paid staff.			
Red Cross Red Crescent Movement partners actively involved in the operation: Austrian RC, British RC, Bulgarian RC, Croatian RC, Danish RC, German RC, Italian RC, Hellenic Red Cross, RC of Montenegro, The Netherlands RC, RC of North Macedonia, Turkish RC, United Arab Emirates RC; IFRC, ICRC			
Other partner organizations actively involved in the operation: Government of Albania (GoA); joint Union Civil Protection Mechanism/ UN Disaster and Assessment Coordination (UCPM/UNDAC), urban search and rescue (USAR) teams (in the immediate aftermath) and damage assessment teams (from several countries); Swiss Development Cooperation/Swiss Humanitarian Aid, USAID; UN Development Programme (UNDP, UNHRC), UN Refugee Agency (UNHCR), UN Children's Fund (UNICEF), UN Women, WHO; Caritas Europe, Save the Children (SC), Terre des Hommes, (TdH), World Vision International, national and local NGOs.			

A. Situation analysis

Description of the disaster

On 26 November 2019, a 6.4 magnitude earthquake hit Albania at 3:54 AM local time, centred 30 km west of Tirana, at a depth of 10 km. A second earthquake of 5.4 magnitude followed at 7:10 AM with the epicentre near Durrës (34 km northwest of Tirana). Significant aftershocks followed, peaking above Magnitude 4 even a week after the original quake, with 51 deaths and 750 people injured as of 30 November. The Government of Albania (GoA) declared a state of emergency on 27 November lasting for at least 30 days.

Admin. area	Thumane	Durrës	Mamunas	Tirane	Total
Number of people killed by the EQ	25	24	1	1	51

The total number of people affected stands at approximately 100,000 according to the Government of Albania (GoA), and the total number of people displaced (due to uninhabitable or destroyed buildings) may reach around 30,000 according to the United Nations Disaster and Assessment Coordination team (UNDAC). Both numbers are still estimations, based on partially completed damage assessment results communicated by the GoA.

The GoA Committee on Reconstruction reports 13,294 people living in temporary accommodation as of 11 December (not including those hosted by relatives or friends).

Accommodation type	Number of people
Hotels	4,149
Gyms	254
Tents	7,383
Social centres	395
Others*	1,113
Total	13,294

Table 2 – displaced persons by type of shelter

Structural damage assessment by Albanian experts, supported by international capacities, is expected to be completed by the end of the year.

The most affected administrative regions are Durrës, Krujë, Tiranë and Lezhë. Structural damage is widespread, yet focused on old buildings and those built with poor building practice in the transition area of the 1990s and early 2000s. Additional administrative areas considered secondary affected are those where people have been evacuated to by the government, such as Vlorë, Fier, and Shkodra (minor damage is reported in several villages in these prefectures).

Health facilities, as well as electricity, water and sanitation and communication systems have not been significantly disrupted and are functioning almost on pre-disaster level. Schools in most affected regions were closed after the disaster, but widely reopened in week two after the disaster (between 9 and 13 December).

Displaced people are provided with temporary accommodation by the government in hotels (often located outside the primary affected area), dormitories, gyms (mostly those of schools), social centres, and tent camps. The government is aiming to accommodate all people in 'solid accommodation', such as hotels, dormitories, sport halls, container homes, thereby replacing accommodation in tents. Many displaced families are staying with relatives, many outside the earthquake-affected regions, some even outside Albania. Affected persons in rural areas tend to stay close to their damaged premises and livestock, preferring tents on their land / close to their houses over distant accommodation. The Prime Minister of Albania pledged to construct houses / apartments for all displaced people by the end of 2020.



Image 1 - Collapsed building in Durrës. Photo:

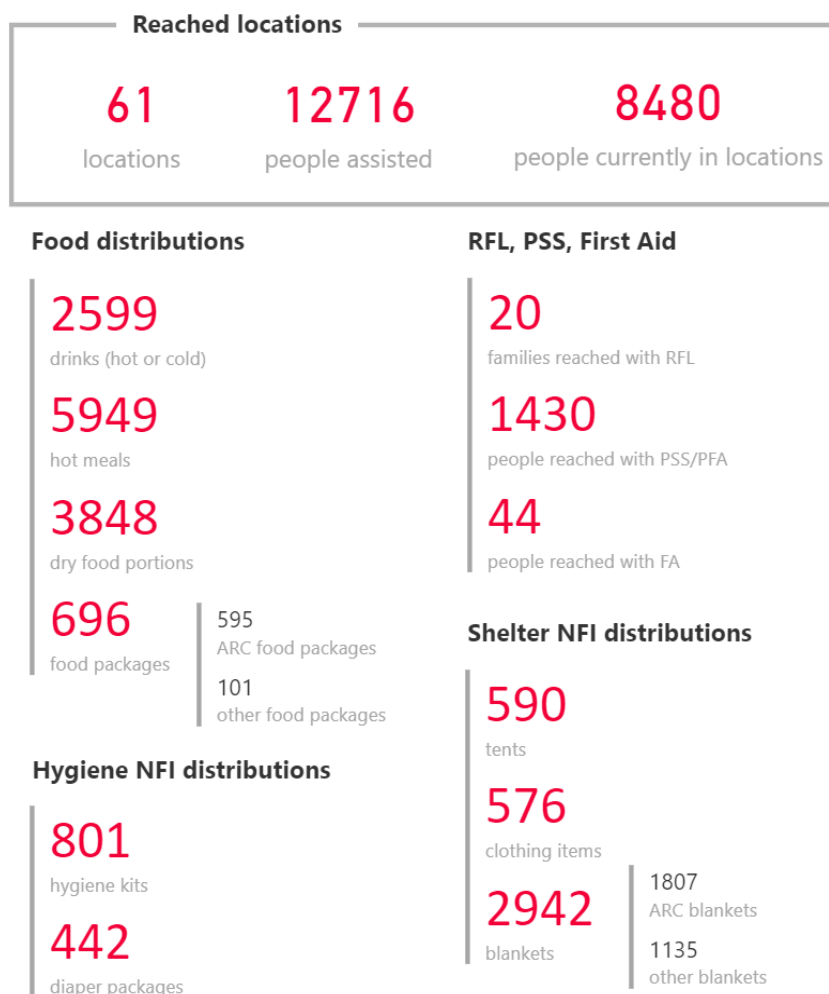
Summary of the current response

Overview of Host National Society

Albanian Red Cross was established in 1921 and is active in community-based disaster awareness, preparedness and response activities, with a focus on first aid, assessments, community outreach and health and hygiene promotion activities.

Volunteers from the ARC arrived immediately to the disaster site after the earthquake to provide support to the affected population. The ARC has been responding in the areas of First Aid, food support, psychosocial support services, water and sanitation, shelter (household items) and Restoring Family Links (RFL). The NS is currently continuing its response with a total of 350 volunteers and staff, with a focus on relief distributions (Shelter items, Food, Hygiene material) and psychosocial support (PSS). Primary regions of activity are the prefectures of Durrës (Durrës city, Shijak), Tirana (Vorë), Lezhë (Laç, Shëngjin), and Kruja (Thumane). As of 9 December, ARC is actively present in 59 different locations spread all over the affected area. Ten branches are actively involved in response operations. ARC is distributing items from its own stock and incoming in-kind assistance.¹ ARC response to date is indicated in the table below:

¹ Updated figures are provided on the response dashboard on IFRC GO: <https://go.ifrc.org/emergencies/3887#additional-info>



ARC is also providing support in temporary camps set up in affected areas, in collective shelters such as gyms and community centres as well as hotels where people were evacuated to. In addition, ARC volunteers are also reaching out to people who did not leave their damaged houses, especially in rural areas.

Overview of Red Cross Red Crescent Movement Actions in country

The IFRC via its Regional Office for Europe (IFRC ROE) based in Budapest has been in regular contact with the Albanian Red Cross since the start of the disaster and immediately deployed health, communications and planning, monitoring, evaluations and reporting (PMER) specialists to support the National Society response. The IFRC has a valid diplomatic status agreement in the country since 1994.

ICRC is supporting ARC directly in restoring family links activities, and IFRC maintains close contact with the ICRC's office in Belgrade which supports Albania. In addition, multiple technical specialists from IFRC and partner national societies including Austrian Red Cross, British Red Cross, Croatian Red Cross, Danish Red Cross, German Red Cross and Netherlands Red Cross were deployed or are supporting remotely as surge support to ARC².

Bilateral Assistance (in-kind):

- **Croatian Red Cross** has provided a large truckload of humanitarian goods, including blankets and quilts.
- **Hellenic Red Cross** has assisted with two shipments of various relief goods (6 trucks).
- **Italian Red Cross** (deployment with Italian CP) is demobilizing but considering a medium-term bilateral support in PSS capacity building.
- **Red Cross of North Macedonia** provided miscellaneous household items, food and hygiene parcels.
- **Montenegro Red Cross** assisted with relief goods (clothing).
- **Turkish Red Crescent** provided and distributed a variety of humanitarian goods, making some available to ARC for use in distributions, gradually demobilizing their in-country personnel since week 3 after the earthquakes.
- **United Arab Emirates Red Crescent** has provided tents and other relief goods to Albanian Government authority requests.

² For the full list of profiles, please refer to HR section on page 11 below.

Overview of non-RCRC actors' actions in country

The Albanian government activated the European civil protection mechanism (UCPM) on 26 November. USAR teams from Greece, Italy and Romania deployed to Albania, with the Urban Search and Rescue (USAR) operation closing on 29 November. An EU Civil Protection team, including two UNDAC members, were deployed to Albania on 28 November with an expected presence until 20 December 2019. The GoA accepted the UCPM-coordinated in-kind assistance from Austria, Belgium, Croatia, Germany, Greece, Italy, Romania, Slovak Republic, Sweden and the United Kingdom and bilateral assistance from Croatia, France, Israel, Montenegro, North Macedonia, Serbia, Switzerland and Turkey and/or in kind assistance on bilateral basis.



Image 2 - Albanian Red Cross mobile team distributes food, milk and bread to people who are unable to return to their houses in Durrës. Photo: IFRC

Albanian authorities are in charge of coordination. Sectoral and operational coordination mechanisms have been established with limited capacities, with efforts made to facilitate coordination with the joint EUCP/UNDAC team, international and national agencies on the ground. Damage assessments led by the GoA, supported by international experts, are ongoing. To date, no full picture of activities of other organizations is available. The GoA crisis management structure is in place and chaired by a special envoy for crisis response and relief, covering affected prefectures on different thematic/technical functions including accommodation, humanitarian aid coordination etc. ([click here for organigram in Annex A](#)).

Multiple national and local NGOs, as well as ad-hoc initiatives (utilizing social media platforms) are active on the ground. International actors present include a joint UCPM/UNDAC, damage assessment teams (several countries), Swiss Development Cooperation/Swiss Humanitarian Aid, USAID, UNDP, UNHRC UNICEF, UN Women, WHO, Caritas Europe, Save the Children, Terre des Hommes, and World Vision International. UNDAC was requested by the GoA to assist in coordination of NGOs/INGOs and UN.

At present, the following coordination mechanisms / meetings with the participation of government representatives and respective engaged organizations have been created. ARC and IFRC are actively participating in the established coordination mechanisms as outlined below, co-chairing the Cash WG. A shelter and NFI coordination group is currently being discussed with relevant actors are a part of the overall coordination mechanism, yet not established.

Health	Ministry of Health and Social Protection - MoHSP, Humedica, Operation Mobilisation, TdH, , WHO, national / local NGOs, ARC/IFRC
PSS Protection	Caritas, Order of Psychologists of Albania, SC, UNICEF, ARC/IFRC SC, TdH, UNICEF, WVI
WASH	Humedica, SDC/SHA, TdH, national / local NGOs
DRR in education	WVI, Hope Worldwide Albania, ARC/IFRC
Food assistance	Caritas, TdH, WVI, multiple local NGOs, ARC/IFRC
CVA	UNICEF, Caritas, SDC/SHA, ARC/IFRC

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Current urgent needs - based on data shared by the GoA, initial assessment and observations by ARC branches, and confirmed by other organizations present in country - are in the areas of shelter and shelter-related NFIs, Food and PSS. These may change as the situation continues to evolve.

Shelter

Based on partially completed assessment results available at time of drafting this document, at least 261 apartment blocks (of different sizes and number of apartments) and 2,237 single houses/ apartment units are destroyed or severely damaged (equating to being uninhabitable), and at least 851 apartment blocks and 4,618 single houses/ apartment units are damaged, and uninhabitable. The latest confirmed number of displaced people stands at 13,294 (GoA, as of

11 December), but as assessments continue this number is expected to rise (UNDAC estimations reach up to 30,000 persons).

The GoA provides temporary accommodation (tents, prefabricated homes, social centre / gyms and hotels). A significant number of tents (7,400 as per 6 December [GoA]) have been distributed in the early phase of the response, widely sourced through G2G assistance, complemented by NGO and bilateral RCRC tent distributions (TRC, UAE RCS). Needs of people vary widely with the type of shelter provided, summing up in an overall need for complementary support in household items to people staying in different locations.



Image 3 - Temporary camp for earthquake displaced at Thumane, Albania (since closed). Photo: IFRC

Livelihoods and basic needs

Need for food is at present widely covered through multiple GoA, local / national NGOs, private actors and the ARC, but this is not expected to continue in the months to come, whereas needs will remain. Specific dietary needs are widely taken care of by local authorities and local NGOs. The loss and damage of property has a severe financial impact on the affected families, many of whom are expected to be incapable of recovering on their own without support. The earthquake disturbed the everyday life of affected people (especially those displaced) not only because of damage in property but also in terms of workplace, individual and family businesses and education. Damage to buildings of businesses (especially family businesses) also lead to loss of income and loss of workplaces.

Health

Health facilities are functioning almost to the extent prior to the disaster; thus, needs are supplementary services to the most vulnerable. Among the affected population there are groups who are especially vulnerable and at risk of being out of reach of ongoing response activities, such as older people (many of whom are living in rural areas, unwilling to be evacuated), pregnant women, people with disabilities and people with chronic diseases. There is a need for community-based health activities to make sure these people are reached and also to contribute to increased awareness of health-related risks among the population.

Psychosocial support

Although the earthquake affected all age and gender groups, most affected are those living alone with family living outside of the country or with no family and social support. This is the case mostly for older people, living in small villages and remote areas, and thus having less access to needed support. In addition, many directly affected people live in tent camps or collective centres what may draw additional stressors.

The direct impact of the earthquake is exacerbated by a high degree of uncertainty within the affected population, resulting from the trauma suffered, lack of clear information on their current and future situation and loss of assets. Consequently, people are stressed, frightened and have difficulties in coping with the past and current situation. In addition, occasional aftershocks undermine people's sense of safety and security. The earthquake has not affected only those with destroyed or damaged houses, but also wider community, especially in terms of safety. Hence, there is a need for a psychosocial programming with a broader scope.

Focusing on people directly affected by the earthquake (e.g. people whose houses have been completely or partially damaged) there is a need for psychosocial support in terms of psychological first aid with teams reaching out to the affected population, and psychosocial activities for those displaced. A continuous and systematic approach will be key in psychosocial recovery of the community.

Finally, the ARC staff and volunteers have been working long hours to meet the needs of people affected by the earthquake and at the same time affected by themselves. Ongoing capacity building and peer support system will be necessary in order to provide much needed support.

WASH

Based on GoA assessments, water and sanitation systems have not been disrupted significantly and are operating on pre-disaster level. Supplementary assistance in terms of hygiene items is needed for displaced people as well as to those staying in damaged houses due to their limited access to sanitary services. The affected population includes

groups with specific hygiene-related needs, such as displaced women and families with small children. Promotion of good hygiene practice is required.

Disaster risk reduction (DRR)

Existing Governmental and ARC contingency plans in Albania were activated right after the earthquake but they have proven to be incomprehensive and not appropriately implementable. As well, the level, scope or methodology of DRR activities at community and household-level implemented ahead of the disaster appear insufficient – which became apparent in the initial reaction of the population to the events. There is a need to update the contingency plans as part of institutional preparedness and review and scale up community-based DRR activities.

Protection, Gender and Inclusion (PGI)

There was an immediate need for RFL services in the first days of the response, as people were trying to locate and get information about their relatives in the affected areas. There may be a longer-term need to ensure that specific target group (such as older people) can easily access information and re-establish family links.

Rise in domestic and other forms of interpersonal violence usually increase during disasters. This has also been observed by ARC mobile teams across the affected area who noted cases that have been referred. If mitigation activities are not offered, this might turn into more harmful behaviours. There is a need to provide response in a safe and dignified way, considering different needs, vulnerabilities and barriers in accessing services. Assessment data will be collected according to sex, age and disability disaggregated data being critical to capture diversities and promote a more inclusive response.

In shelters where the number of individual is high, like in adapted gym/dorm, tented camps and hotels, protection risk are high and exposure to harm is a threat especially for groups like children, older people and women alone: concerns have been raised by multiple actors on the ground, especially related to the safety of children in locations where a large number of people are hosted.

It is necessary to involve the affected population in risks mapping activities, including children, to identify locations where threats and harm are high and to elaborate mitigation plan. Community-based protection mechanisms should also be identified to make sure affected population is part of their self-protection awareness and mechanisms.

It should also be noticed that in time of disasters and crises, the risk of smuggling and trafficking might increase. Albania is already a country suffering of these types of severe crime and it will be extremely important to raise awareness among diverse groups, providing key messages and possible information on service availability. A referral system should also be in place, and shared among the teams, to guarantee that identification of protection issues receives the right response on a safely, dignified and timely manner.

Community engagement and accountability (CEA)

Information needs of the population are crosscutting. Information as aid - ensuring people are able to access information and informed of risks and safe/protective behaviours - is particularly important following an earthquake. Information will play a supporting role for psychosocial wellbeing – reassuring people that they can take proactive steps to recover and keep themselves and their loved ones safe. It is also important to clearly communicate to people the specific role of the Red Cross in the response; what actions and services the Red Cross is / will be providing, who will receive support and why – including the clear communication of selection criteria - and how people can access support. Systematically collecting and responding to feedback, including complaints, will grow in importance as the response continues. It will be essential to ensure the ARC has the respective systems and capacity in place. The integration of affected people in Red Cross planning, implementation, adaptation and evaluation (e.g. for the CVA assistance) is critical to ensuring appropriate support effectively meets people's needs.

Information gaps

There is still a significant gap in updated and comprehensive information concerning:

- the total number of people in need
- the total number of displaced persons (those evacuated and staying with host families)
- the location of people who are left without a home (those evacuated but also those who decided to stay close to their properties)
- sex, age and disability disaggregation of all groups mentioned above

There is a need to continue with more detailed assessment through RC branches and volunteers, to supplement and validate ongoing assessment efforts of the government, especially until structural assessments and the needs assessment of affected (especially displaced) people are completed.

Targeting

Based on data shared by the government, initial assessment and observations by ARC branches, and confirmed by other organizations present in country – the following subgroups of affected people are defined:

1. **People who have their homes destroyed or rendered uninhabitable and left** their homes to seek shelter elsewhere. They can be split into the following groups, who have significantly different living conditions and needs:
 - 1.1 people staying either in tents on or close to their properties, or tented camps - *typically in rural areas*
 - 1.2 people staying in collective shelters (school gyms, community centres) - *typically in urban areas*
 - 1.3 people staying in hotels³
 - 1.4 people staying with host families in-country and abroad⁴
2. **People with destroyed or damaged homes, who do not want to leave** their property behind. These people are often staying in their homes (primarily single houses), despite it being damaged (many at present unassessed and potentially unsafe). - *typically, in rural areas, where people refuse to leave their livestock or family business behind.*
3. **People who do not have their homes severely damaged, but left, and refuse to return into their homes** out of fear, even if it suffered only minor damages.
4. **People who remain in their homes with no or minimal damage but suffer from high levels of stress.**

There is high mobility amongst the affected subgroups, with people moving from one form of shelter to another; leaving and returning to the affected area.

In accordance with previous practice in Albania, identification and targeting of people in need will primarily be based on lists of 1) affected (house/apartment damaged and family member dead) and 2) vulnerable people identified by local authorities. To validate these lists and to assess people not in these lists, ARC will conduct rapid household assessments. Primary selection criteria will be damage to house/apartment **and** vulnerability. Definition of vulnerability is based on welfare system status, and on assessment results.

Affectation categories:

- House/apartment of affected person destroyed⁵ (needs to be reconstructed)
- House/apartment of affected person is damaged but can (and needs to) be restored
- House/apartment of affected person is lightly damaged

Vulnerability criteria:

- pre-existing reliance on state welfare system (inclusion in GoA welfare system)
- household member lost in earthquake
- single female-headed household
- persons with disability in household
- older people in household
- pregnant women
- people who lost their source of income due to the earthquake

Current activities are widely based on the affectation criteria, targeting people affected by the earthquake, living in temporary shelters. ARC is building its current response on information (lists) of local and central authorities, and own rapid assessments.

Priority areas of intervention include the areas with the greatest extent of structural damage (districts of Durres, western parts of the district of Tirana, Kruje, Lezhë), yet also areas people have been evacuated to (Dibër, Vlorë, Kukës, Fier, Elbasan, Berat).

³ Either by going through an official municipality-administered damage assessment process (entitling them for hotel accommodation), or by managing to get into the hotels without this assessment process, not wanting to stay in their homes, typically out of fear.

⁴ Including potential needs for host families (in-country)

⁵ This includes the two top-levels of damage assessment by the government (collapsed and severely damaged, thus uninhabitable buildings).

With limited data available (due to ongoing assessment of the affected population by the GoA) and ARC assessments are ongoing, there is currently no disaggregated data available on people targeted.

Scenario planning

Scenario	Humanitarian consequence	Potential response
Displacement figures rising up to 30,000 persons, with an initial variety of temporary shelter modalities, gradually shifting towards fixed shelters. (likely)	diverse assistance priorities for target population in different shelter setups	Diversified in-kind response based on types of shelter and according needs (e.g. food parcels [host families] and hot meals [collective centres]). Timely shift to cash assistance.
Prolonged poor shelter conditions (tents, collective centres) (probable)	Adverse impact on health, increased need for shelter assistance	Operational shift towards shelter assistance and health programming, continuation of CVA approach unrestricted (with an expectation of increased use for tents).
Delayed recovery process (probable)	Prolonged need for humanitarian assistance (shelter, livelihoods)	Extension of unrestricted CVA programming

Operation Risk Assessment

Risk identified	Mitigation measures
<p>Prolonged need for in-kind support / CVA assistance (medium) Increasing displacement numbers may result in prolonged demand for in-kind assistance in the shelter, livelihoods and basic needs sectors. In the longer run, delays in the GoA-led recovery process may prolong needs.</p> <p>Harsh winter conditions (with temperatures below 0 °C) may exacerbate the situation of persons in poor shelter conditions (tents).</p>	<p>Take preparations to continue in-kind assistance beyond 2 months, with depleted stocks of relief goods replenished and procurement arrangements for additional items ready.</p> <p>Re-assess the duration of CVA programming before operational implementation.</p> <p>Advocacy towards GoA to quickly implement shelter commitments towards non-tented temporary shelters.</p>
<p>Non-acceptance of CVA approach (low) We foresee a shift from in-kind support to CVA from month 3 onwards. Governmental non-acceptance of the CVA approach can result in a prolonged need for in-kind support.</p>	<p>Well-structured and well-aligned inter-agency approach in combination with ongoing advocacy with the GoA, aligning with social-welfare system and specific GoA assistance planned and insurance compensations.</p>
<p>Targeting issues (low) Given deficiencies in coordination may result in gaps in targeting or double-assisting vulnerable persons, with a lack of data on the affected population.</p>	<p>Appropriate assessment of affected households (by ARC/IFRC), sharing of result amongst involved agencies and inter-agency alignment of assistance, especially the for CVA.</p>
<p>New emergencies / disaster (low) There is a low risk for natural disaster (floods, earthquakes).</p>	<p>Replenishment of stock to be ready to respond to new emergencies.</p>

B. Operational strategy

Overall Operational objective:

This emergency appeal operation aims to meet the immediate needs and support the early recovery of the most vulnerable population affected by the earthquake in Albania (with focus on the population of the most affected prefectures of Durrës (Durrës city, Shijak), Tirana (Vorë), Lezhë (Laç, Shëngjin), and Kruja (Thumane).

Based on preliminary assessment and information collected from partners and authorities, targeted groups include people whose homes were damaged (collapsed, severely damaged or lightly damaged) and are vulnerable due to having lost a family member, low level of income, and household composition (disability, single female heads of household, older people, pregnant women).

A total of 10,000 people will be supported with health/PSS, WASH (hygiene kits), livelihoods and basic needs (unrestricted multi-purpose cash grants), and shelter (household items) activities. An estimated 50,000 people are planned to be reached with community based DRR, PSS and health activities through awareness programming. The operation thereby takes an integrated approach for activities in the sectors of WASH, health/PSS and PGI (including RFL) through multifunctional mobile teams.

Based on the capacity and experience of ARC in a comparatively large-scale disaster by national standards, IFRC is supporting the NS in responding to the needs of affected communities through the various Areas of Focus identified. IFRC is shoring up its technical support through surge deployments where ARC has limited experience in or have identified as areas to further develop and improve, such as cash and psychosocial support. The EPoA outlines actions that not only seek to support the communities affected, but also strengthen the National Society's capacity and preparedness for future disaster response.

This Emergency Plan of Action contributes to the overall ARC plan of action for their response to the earthquake.

Objectives per sector

Shelter

Based on the initial assessment, affected households are provided with shelter by the state authorities. The GoA has also kicked off a "rent bonus" programme (cash for rent for displaced families). ARC is providing complementary support to targeted people with household items to cover basic needs (such as blankets, kitchen set, mattresses⁶) mobilized from prepositioned stocks and in-kind contributions from partners. With displacement-figures rising gradually, the shelter situation may develop adversely and require re-assessment of the shelter response strategy. The envisaged cash assistance (as outlined under livelihoods) may also benefit the shelter situation of the affected population, according to individual needs. ARC stocks distributed are also foreseen to be replenished.

Livelihoods and basic needs

The initial needs analysis proves the need for basic in-kind food assistance at the early stage of the operation. ARC will then shift its response strategy to provide cash or voucher assistance (CVA) to the most vulnerable affected population. Households will need support to cover their basic needs until they can recover their livelihoods with dignity. Selected household shall be provided with approximately CHF 120 (~13,400 ALL) per household member per month to cover their basic needs. The assistance is planned for 3 months. The transfer value is calculated against the minimum expenditure basket to cover the most urgent needs and is extracted from the Household Budget Survey 2018 issued by the National Institute of Statistics of Albania. This amount may be revised after the detailed assessment considering the provision of other assistances and thus to cover the gap only. A coordinated approach is being developed by the CVA-implementing agencies in country and will be implemented in consent of the GoA. IFRC is co-leading the CVA Working Group.

White flour	20 kg
Rice	4 kg
Vegetable oil	4 kg
Sugar	4 kg
White beans	4 kg
Pasta	4 kg
Salt	0.5 kg

Health

Through this Appeal, the ARC is looking at opportunities to provide community-based health and first aid assistance (CBHFA) with special focus on vulnerable people (older people, children, pregnant women, people with specific needs and people with chronic diseases). Activities will include care assistance provided through home visits, first aid, and

⁶ bilateral assistance provided through TRC and UAE RCS also include tents and tent heating

referrals to health facilities when necessary, as part of the activities of multifunctional mobile teams. ARC will benefit from capacity building of staff and volunteers in CBHFA and First Aid.

Psychosocial support

Initial accent is given to multifunctional mobile teams who will provide psychological first aid to affected population, as it is difficult to foresee where the affected population will be placed in future. At present, many people are still sleeping in cars or tents in front of their homes and hence often not included in all means of assistance. In the longer run, the response will include psychosocial activities with those most vulnerable (e.g. older people, youth and other per assessed needs) in hosted in gyms, hotels or other places. A wider group of affected persons will be reached with community and psychosocial support campaign through social media and press, but also through schools with pupils of all ages. A fourth pillar of activities will include capacity building of the ARC staff and volunteers and building the peer support network. PGI and PSS activities are widely implemented as part of the multifunctional mobile teams' approach. In addition, PSS materials will be printed and distributed to all branch offices and centres where the affected population is present.

WASH

At early stage, ARC is distributing Hygiene Kits, including menstrual hygiene kits and baby-specific kits. Hygiene kits distribution will also be conducted along with hygiene promotion sessions to the affected population as supplementary support in order to maintain good hygiene and sanitary conditions and to prevent communicable diseases, as part of the activities of multifunctional mobile teams. ARC stocks distributed are foreseen to be replenished.

washing powder, 1kg, bag	3
toilet paper, hygienic roll	4
soap, body soap, 125g, piece	8
toothpaste, tube, 75ml	3
toothbrush, medium	5
shampoo, 500 ml	1
razor, disposable	5
hygienic pads	40
shaving cream, tube, 100 ml	1
nail cutter	1
towel, cotton, 40 x 60 cm	2
liquid soap, 500 ml	2
sponges, for washing dishes	4
Facial tissue	300

Sanitary pads, disposable (all sizes)	40x
Tampons (all sizes)	1 big pack
Daily hygiene pads	80x (or 1x large pack)
Intimate wet wipes	(large pack)
Panties	2x (various sizes)
Sanitary bag	15x
Razor, disposable	6x
Portable bag for pads	1x

Disposable baby diapers	76, 46 or 30 pieces (sizes S, M, L)
Soap	
Protective ointment (for diaper rash)	1 big pack
Bath towel	
Baby scissors	1 tube (150gm)
Disposable baby diapers	1 piece
Soap	1 piece

DRR

As part of strengthening community resilience to disasters, community-based disaster preparedness and risk reduction activities will be undertaken. ARC branches and community-based volunteers will improve early warning and early action activities and identify local risks, vulnerabilities and capacities to strengthen resilience of communities. The ARC will also disseminate preparedness messages through social media and other platforms.

A concerted effort with the World Vision is envisaged to integrate DRR learning into school curricula. Up to 20 schools will be targeted with DRR sessions and drills.

Complementary activities under the different sectors such as health and water, sanitation and hygiene promotion (WASH) as well as National Society development are also included and aim to meet overall disaster risk reduction and mitigation efforts.

The IFRC is working with ARC and neighbouring NSs to increase the capacity and interoperability to effectively prepare for and respond to emergencies. The creation of an Emergency Operational Centre (EOC) in ARC is foreseen by the end of 2020. Since the earthquake has affected the building of HQ of the NS, there is a need to assess the damage and repair the HQ premises to have EOC accommodated there.

PGI

ARC will uphold RFL activities with focus on connecting and maintaining communication between family members in and outside of the affected areas through the multi-functional mobile teams. Disaggregated data (sex, age and disability) will be collected, and information disseminated using different modalities to be able to reach different groups within the affected population. Both assessment and multifunctional mobile response teams are gender- and age-balanced, making sure that the response does not accidentally exclude vulnerable or marginalized groups or individuals.

Referral pathways with regards to child protection and SGBV will be mapped at the beginning of project implementation. As the main accent will be on psychosocial support activities, child protection and referrals will be included in all PSS training. PGI will also be included in the capacity building activities for the teams, especially the mobile teams, and in the PSS training, to strengthen the identification process of protection issues, including potential risks of trafficking of human beings. Overall, PGI is mainstreamed in all sectoral response, specifically focusing on:

- gather sex, age and disability disaggregated data (SADDD) information
- identify possible barriers preventing inclusion and equality during the response
- train the staff and volunteers on the basic dignity, access, participation and safety (DAPS) principles
- making sure that other sectors also apply mainstreaming principles and DAPS
- referral system in place and share among teams
- coaching on the job to mobile teams to support the strengthening of their competences in identifying and a safely addressing protection issues.
- session on DAPS and PGI combined with PSS training

CEA

CEA will support delivery of an accountable operation meeting the needs of affected people; ensuring access to timely, accurate and trusted information which enables people to act on their health, safety, and wellbeing; adapt, withstand and recover from shocks, and engage in two-way communication with the RCRC to influence and guide decision making. Information as aid will be integrated within Shelter, Livelihoods and Basic Needs, WASH, Health (including PSS), PGI and DRR activities. This will include clear communication on the activities of the Red Cross in the response operation as well as their limitations, targeting criteria, and how people can access support. Feedback mechanisms (e.g. hotline) established within the framework of CVA programming will also serve as information / reference / referral points for affected people. A CEA focal point within ARC, supported by IFRC ROE, and in partnership with affected people, will design and implement feedback mechanisms to improve and adjust the response, as well as advising on increased participation of vulnerable people in programme design, implementation and evaluation. Inclusion of vulnerable and affected people throughout the programme cycle will be essential in ensuring activities are appropriate and effectively meet people's needs (e.g. for the CVA assistance).

Human Resources

ARC volunteers and staff will be trained in specific components of the response (including PSS, PGI, CBHFA, RFL, PMER, IM / data collection). Branch volunteers and staff, under coordination of the ARC HQ, mainly implement the operation on field level. Capacities will be scaled up by reinforcing existing staff and hiring additional human resources (such as a PSS officer, CEA officer, PMER officer, Finance and Logistics profiles), and integrating neighbouring ARC branches into response and recovery activities.

To support the National Society in its efforts to implement the Plan of Action, IFRC will recruit an Operations Manager, who will be based in Albania and will oversee the operation. Health / PSS delegate and CVA delegates are also foreseen to support ARC on implementation of sectoral activities in coordination with GoA authorities and external partners.

IFRC deployed surge capacities in the first weeks of the disaster from the IFRC Regional Office for Europe (Health, PMER, Communications) and partner national societies including Operations Manager/Austrian RC, PSS/Croatian RC; Logistics/British RC, CVA/Danish RC, Relief-logistics interface/GermanRC complemented by remote surge information management support (SIMS)/ Netherlands Red Cross. An alert was also sent to the global surge mechanism for an information management (IM) profile, to provide in-country support to ARC.

Logistics and Supply Chain

Logistics activities for this operation will be mostly implemented by the National Society, supported by a surge logistics delegate and the IFRC LPSCM Budapest team to meet operational needs. All procurement will be carried out following National Society procedures in line with local legislation and simultaneously ensuring process comply with the standard IFRC procedures & regulations.

To ensure timely and effective services, ARC needs to increase its warehousing and transport capacity with the addition five personnel to warehousing and transportation, and two vehicles for the mobile teams. Figures are subject to change after completion of in-depth needs assessments carried out by ARC and IFRC and further development of the situation.

Information technologies (IT)

Expenses for telecommunications (telephone and internet) will be included in the operation`s budget. ARC headquarters and branch capacity will be increased through the acquisition of equipment, such as mobile phones.

Communications

Activities carried out by Albanian Red Cross in response to the earthquake will be highlighted through a variety of communications channels, including media interviews, audiovisual products (photographs, videos, B-roll footage), social media posts, press releases, etc. This material will be shared with all National Societies via the weekly Communications Newswire for use in resource mobilization and awareness-raising efforts in their domestic markets. Materials will also be published on both IFRC and National Society online platforms to further illustrate the work of Albanian Red Cross. Several communications products (key messages, press releases, photos and video) have already been produced and shared and are available on request. In the first week after the disaster, IFRC ROE deployed its communications manager to support the National Society in handling international media and in producing content, publicity and messaging that highlights the humanitarian needs and reflects the National Society's substantial role as responder.

Security

Security conditions in Albania are stable and will not require special precautions and measures beyond standard operational security procedures applied.

Planning, monitoring, evaluation, & reporting (PMER)

A NS PMER Officer, based at the ARC HQ, will support the Operation in data collection, monitoring and reporting.

The existing monitoring and supervision system of the National Society will be strengthened through monitoring visits by IFRC regional PMER and other operational units. A final evaluation will be conducted with technical support from the IFRC Secretariat and the involvement of the ARC's staff and volunteers, with a special emphasis on personnel in the branches to support the development of PMER capacity within the National Society. In addition to monitoring visits, the IFRC ROE will also conduct a PMER training for staff involved in the implementation of the Plan of Action.

The final evaluation will be founded upon consultation with people affected by the earthquake, as well as with local authorities. The evaluation will examine the efficiency and effectiveness of the operation, as well as its alignment with the standards and policies of the IFRC, the ARC, and other relevant humanitarian standards, including Sphere.

IM

Focal points for Information Management will be identified within ARC to support capacity building. An alert was sent for a surge IM delegate, who, if available, will work with the NS to assess and improve its current information management structure and systems, maintenance of digital information platforms (such as IFRC GO) and analysis of the humanitarian situation.

Special focus is given to establishing a data management system for ARC within the operation, a mobile data collection system for household assessments, distributions and potentially for internal reporting activities. Training NS focal points on data management, respective software, establishing the flow of digital information between branches and the HQ, and the production of IM products (maps, visualizations etc.) are rounding off the activities. IM will also support management, analysis and visualisation of feedback from affected people.

Administration and Finance

National Society and IFRC Secretariat and ROE operational administrative support and office costs are included in the operational budget. The IFRC ROE will support the management of the Emergency Appeal with regard to transparency and fair administration. To ensure timely and good quality financial reporting systems ARC will appoint a Finance Officer who will be specifically responsible for the financial management of the Emergency Appeal.

C. Detailed Operational Plan



Shelter

People targeted: 10,000 people (2,000 households)

Male: 4,500

Female: 5,500

Requirements (CHF): 353,687

Needs analysis: Due to the earthquake, initial assessment figures indicate over 13,294 persons⁷ are displaced and accommodated in temporarily designated areas (i.e. tent camps, spotted tents, social centres/gyms, hotels and excluding those with families or friends). Based on the initial assessment, the GoA has indicated that affected households will be provided with shelter support by the state authorities. As further information becomes available, further gaps identified will be addressed in line with NS capacity to deliver under this sector and in coordination with the authorities and other actors in-country. At time of writing, ARC will complement the authorities' shelter support with household items to cover basic needs of households affected. Household items distributed from NS-own stocks will be replenished (in preparation for future emergencies).

Population to be assisted: Primary selection is based on damage to house/apartment, including vulnerability as available. 2,000 households (10,000 people) will be provided with complementary support mainly focuses on the provision of household items.

Programme standards/benchmarks: The content of the goods is following IFRC standards (Standard items catalogue).

P&B Output Code	Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions	# households provided with emergency shelter and settlement assistance (target 2,000)											
		# of people reached with household items (target: 10,000)											
Activities planned / Month		1	2	3	4	5	6	7	8	9	10	11	12
AP005	Coordination with government and other stakeholders												
AP005	Selection of target households per set criteria (i.e. based on damage assessment / living outside their home and vulnerability)												
AP005	Preparation of lists of households to be assisted.												
AP005	Procurement of household items												

⁷ GoA figures as of 11 December, unofficial estimations reach up to 30,000 displaced persons.

AP005	Distribution of household items (blankets, mattresses and kitchen sets) to the affected population based on need and return to homes											
AP005	Post-distribution monitoring of the use of distributed household items, including satisfaction metrics											
AP005	Replenishment of NS stocks											
AP005	Lessons learned activities on shelter emergency responses											



Livelihoods and basic needs

People targeted: 10,000 (2,000 HHs)

Male: 4,500

Female: 5,500

Requirements (CHF): 1.3 million

Needs analysis: *The initial needs analysis proves the need of the affected population for in-kind food assistance in the earlier stage of the operation. ARC is providing basic food parcels (as described above) to affected families. Displaced families (those staying in tents, dorms and with host families) require cooking facilities; demand is expected to rise upon return home to restored / rebuilt homes⁸.*

After the initial months, ARC is planning to provide cash or vouchers assistance (CVA) to the affected households especially for the most vulnerable. Families and communities will need support to cover their basic needs until they can recover their livelihoods with dignity. Based on assessment information to date, up to 700 households will be provided with approximately CHF 120 (ALL~13,400) per household member per month.⁹ The activity is foreseen for three months. The transfer value is calculated against the minimum expenditure basket to cover the most urgent needs and is extracted from the Household Budget Survey 2018 issued by National Institute of Statistics of Albania. This amount may be revised after the detailed assessment considering the provision of other assistances and thus to cover the gap only. Inter-agency coordination to establish a common CVA framework and modalities (with an emergency cash pilot run in the first week after the disaster utilizing a remittance company as the financial service provider (FSP) by another international agency) are taking place (with UNICEF and IFRC co-leading at time of writing), implementation will be in accordance with Governmental approaches.

Population to be assisted: *Primary selection criteria will be damage to house/apartment and vulnerability. 2,000 households (10,000 people) will be provided with kitchen sets, and up to 700 households (increased from the original target of 600 in the EA) will be targeted with CVA.*

Programme standards/benchmarks: *The content of the parcels follows local standards based on previous experiences. The CVA transfer value is calculated against the minimum expenditure basket to cover the most urgent needs and is extracted from the Household Budget Survey 2018 issued by National Institute of Statistics of Albania.*

⁸ ARC received a bilateral contribution of USAID reaching an additional 1,000 families with food parcels aligned with local needs (as well as hygiene kits and blankets).

⁹ Irrespective of age. Upper ceiling per household will be at four members.



Health

People targeted: 10,000 people directly, 50,000 people through community-based activities

Male: 22,500

Female: 27,500

Requirements (CHF): 288,855

Needs analysis: Psychosocial support (PSS) will be a priority in the health sector. PSS will continue to be provided by trained volunteers and staff, with engagement campaigns through mass- and social-media, and at schools and institutions, aiming to reduce stress and promote coping strategies. Training will be provided to staff and volunteers by PSS experts. There is need for PSS support for staff and volunteers through group and personal sessions to safeguard provision of services to affected people during the upcoming period.

Through the multifunctional mobile teams, ARC will also provide community-based health and first aid assistance (CBHFA) with special focus on vulnerable people (older people, children, pregnant women, people with specific needs and people with chronic diseases). Activities will include care assistance provided through home visits, first aid, and referrals to health facilities when necessary.

Population to be assisted: 10,000 people will be assisted directly. 50,000 people will be reached through community-based activities (including the 10,000 above).

Programme standards/benchmarks: The content of the psychosocial support training will follow IFRC standards and provision of support will be according to SPHERE Mental health care standards. Health component will be implemented based on IFRC First Aid standards and CBHFA tools and approaches

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	# of assessments conducted (target: 4)															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	1	2	3	4	5	6	7	8	9	10	11	12				
	Activities planned / Month																
AP022	In coordination with health authorities, undertake regular assessments to identify health needs, number/type/location of damaged health facilities and medical service gaps in target communities																
AP022	In coordination with health and social welfare authorities, undertake regular assessments to identify PSS needs, and mental health service gaps in target communities																
P&B Output Code	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment	# of people reached with community-based disease prevention and health promotion programming (target 10,000)															
	Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.	# of people reached with home visits (target 2,000) # of people trained in FA/CBHFA (target 140)															
	Activities planned / Month	1	2	3	4	5	6	7	8	9	10	11	12				

AP030	Procurement of hygiene kits, menstrual hygiene kits and baby kits																	
AP030	Distribution of hygiene kits to affected population																	
AP030	Post-distribution monitoring of the use of the hygiene kits, including satisfaction metrics																	



Protection, Gender and Inclusion

People targeted: up to 1,000 people (200 families)

Male: 300

Female: 700

Requirements (CHF): 20,448

Needs analysis: *There was an immediate need for RFL services in the first days of the response, as people were trying to locate and get information about their relatives in the affected areas. ARC will uphold RFL activities with focus on connecting and maintaining communication between family members in and outside of the affected areas through the multi-functional mobile teams. There may be a longer-term need to ensure that specific target group (such as older people) can easily access information and re-establish family links.*

The National Society recognizes and acknowledges the need to mainstream and enhance its capacity in addressing PGI issues as well as in expanding its protection community-based approaches. This will include to mainstream standards in all the other area of focus and train the staff and volunteers in applying protection principles through their response. Training and coaching on the job sessions will focus on building skills and capacities of participants in observing, spotting and assessing signs of protection issues and being acknowledgeable on how to address them safely.

Referral pathways with regards to SGBV will be mapped at the beginning of project implementation. As the main accent will be on psychosocial support activities, child protection and referrals will be included in all PSS training. Overall, PGI is mainstreamed in all sectoral response.

Population to be assisted: *Up to 1,000 people will be reached with RFL and other PGI activities, including referral pathways.*

Program standards/benchmarks: *activities will be carried out in accordance with the IFRC [Minimum standards for protection, gender and inclusion in emergencies](#)*

P&B Output Code	Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.	# of people reached with PGI services (target: up to 1,000)																
	Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.	# of people trained in RFL (target: 5)																
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12					

P&B Output Code	Outcome S3.1: 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.	# of ARC staff trained in Comms (target: 1)															
	Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues	# of international press releases (target: 5)															
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12				
AP053	Communications work																
AP053	Communications capacity building																
P&B Output Code	Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.	# of final evaluation (target: 1)															
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12				
	AP055	Work on needs and capacity assessments, rapid assessments for markets, planned and budgeted monitoring and evaluation activities and learning opportunities other assessments, evaluations and research															
P&B Output Code	Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.	# of ROE PMER missions (target: 3)															
	Output S3.2.1: Resource generation and related accountability models are developed and improved	# of NS staff trained in PMER (target:5)															
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12				
AP058	Regular reporting in coordination with data and information management																
AP058	NS PMER capacity building																
P&B Output Code	Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability																
	Output S4.1.2: IFRC staff shows good level of engagement and performance																
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12				
AP063	HR systems and processes including setting monitoring and evaluating staff performances against objectives in place and utilized																
P&B Output Code	Output S4.1.3: 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	# of NS person dealing with finances (target: 2) # of audit carried out (target: 1)															

EPoA budget

International Federation of Red Cross and Red Crescent Societies

V2018.01

EMERGENCY PLAN OF ACTION - budget tool

National Society	Albania Red Cross	Date	09-12-2019
Operation	Earthquake	Currency (LC) &	CHF
		Exchange Rate	1.00000

Output Code	Description	Budget Group	Quantity	Unit	Unit Cost	Total Cost LC	Total Cost CHF
TOT_AP001	Preparedness at community level					67,400.00	67,400.00
AOF1	DISASTER RISK REDUCTION					67,400.00	67,400.00
TOT_AP005	Shelter assistance to households					332,100.00	332,100.00
AOF2	SHELTER					332,100.00	332,100.00
TOT_AP008	Livelihoods assistance					195,000.00	195,000.00
TOT_AP081	Multipurpose cash grants					1,027,900.00	1,027,900.00
AOF3	LIVELIHOODS AND BASIC NEEDS					1,222,900.00	1,222,900.00
TOT_AP011	Health promotion services					1,000.00	1,000.00
TOT_AP022	Health care&treatment in emergency					48,900.00	48,900.00
TOT_AP023	Psychosocial support in emergency					221,325.00	221,325.00
AOF4	HEALTH					271,225.00	271,225.00
TOT_AP030	Hygiene promotion					100,000.00	100,000.00
AOF5	WATER, SANITATION AND HYGIENE					100,000.00	100,000.00
TOT_AP031	Equitable access to services					19,200.00	19,200.00
AOF6	INCLUSION, GENDER AND PROTECTION					19,200.00	19,200.00
TOT_AP040	NS volunteering development					90,450.00	90,450.00
TOT_AP042	NS corporate /organisational systems					278,000.00	278,000.00
SFI1	STRENGTHEN NS CAPACITIES					368,450.00	368,450.00
TOT_AP046	IFRC surge capacity					213,000.00	213,000.00
TOT_AP050	Supply chain and fleet services					40,750.00	40,750.00
TOT_AP084	Comm. engagement and accountability					51,000.00	51,000.00
SFI2	ENSURE EFFECTIVE INTERNATIONAL DM					304,750.00	304,750.00
TOT_AP053	IFRC external communications					6,000.00	6,000.00
TOT_AP055	Research and evaluation					10,000.00	10,000.00
TOT_AP058	Planning and reporting					8,000.00	8,000.00
SFI3	INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS					24,000.00	24,000.00
TOT_AP064	Financial management					42,100.00	42,100.00
TOT_AP065	Administration					24,200.00	24,200.00
TOT_AP067	Data and info. management systems					8,000.00	8,000.00
TOT_AP068	Audit and risk management					30,000.00	30,000.00
SFI4	ENSURE A STRONG IFRC					104,300.00	104,300.00
	DIRECT COSTS total					2,814,325.00	2,814,325.00
	INDIRECT COSTS					182,931.13	182,931.13
	TOTAL BUDGET					2,997,256.13	2,997,256.13

Reference documents



Click here for:

- [Albania - Earthquake \(MDRAL008\) - Emergency Appeal](#)

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

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For IFRC Resource Mobilization and Pledges support

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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**.

Annex A

DURRES CRISIS RESPONSE AND RELIEF CENTER ORGANIZATION

