



RCRNM personnel and volunteer response for the operation. Source: RCRNM.

Appeal: <b>MDRMK010</b>	Total DREF Allocation: <b>CHF 155,795</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Fire</b>
Glide Number: <b>FR-2025-000034-MKD</b>	People Affected: <b>5,000 people</b>	People Targeted: <b>1,600 people</b>	People Assisted: <b>1,600 people</b>
Event Onset: <b>Sudden</b>	Operation Start Date: <b>29-03-2025</b>	Operational End Date: <b>31-07-2025</b>	Total Operating Timeframe: <b>4 months</b>
Targeted Regions: <b>Southeastern</b>			

*The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech Republic, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand and the Netherlands, as well as DG ECHO, Mondelez Foundation and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend to all for their generous contributions.*

# Description of the Event

## North Macedonia - Fire

17 March 2025



Map showing the location of Kočani, North Macedonia. Source: IFRC.

## Date of event

16-03-2025

## What happened, where and when?

On 16 March 2025, around 3:00 a.m., a devastating fire broke out at the “Pulse” nightclub in Kočani, a small town in eastern North Macedonia, during a live concert. The nightclub, which had reportedly been operating without proper licensing and was formerly a carpet warehouse, was packed beyond its safe capacity with young attendees, most between the ages of 14 and 25.

According to investigations, the fire began when pyrotechnic effects used during the performance ignited flammable material on the ceiling. The flames spread rapidly and thick toxic smoke quickly filled the venue. Panic erupted as attendees scrambled to escape, but with limited and inadequate emergency exits, some of which were reportedly locked or blocked, many were trapped inside. Emergency services struggled to reach the scene due to narrow surrounding streets and nearby hospitals in Kočani, Štip, and Skopje were overwhelmed with casualties.

The tragic incident resulted in at least 63 confirmed deaths and over 200 people injured, many suffering from severe burns and smoke inhalation. The disaster exposed severe lapses in fire safety enforcement, emergency preparedness and nightclub regulations in the country, prompting national mourning and a government investigation into those responsible.





Red Cross volunteers assisting outside Kočani Hospital. 16 March 2025.



Red Cross volunteers assisting outside Kočani Hospital. 16 March 2025



Red Cross volunteers assisting outside Kočani Hospital. 16 March 2025

## Scope and Scale

In the early hours of Sunday, 16 March, a fire broke out in a nightclub in Kočani, North Macedonia, killing 63 people and injuring more than 200. Among the victims was an ambulance driver who had tirelessly transported over 20 injured people. After a long and exhausting day, the driver returned home to rest, only to tragically pass away in his sleep. The number of fatalities and injured was later updated by the Ministry of Health, with the total number of deaths increasing to 63 and the number of injured exceeding 200, compared to the initial figures of 59 fatalities and 155 injured reported in the Plan of Action.

Over 500 people were attending a concert at the "Pulse" nightclub in Kočani, when, at approximately 2:35 a.m., sparks from the pyrotechnics ignited the club's easily flammable roof. The fire quickly spread, tragically claiming the lives of many young people and injuring more than 155. People present in the facility were unable to evacuate due to inadequate conditions, lack of evacuation plans and exits, which contributed to the enormous number of victims. The victims were mostly young people between 14 and 25 years old.

All patients were evacuated and transferred to the hospitals in Kočani, Skopje and Stip. Due to the large number of patients in critical conditions with severe burns, along with limited capacities of the health facilities and health staff, more than 50 patients were evacuated to 13 European countries, including Bulgaria, Serbia, Austria, Spain, Croatia, Greece, Romania, Slovenia, Sweden, Lithuania, Hungary, Luxembourg and Norway.

## Source Information

Source Name	Source Link
1. Ministry of Interior of the Republic of North Macedonia	<a href="https://mvr.gov.mk/default">https://mvr.gov.mk/default</a>
2. Ministry of Health of the Republic of North Macedonia	<a href="https://zdravstvo.gov.mk">https://zdravstvo.gov.mk</a>
3. Center for crisis management	<a href="http://cuk.gov.mk">http://cuk.gov.mk</a>
4. Red Cross of the Republic of North Macedonia	<a href="https://ckrm.org.mk">https://ckrm.org.mk</a>

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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# IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>The Red Cross of the Republic of North Macedonia (RCRNM) was supported by the IFRC Country Cluster Delegation to Central and South-Eastern Europe (CCD CSEE), which provided assistance both in the drafting and submission of the DREF application and throughout the implementation of the DREF operation.</p> <p>The IFRC Regional Office for Europe's Health and Operations teams were on standby during the response, ready to provide technical support in Mental Health and Psychosocial Support (MHPSS), Psychological First Aid (PFA) as well as guidance on operational matters and DREF procedures.</p>
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## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	No
<b>National authorities</b>	<p>The entire response was coordinated by the Government of the Republic of North Macedonia. All relevant institutions were actively involved and the National Civil Protection Mechanism was activated to facilitate the transfer and treatment of injured people in hospitals across European countries. Coordination was carried out directly with the Ministry of Interior and the Ministry of Health, while medical facilities were fully mobilized to respond to the emergency. Ambulance services were also deployed to provide additional support.</p> <p>At the request of the Government, the RCRNM, in cooperation with government authorities, organized the transportation of the deceased and supported funeral arrangements. The Government covered all medical expenses, as well as the accommodation costs for the victims' families traveling to and from the country. Additionally, the Government made the decision to open a single official bank account for donations, with the RCRNM designated as the responsible organization for managing the funds.</p>
<b>UN or other actors</b>	-

## Needs (Gaps) Identified



The RCRNM, in coordination with national and local authorities and in collaboration with the Chamber of Psychologists of North Macedonia, identified various urgent needs, primarily in the areas of health and mental health and psychosocial support (MHPSS). While the National Society's psychosocial support (PSS) teams made significant efforts in the immediate aftermath, additional actions were recognized as essential for long-term recovery and healing.

### Support for bereaved families

Bereaved families required sustained support to cope with grief, loss, anger, and other complex emotions. These individuals needed assistance in managing the intense emotional pain they experienced. To promote healing, the Red Cross planned and initiated individual, group and community-based mental health and psychosocial support (CBMHPSS) activities for families who had lost loved ones. These initiatives provided a space for shared experiences, emotional support, and community healing.

### Support for children affected by the tragedy

Children impacted by the tragedy showed signs of confusion, fear, and grief that required tailored psychosocial interventions. The Red Cross implemented child-focused programs such as play therapy, art therapy and other age-appropriate methods to help young survivors process trauma in a developmentally suitable way.



### Ongoing helpline support

A 24/7 helpline remained a vital resource for those unable to attend in-person sessions or in need of immediate emotional assistance outside regular hours. The helpline served not only as a crisis support line but also as a referral point for more specialized psychological services, including individual therapy and complex trauma care.

### Psychosocial support for volunteers and first responders

Acknowledging the emotional burden faced by those involved in the response, the Red Cross implemented several psychosocial support measures for volunteers and first responders:

- Debriefing sessions were held to help responders process their experiences, identify signs of stress or trauma, and receive emotional support.
- Group support sessions provided a safe environment to share emotional responses and connect with peers who understood the pressures of crisis response.
- One-on-one counseling was made available for those requiring personalized support from trained mental health professionals.

### Capacity building for staff and volunteers

To strengthen the quality and sustainability of psychosocial services, the Red Cross prioritized capacity building. Staff and volunteers received training in Psychological First Aid (PFA) to enhance their skills, knowledge, and emotional resilience, improving their ability to support affected individuals and fellow responders.

### Ongoing assessment and feedback

The Red Cross of the Republic of North Macedonia conducted regular assessments to evaluate the impact and relevance of its psychosocial support interventions. Feedback from both bereaved families and response teams was gathered to refine services and ensure responsiveness to evolving needs.

### Medical teams for funerals and murals

Given the emotional and physical strain of funerals, murals, and memorial events, medical teams were deployed to provide first aid during these gatherings. Their presence ensured that any health emergencies or distress-related incidents could be addressed immediately, safeguarding the well-being of mourners and participants.

### Transportation and medical support

The tragic nightclub fire placed immense pressure on medical facilities in Kočani, Štip and Skopje, where many of the injured required immediate and long-term medical care. In response, the Red Cross activated its medical transport program, deploying specialized vehicles to transfer injured individuals from Kočani to Skopje for continued treatment. The program also supported the safe return of recovered patients to their homes, ensuring a continuum of care throughout the recovery process.

## Operational Strategy

### Overall objective of the operation

The primary objective of this operation was to provide urgent humanitarian assistance to 1,600 people: 260 bereaved families, 200 injured people and the broader community, including classmates, friends, family members of the victims and first-line responders affected by the nightclub fire in Kočani, North Macedonia.

The operational objective was achieved by delivering comprehensive support in health and MHPSS, strengthening the National Society's capacity and enhancing coordination efforts. The operation ran for four months, ensuring that all those impacted, whether directly or indirectly, received the necessary health and MHPSS support to cope with the devastating loss of life, severe injuries and emotional distress caused by this tragic incident. The RCRNM also replenished relief items distributed in response to the event.

### Operation strategy rationale

The RCRNM, in collaboration with national and local authorities and the Chamber of Psychologists of North Macedonia, has identified critical gaps in MHPSS and first aid services following the nightclub fire in Kočani. This operation was designed to address the urgent psychosocial, emotional, medical and mental health needs of affected families, survivors, first line responders and volunteers, while also laying the foundation for long-term recovery and resilience.

This operation prioritized:

- Early psychological intervention to alleviate immediate emotional distress.
- CBMHPSS programs to foster peer support and collective healing.



- Structured referral pathways for people requiring professional mental health care.
- First aid and medical support to ensure injured survivors and responders receive timely emergency care and wound management.
- Replenishment of relief items distributed.

By mitigating severe emotional distress, preventing long-term mental health complications and ensuring access to both emergency medical care and specialized psychological support, this operation aimed to promote healing, resilience and the reintegration of affected individuals into their communities.

## Targeting Strategy

### Who was targeted by this operation?

The operation targeted specific groups directly and indirectly affected by the nightclub fire to ensure that support reached those with the greatest needs and who were most vulnerable to the emotional and physical impacts of the tragedy.

- Bereaved families struggling with grief, loss and emotional distress.
- Injured survivors coping with trauma, anxiety and physical pain.
- Classmates and friends of victims, who experienced fear, confusion or survivor's guilt.
- Teachers in the schools and kindergartens.
- First responders (police, health staff, firefighters), staff and volunteers, exposed to traumatic scenes and high emotional stress.
- The wider affected community, requiring support for collective healing and recovery.

The above groups in the selected regions are estimated to be around 1,600 in the cities of Kočani, Cusinovo-Oblesevo, Štip, Vinica, Probitip, Strumica and Skopje.

### Explain the selection criteria for the targeted population

The Red Cross of The Republic of North Macedonia (RCNM) has identified 1,600 people across Kočani, Cusinovo-Oblesevo, Štip, Vinica, Probitip, Strumica and Skopje, as the primary beneficiaries of this four-month emergency response.

#### Psychosocial Support for Children and Teachers Affected by a Tragic Fire Incident

A tragic fire incident can have a profound emotional and psychological impact on those involved, particularly on children and teachers who may be exposed to the trauma directly or indirectly. In the wake of such an event, both children and teachers are likely to face emotional turmoil, loss, and confusion. Psychosocial support is crucial for helping them navigate the complex emotions they may experience and begin the long process of recovery. This support not only aids in emotional healing but also provides stability, reassurance, and coping mechanisms that can help them move forward. Children may struggle to process their emotions after experiencing a traumatic event such as a fire. They may feel confused, fearful, anxious, or even guilty, and may have difficulty understanding what happened. Psychosocial support for children in such circumstances should focus on creating a safe, stable, and supportive environment. Teachers, too, face significant emotional challenges following such a devastating event. Beyond their own grief, they may also feel responsible for the well-being of the children in their care. Providing psychosocial support to teachers is just as critical, as they play a key role in helping children recover. Teachers may experience symptoms of secondary trauma, burnout, or stress, and therefore require support to cope and continue in their role effectively.

In the aftermath of a tragic fire, it is essential that both children and teachers receive comprehensive psychosocial support tailored to their specific needs. By fostering safe, supportive environments, encouraging open emotional expression, and providing specialized counseling, individuals can begin the healing process. Through collaboration, community involvement, and a focus on both individual and collective well-being, those affected by such tragedies can gradually regain a sense of hope and resilience.

#### Psychosocial Support for Volunteers and First line Responders in the Aftermath of a Tragic Fire Incident

In the wake of a tragic fire incident, the impact on the affected community can be profound and far-reaching. While much attention is often placed on the survivors of such disasters, it is equally important to recognize the immense psychological toll on those who are on the front lines, offering their support and assistance the volunteers and first responders. These individuals selflessly put themselves in harm's way to help others, often under intense stress, and the psychological effects of their work can be long-lasting. Providing psychosocial support for volunteers and first responders is critical to ensuring their mental and emotional well-being, which is necessary for both their personal recovery and the continued effectiveness of their roles in future emergencies.

Psychosocial support for volunteers and first line responders is a crucial component of ensuring their well-being in the aftermath of a



tragic fire or other traumatic events. These individuals are often exposed to intense stress, emotional challenges, and traumatic experiences that can have a lasting impact on their mental health. Providing peer support, counseling services, stress management techniques, and self-care can significantly reduce the risk of burnout and psychological distress. By prioritizing the mental and emotional health of those who serve on the front lines, their ability to continue vital work while maintaining resilience and well-being is ensured. Volunteers and first responders are essential to the recovery of any community, and it is our responsibility to ensure that they are supported in their own journey toward healing.

The wider affected community, requiring support for collective healing and recovery.

## Total Assisted Population

Assisted Women	531	Rural	20%
Assisted Girls (under 18)	421	Urban	80%
Assisted Men	236	People with disabilities (estimated)	5%
Assisted Boys (under 18)	412		
Total Assisted Population	1,600		
Total Targeted Population	1,600		

## Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

### Please indicate any security and safety concerns for this operation:

The implementation of PFA and first aid was a critical activity that required detailed preparation and risk management. Given the situation in the RCRNM at the time, including reluctance to provide PSS and first aid in crisis situations, the following risks were identified:

- Non-acceptance of support by the affected people.
- Emotional stress among volunteers that provide PSS and FA- Possibility of anxiety, stress or traumatic reactions.
- Physical risks – Unsuitable field conditions, inadequate facilities or lack of basic resources.
- Confidentiality and privacy – Risk of disrespect for participants' personal information.
- Safety of volunteers that provide PSS and First Aid (FA)- Possibility of exposure to aggressive behavior or unpredictable reactions.
- Misunderstanding or misinterpretation – Risk of misunderstanding the information provided within the framework of psychological support.
- Burn out of the employees.
- Political situation in the country.
- Incised vulnerability among the community.

Has the child safeguarding risk analysis assessment been	No
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# Implementation



## Shelter Housing And Settlements

**Budget:** CHF 26,697

**Targeted Persons:** 500

**Assisted Persons:** 500

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
Number of blankets replenished	1,000	1,000
Number of hospital beddings replenished	400	400

### Narrative description of achievements

- Successfully procured and delivered blankets and bed linen to hospitals as part of the replenishment of items distributed during the emergency phase.
- Contributed to improved comfort and dignity for patients receiving care in supported hospitals.



## Health

**Budget:** CHF 74,294

**Targeted Persons:** 7,000

**Assisted Persons:** 10,000

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
Number of people reached with MHPSS services	7,000	10,000
Number of medical related items distributed to hospital Skopje, Kocani and Stip	1,533	1,533
Number of people attending the health in emergencies and PSS workshops	30	59

### Narrative description of achievements

Recognizing the profound emotional and psychological impact of the Kočani nightclub fire, RCRNM prioritized PSS as a central pillar of the operation. A dedicated Counseling Center was opened at the Kočani Red Cross Branch, offering weekday services to affected individuals and families. Additionally, toll-free helplines were activated in Kočani, Štip and Skopje to extend mental health and

informational support beyond geographical limitations. Structured school-based interventions, implemented in partnership with the Ministry of Education and UNICEF, provided students, teachers and school staff with coping mechanisms and professional guidance. Youth-focused healing was further supported through peer workshops, facilitated by the Kočani Municipal Youth Council, which created a safe space for expression and solidarity. Volunteer debriefing sessions coinciding with key mourning periods ensured that front-line responders were not left unsupported. The National Society was requested to support with dead body management during the operation. In response, debriefing and support group sessions were organized for all teams involved in the funerals to ensure their emotional and psychological well-being. In parallel, RCRNM initiated preparatory work for the establishment of a Regional Mental Health Center in Kočani, aiming to provide long-term mental health services to the eastern region of the country. Collectively, these interventions advanced community healing, built social resilience, and positioned the National Society as a key actor in mental health and psychosocial response. Due to the extensive response, the RCRNM surpassed its initial target of 7.000 people reached with MHPSS services, reaching 10.000.

A total of 160 Red Cross volunteers and staff were mobilized across the country, working in coordination with 140 licensed psychologists to deliver comprehensive support services. After the deployment, targeted training sessions on First Aid and Psychosocial Support were held in Struga in June 2025, equipping responders with both technical and emotional preparedness for future engagements. These sessions were complemented by follow-up capacity-building workshops to consolidate learning and improve operational coherence. Volunteers served not only as responders but as emotional anchors within their communities, offering care, empathy and continuity. Their engagement during the response and recovery phases exemplified the spirit of solidarity and the impact of local capacity in crisis management. Moreover, structured debriefing and recognition sessions ensured volunteer well-being was safeguarded, setting a positive precedent for future operations. The DREF-funded training and deployment also contributed to long-term institutional memory and preparedness within RCRNM, strengthening the volunteer base for future crises.

## Lessons Learnt

The National Society aims to institutionalize trained volunteer networks, maintain active counselling and referral mechanisms, and integrate lessons from this operation into national preparedness and response strategies.

## Challenges

### High Psychological Toll on First Responders

While significant attention was given to the psychosocial needs of survivors and bereaved families, the emotional and psychological burden placed on first responders was no less severe. Firefighters, nurses, emergency medical teams and RCRNM staff who arrived at the scene were exposed to deeply traumatic sights, charred bodies, injured adolescents and panicked families crowding hospital wards. Many responders reported symptoms of psychological distress in the weeks following the incident, including insomnia, emotional numbness and acute anxiety. These conditions were often exacerbated by a lack of structured decompression or psychological support mechanisms tailored to frontline staff.

The burden extended to RCRNM volunteers, many of whom had no prior experience responding to mass casualty events. Despite their training in first aid and PSS, the sheer emotional weight of the tragedy pushed many beyond their coping thresholds. Moreover, no formal mental health intervention was deployed to support responders at the institutional level, either by the Ministry of Health or the Center for Crisis Management. This highlighted the pressing need for integrating MHPSS into standard emergency response protocols, not as optional components, but as essential pillars of duty of care for responders. Structured debriefing sessions, trauma-informed peer support and access to professional counseling must be institutionalized for all frontline personnel.



## Water, Sanitation And Hygiene

**Budget:** CHF 3,482

**Targeted Persons:** 2,000

**Assisted Persons:** 2,000

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
Number of bottled water (0.5 l) distributed during field visits (hospitals, funerals) in Kocani, Skopje, and Stip	10,000	10,000



## Narrative description of achievements

The RCRNM distributed bottled water (0.5 litres) in public gatherings, including funerals. The fundings were used to replenish this.



### Secretariat Services

**Budget:** CHF 13,796

**Targeted Persons:** 5

**Assisted Persons:** 5

**Targeted Male:** 5

**Targeted Female:** -

## Indicators

Title	Target	Actual
Number of monitoring visits by IFRC	1	1

## Narrative description of achievements

The initiatives were conducted by the IFRC in support of the National Society, including a kick-off meeting to align objectives, clarify roles, and strengthen coordination throughout the operation.

The field visit to Kočani on 27 May 2025 marked an important step in strengthening the local MHPSS framework. Significant achievements were made across different levels of engagement.

At the high school, the discussion with the director opened the door to structured psychoeducation and peer-support initiatives, setting the groundwork for student-focused workshops and stronger collaboration with teachers. This achievement highlighted schools as key partners in early prevention and support.

With the Kočani Red Cross leadership, a clear roadmap for improving the MHPSS center was established, including resource mobilization and inter-agency coordination. This represents progress toward securing the infrastructure and staffing needed for long-term sustainability.

The meeting with the MHPSS Coordinator resulted in concrete planning for the upcoming training in Struga, with finalized agendas, trainer roles, and participant criteria. This achievement ensures that capacity-building efforts are on track and responsive to identified needs.

Engagement with the psychologists at the counseling center highlighted ongoing service provision to individuals affected by trauma and grief. Importantly, the advocacy for additional professional support during the meeting strengthened the case for expanding services to better match demand.

Finally, collaboration with the Local Youth Council achieved a breakthrough in youth engagement. Their eagerness to participate in awareness campaigns and promote mental health literacy demonstrates the potential of mobilizing young people as advocates for resilience in their community.

Collectively, these achievements reflect progress in building stronger community-based MHPSS systems in Kočani, laying a foundation for both immediate action and long-term development.

## Lessons Learnt

Schools serve as crucial entry points for psychoeducation and peer support, enabling early intervention among adolescents.

Engaging youth as active partners, such as through youth councils, can effectively reduce stigma and enhance mental health awareness.

Capacity building through professional training and inter-agency coordination is essential for delivering effective and sustainable MHPSS services.



Tailored, specialized support is necessary for individuals experiencing prolonged grief or trauma, as standard interventions are insufficient.

Consistent follow-up with clear action plans is vital to ensure sustainability and prevent gaps between planning and implementation.

## Challenges

Resource limitations in both infrastructure and human resources at the MHPSS center hindered the ability to meet the growing community needs. Sustaining youth engagement proved challenging without consistent mentorship and adequate resources. Additionally, time-sensitive follow-ups, including logistics for upcoming trainings and workshops, required urgent attention to ensure timely delivery.



## National Society Strengthening

**Budget:** CHF 37,525

**Targeted Persons:** 125

**Assisted Persons:** 100

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
Number of repaired vehicle ambulance	1	1
Number of volunteers equipped with new sets (vests, t-shirts, trousers)	95	95
Number of people attending the lesson learned workshop	30	30
Number of field visits to local branches by RCNM staff	4	4

## Narrative description of achievements

• To showcase the effective implementation of the DREF operation in response to the Kočani nightclub fire and to critically reflect on areas requiring further improvement RCRNM convened a comprehensive three-day Lessons Learned Workshop. This event served as a retrospective evaluation of the DREF operation's impact, examining operational strengths, encountered challenges and opportunities for strategic enhancement. The overarching objective was to strengthen future disaster response capacities by systematically integrating experiential insights and stakeholder feedback into humanitarian programming.

Supported by the IFRC CCD CSEE, the workshop brought together a diverse and interdisciplinary cohort of stakeholders. These included:

- Red Cross Society of RNM: Mobile team coordinators and front-line volunteers who were directly engaged in the field response;
- Government authorities: Representatives from the Centre for Crisis Management;
- Local government structures: Members of the Kočani Fire Brigade;
- Academic institutions: Representatives from public higher education institutions contributing expertise in disaster risk management and public mental health;
- Healthcare professionals: Nurses from the Kočani General Hospital who were involved in the emergency medical response;
- Civil society actors: Members of the Association of Volunteering Fire Brigades – Kočani and licensed professionals from the Chamber of Psychologists of North Macedonia.

## Lessons Learnt

The Lessons Learned Workshop held in July 2025 served as an essential platform for open dialogue, shared reflection, and intersectoral collaboration. It brought to light the need for stronger legal frameworks, standardized operational procedures, and sustained investment in community-based mental health services. Most importantly, it emphasized the human dimension of emergency response, volunteers, first responders, families, and survivors, whose resilience and commitment underscored the heart of this operation. It also revealed critical gaps in institutional coordination, legal preparedness, mental health infrastructure and communication mechanisms.



## Coordination and Partnerships

### Key Insights:

The operation revealed the importance of clear coordination mechanisms among government institutions, humanitarian partners, and the National Society. While collaboration was strong, gaps in information flow and joint planning sometimes delayed decision-making.

### Recommendations:

- Establish a standardized coordination framework between the National Society, IFRC, and relevant government agencies for emergency response.
- Develop a real-time information-sharing platform to improve situational awareness during operations.
- Conduct regular joint simulation exercises to strengthen institutional coordination and preparedness.

## Communication and Information Management

### Key Insights:

Timely and transparent communication with the public and partners was crucial but occasionally hindered by limited communication tools and inconsistent messaging.

### Recommendations:

- Develop a crisis communication strategy, including key messages, designated spokespersons, and standard templates.
- Strengthen internal communication channels between field teams and headquarters.
- Invest in digital tools and training to enhance real-time data collection and reporting.

## Challenges

**Fragmented crisis coordination:** Lack of clear roles and unified leadership led to delayed decisions and uncoordinated actions among institutions, highlighting the need to restructure the national crisis management system for better collaboration.

**Legal and procedural barriers:** Existing laws complicated fundraising efforts for many civil society groups, delaying financial aid to victims, underscoring the need for tax-exempt, fast-track mechanisms during emergencies.

**Absence of SOPs:** Without standardized procedures for rapid deployment and inter-agency cooperation, response efforts were delayed and sometimes duplicated, reducing overall effectiveness.

**Psychological toll on first responders:** Frontline workers experienced significant trauma with insufficient mental health support, emphasizing the importance of integrating psychosocial care into emergency protocols for responders.

**No state of emergency declaration:** The lack of a formal emergency declaration restricted legal powers and resources, slowing the response and demonstrating the need for flexible, rapid emergency declaration mechanisms and better awareness at local levels.



# DREF Operation

Selected Parameters			
Reporting Timeframe	2025/03-2025/10	Operation	MDRMK010
Budget Timeframe	2025/03-2025/10	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 24/Nov/2025

All figures are in Swiss Francs (CHF)

### MDRMK010 - North Macedonia - Fire

Operating Timeframe: 29 Mar 2025 to 31 Jul 2025

## I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>155,795</b>
DREF Response Pillar	155,795
<b>Expenditure</b>	<b>-140,444</b>
<b>Closing Balance</b>	<b>15,351</b>

## II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	25,068	26,177	-1,110
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	69,760	66,408	3,351
PO05 - Water, Sanitation & Hygiene	3,270	2,188	1,081
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	9,509		9,509
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>107,606</b>	<b>94,774</b>	<b>12,832</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	12,954	2,179	10,775
EA03 - National Society Strengthening	35,235	43,491	-8,256
<b>Enabling Approaches Total</b>	<b>48,189</b>	<b>45,670</b>	<b>2,519</b>
<b>Grand Total</b>	<b>155,795</b>	<b>140,444</b>	<b>15,351</b>

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