DREF Final Report

Portugal: Wildfires

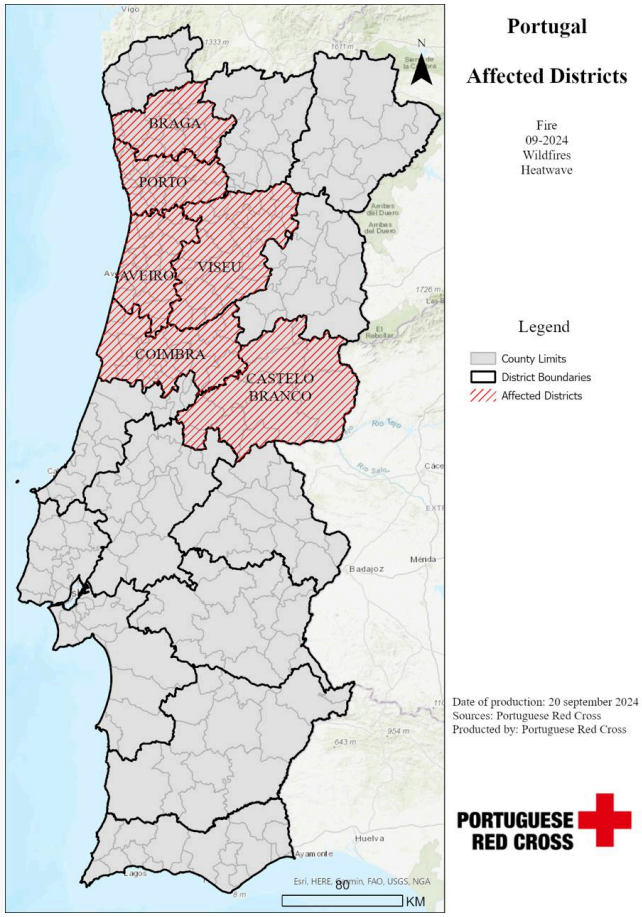
PRC volunteers conduct needs assessments in areas affected. Source: PRC

Appeal: **MDRPT001**	Total DREF Allocation: **CHF 113,470**	Crisis Category: Yellow	Hazard: **Fire**
Glide Number: **WF-2024-000170-PRT**	People Affected: **41,329 people**	People Targeted: **2,197 people**	People Assisted: **2,078 people**
Event Onset: **Sudden**	Operation Start Date: **29-09-2024**	Operational End Date: **31-03-2025**	Total Operating Timeframe: **6 months**

Targeted Regions: **Castelo Branco, Coimbra, Aveiro, Viseu, Porto, Braga**

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



Affected areas center and north. Source: PRC

Date of event

17-09-2024

What happened, where and when?

Since 15 September 2024, Portugal had been facing severe forest fires, particularly in the Central and Northern regions. These fires, exacerbated by unusually high temperatures and prolonged drought, proved difficult to contain due to their intensity and rapid spread. Emergency services were actively engaged in firefighting operations, with support from neighboring countries. The government issued evacuation orders and public warnings across the affected areas.

On 17 September, the Portuguese government declared a state of calamity in all municipalities impacted by the fires. Severely affected districts included Aveiro (Águeda, Albergaria-a-Velha, Oliveira de Azeméis, Sever do Vouga), Viseu (Castro Daire, Carregal do Sal, Nelas, Penalva do Castelo), Coimbra (Coimbra, Tábua, Pampilhosa da Serra, Miranda do Corvo), Braga (Vieira do Minho), Porto (Gondomar, Paços de Ferreira, Paredes, Baião, Amarante), and Castelo Branco (Louriçal do Campo). State of Alert warnings were issued, and authorities deployed drones and satellite technology to monitor fire movements and forecast risk zones.

As of 19 September, 14 fire fronts remained active, with 1,957 operatives and 592 vehicles mobilized on the ground.

According to the National Emergency and Civil Protection Authority (ANEPC), by the time of the DREF application, in its most recent press conference:
- 102 households had been evacuated, displacing approximately 300 people.
- Emergency shelters were accommodating 59 individuals in Castro Daire (33), Carregal do Sal (15), and Águeda (11).
- 70 households had reported total or partial destruction of homes, with psychosocial intervention teams assessing their needs.
- In Albergaria-a-Velha, 40 families had been displaced.

The total burned area surpassed 121,000 hectares, with over 100,000 hectares located in the north and center—accounting for 83% of the

total area burned in mainland Portugal. These figures were reported by the European Copernicus system and the ANEPC.

The situation had been particularly critical in the districts of Aveiro, Viseu, and Coimbra, due to adverse weather conditions such as strong winds and temperatures exceeding 35°C:
-In Aveiro, around 20,000 hectares were destroyed, especially in Oliveira de Azeméis, Albergaria-a-Velha, Sever do Vouga, and Águeda.
-Viseu was significantly affected, particularly in Penalva do Castelo and Nelas, though precise data remained unavailable at the time.
-Coimbra experienced large-scale fires in the municipalities of Tábua and Pampilhosa da Serra.
-Authorities in Castelo Branco estimated the loss of 300 hectares of forest and agricultural land.

The forest fires had a devastating impact on the central and northern regions of Portugal, directly affecting thousands of people and causing severe damage to property, livelihoods, and critical infrastructure. The total area burned exceeded 62,000 hectares, with significant consequences for local communities. Mass evacuations, widespread destruction of homes, and serious disruptions to the agricultural and tourism sectors illustrated the long-term impact of the disaster and underscored the urgent need for a coordinated and sustained humanitarian response.

At the time the DREF appeal was issued, several fires were still active. Local authorities continued to monitor the situation closely. Government Psychosocial Services, in coordination with local organizations and the Portuguese Red Cross (PRC), conducted emergency needs assessments in the most vulnerable communities affected.

Coordination with emergency medical teams in the operational field. Source: PRC

Firefighters support in the field. source:PRC

MHPSS Officer supporting families who had lost their houses in the fires

Workshop Lessons Learned with different civil protection authorities

Scope and Scale

To determine the scope and scale of the event, secondary information from national government bodies and their official assessments was used, alongside data from the Portuguese Red Cross's (PRC) initial needs assessment through triangulation. It is important to note that this assessment was preliminary and did not reflect the full extent of the damage or impact. Ongoing assessments were expected to provide further information, and this report was to be updated accordingly.

According to the National Emergency and Civil Protection Authority (ANEPC), more than 37,772 personnel had been involved in the response to the fire emergency, supported by 10,639 ground resources and over 827 aerial missions. The European Civil Protection Mechanism deployed eight additional aircraft to assist firefighting efforts, working in conjunction with local resources to contain the most severe outbreaks. International support also included technical, financial, and material assistance.

Considering that the affected areas were declared to be in a state of calamity (the government's declaration did not specify a list of municipalities or districts), it was estimated that at least 10% of the total population in these councils had their daily lives disrupted by the disaster. This corresponded to approximately 41,329 people. Additionally, as reported by ANEPC, five people had died as a result of the fires, and 161 had been injured, 12 of them critically. In response to the tragic loss of life, the government declared 20 September a Day of National Mourning to honour the victims.

The initial needs assessment conducted by the PRC identified that the primary needs of the affected populations were related to accommodation, hygiene kits, drinking water, psychosocial support, food assistance, and financial support. Authorities also reported that thousands had been indirectly affected due to destroyed infrastructure, power outages, and road closures, which had prevented access to workplaces.

The most vulnerable populations were located in rural areas of Aveiro, Viseu, Coimbra, Braga, Porto, and Castelo Branco, where fires had forced evacuations, destroyed homes, and severely disrupted livelihoods. The economic consequences were particularly severe in agriculture- and forestry-dependent areas, where decreased productivity was expected to increase economic vulnerability among affected families. Major road closures lasting at least two days further disrupted daily routines, leaving many residents unable to work and forcing several companies to adjust or suspend services. Beyond material losses, the psychological toll was considerable, with many individuals requiring psychosocial support due to trauma and the imminent danger posed by the fires.

In addition, the wildfire-affected regions of Portugal were placed under a yellow alert due to forecasts of heavy rain and thunderstorms, which risked worsening the situation by triggering landslides and flooding. The loss of vegetation had left the soil highly vulnerable to erosion, particularly in mountainous areas such as Viseu and Castelo Branco. This posed a secondary crisis for the already-affected populations, requiring urgent mobilisation of resources to prevent further damage.

Source Information

Source Name	Source Link
1. WebJornal Notcías ao Minuto	https://www.noticiasaominuto.com/pais/2634452/incendios-protecao-civil-contabiliza-cinco-mortos-e-118-feridos
2. Euro News	https://pt.euronews.com/my-europe/2024/09/20/portugal-cumpre-dia-de-luto-nacional-em-memoria-das-vitimas-dos-incendios
3. Portuguese Government	https://www.portugal.gov.pt/pt/gc24/comunicacao/noticia?i=governo-decreta-dia-de-luto-nacional-em-homenagem-as-vitimas-dos-incendios
4. Copernicus	https://atmosphere.copernicus.eu/wildfires-rage-across-northern-portugal-cams-tracks-their-impacts
5. Portuguese Government	https://www.portugal.gov.pt/pt/gc24/comunicacao/noticia?i=governo-declara-situacao-de-calamidade-em-todos-os-municipios-afetados-pelos-incendios
6. SIC Notícias	https://sicnoticias.pt/especiais/incendios-em-portugal/2024-09-18-saiba-quais-as-estradas-que-estao-cortadas-esta-quarta-feira-55588567

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes

Please provide a brief description of those additional activities	In addition to the activities implemented under the DREF Operation, the Portuguese Red Cross (PRC) conducted several complementary interventions as part of its broader response to rural wildfires in 2024. Recognising the importance of an integrated national response to forest fires, CVP was actively represented within the Special Rural Firefighting Device (Dispositivo Especial de Combate a Incêndios Rurais – DECIR), coordinated by the National Emergency and Civil Protection Authority (ANEPC). During the official activation period of the national mechanism, from 1 July to 30 September 2024, CVP was mobilised 21 times. Between 15 and 21 September 2024, one of the most critical wildfire periods of the year with 128 active forest fires recorded, PRC rapidly deployed a multi-sectoral response, including: - Reinforcement of the Integrated Emergency Medical System (SIEM) through pre-hospital emergency services. - Support to local healthcare services, including deployment of doctors and nurses to the Basic Emergency Service (SUB) in Águeda and the Emergency Department (SU) of Aveiro Hospital. - Implementation of hospital discharge and patient transfer services (TDNU). - Preventive evacuations of populations and logistical support to first responders, including the distribution of food supplies. - Deployment of PRC unmanned aerial systems (UAS) for hotspot detection and real-time monitoring of fire fronts. Additionally, the PRC contributed to emergency logistics and relief with the provision of: - 1 PMA trailer. - 2 ZCAP trailers. - 660 hygiene kits (335 female, 325 male). - 590 snack kits. - 250 population support kits. - 350 camp beds. - 365 blankets.

IFRC Network Actions Related To The Current Event

Secretariat	IFRC has no presence in country. Direct support has been provided since the start of the emergency by the IFRC Europe Regional Office DREF Focal Point for the development of this DREF request.
Participating National Societies	There are no PNSs in country.

ICRC Actions Related To The Current Event

No presence of ICRC in country.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The actions taken by national authorities in response to the fires of September 2024 were extensive and multifaceted. The Portuguese government, under the coordination of the National Emergency and Civil Protection Authority (ANEPC), implemented both immediate and long-term contingency measures to support the affected populations. More than 37,772 operatives were mobilized, along with 827 aerial missions, supported

	by resources from the European Civil Protection Mechanism and technical assistance from several countries. The government declared a State of Calamity in the hardest-hit regions—including Aveiro, Viseu, Coimbra, Braga, Porto, and Castelo Branco—with a focus on controlling the wildfires and evacuating residents. To mitigate the socio-economic consequences, financial and social support initiatives were launched for affected families. These included assistance for the reconstruction of destroyed homes and monetary aid for urgent needs. However, governmental support was often slow to reach those in need, and in some cases, it never arrived. Special provisions were planned and approved for farmers whose crops and equipment were severely damaged, as well as for local businesses, through credit lines and access to European recovery funds. Furthermore, the government implemented environmental rehabilitation programmes, focusing on the restoration of damaged forests and infrastructure. Extraordinary support was also allocated to municipalities for the reconstruction of essential public services and facilities.
UN or other actors	International actors, particularly through the European Civil Protection Mechanism, played a crucial role in supporting the efforts of the Portuguese national authorities to combat the fires. The European Commission swiftly mobilized eight firefighting aircraft from Spain, France, Italy, and Greece to provide aerial support. These aircraft, deployed as part of the rescEU reserve, were instrumental in tackling the most intense fire outbreaks, especially in the northern and central regions of Portugal. The Emergency Response Coordination Centre (ERCC) worked in close coordination with Portuguese authorities, providing continuous logistical and operational assistance. In addition, the Copernicus Satellite System was activated to deliver real-time mapping and data, enabling local authorities to make informed, strategic decisions in managing the crisis.

Are there major coordination mechanism in place?

Portugal's wildfire response was coordinated through several key mechanisms:
- At the national level, the National Civil Protection Authority led operations in collaboration with local municipalities, the Portuguese Red Cross (PRC), and security forces such as the National Guard to manage evacuations and deliver immediate relief.
- At the international level, the European Civil Protection Mechanism mobilized rescEU firefighting aircraft and provided Copernicus satellite data for real-time fire monitoring.

These mechanisms enabled coordinated firefighting, effective resource sharing, and streamlined relief operations at both national and international levels, supporting the immediate response and laying the groundwork for long-term recovery.

Needs (Gaps) Identified

Shelter Housing And Settlements

These fires have seriously affected living conditions in the districts of Aveiro, Viseu, Coimbra, Braga, Porto and Castelo Branco, with more than 70 homes destroyed or damaged.

Many affected families began returning to their damaged properties soon after the fires to safeguard personal belongings and initiate basic rebuilding efforts. This situation highlighted the need for external support to ensure safe shelter conditions during this transitional period.

Temporary Emergency Shelter Centres, both pre-positioned and established in response to the crisis, were not fully occupied. They were

primarily used by firefighters for rest and by evacuated elderly residents. Based on observations, these facilities appeared to align with the needs of the population during the emergency phase.

However, a significant gap was identified in the lack of awareness among municipal authorities and local communities about the Portuguese Red Cross's sheltering capacity and resources. This limited knowledge potentially led to underutilization of available shelter options and reduced coordination between local actors and the PRC during the response phase.

Livelihoods And Basic Needs

In light of the number of families left homeless by the 2024 wildfires—and the resulting need for long-term government-led housing solutions—it was essential to provide targeted financial assistance to help cover basic expenses such as water, gas, and electricity bills. These families experienced significant disruptions to their daily lives, and by reducing the financial burden of essential utilities, support efforts helped ensure that they could begin to focus on recovery without being pushed further into economic vulnerability.
Support proved to be critical not only for families whose homes were directly affected by the fires, but also for those who suffered indirect impacts, including loss of livelihoods, farmland, and vital local infrastructure. As such, the response needed to encompass both immediate cash assistance and medium- to long-term livelihood and housing recovery measures, enabling a more sustainable and inclusive path forward.

In terms of food security, all food kits were successfully distributed by PRC Local Branches. In addition, multiple institutions, private companies, and individual donors provided direct food assistance to affected populations. Due to this strong multi-actor response, food provision was not identified as a gap during the emergency or early recovery phase.

However, several unanticipated challenges emerged during the recovery process:
-While Cash and Voucher Assistance (CVA) was extremely helpful and welcomed by beneficiaries, the identification of eligible families faced several difficulties. The Mental Health and Psychosocial Support (MHPSS) teams, in collaboration with municipalities, encountered obstacles in accurately identifying the most vulnerable households.
-A major barrier was the low literacy levels among many affected families, which complicated the collection and submission of required documentation. This slowed down the processing and verification of applications.
-Additionally, delays in CVA distribution occurred due to lengthy bureaucratic procedures, as the mechanisms involved were new and not yet fully streamlined or adapted to emergency contexts.

These challenges underline the need to strengthen coordination mechanisms with municipal authorities, simplify administrative processes in future CVA programs, and design more inclusive targeting approaches that consider the literacy and digital access limitations of vulnerable populations.
Going forward, improving preparedness for CVA deployment, investing in local capacity-building, and embedding community engagement mechanisms throughout the program cycle will be key to enhancing the timeliness, accessibility, and effectiveness of livelihoods and basic needs interventions.

Health

During the 2024 wildfires, numerous firefighters and members of the affected communities sustained injuries from debris and were exposed to high risks of smoke inhalation and burn-related trauma. These health threats created an urgent need for pre-hospital emergency care and rapid medical response capacity in the field.

To address this, the Portuguese Red Cross (PRC) mobilized Basic Life Support (BLS) ambulances to fire Command Posts, aiming to provide immediate medical assistance without adding pressure to the National Emergency Medical System (112 line). However, reports received by the Emergency Operations Room from field Liaison Officers indicated that, within the first 48 hours, there were notable delays in the deployment of BLS assistance, due to a high volume of simultaneous requests across multiple fire fronts.

Though mitigation measures were implemented—such as the use of Standard Operating Procedures (SoPs) to triage clinical cases—these initial delays reflected a gap in surge capacity for emergency medical deployment during large-scale incidents.

In the district of Aveiro, one of the most severely affected areas, the local District Hospital faced risk of overload. The PRC was requested by the local health authorities to support an existing Basic Emergency Service (in Águeda), as no medical team was available from the hospital. In response, the PRC deployed six staff members (including three medical doctors) and one trailer with Advanced Life Support (ALS) equipment. This highlighted the dependency of local health infrastructure on external surge support during peak crisis periods.

On 17 September, three firefighters died from severe burns. At the request of authorities, the PRC was tasked with transporting the

deceased to the Coimbra Legal Medical Institute for autopsy. The Coimbra Local Branch fulfilled this request using its certified and equipped mortuary transport vehicle. This specific capacity was not widely known, revealing a gap in visibility and coordination around specialized PRC health services.

While medium- and long-term clinical care for affected populations was covered by the National Health System (SNS), which offers free care to vulnerable people referred by Social Services, other health-related gaps were noted, particularly in psychological and psychosocial support.

In emergencies and large-scale catastrophes such as wildfires, psychological support needs often exceed the capacity of public health structures. Requests for assistance are typically initiated by the National Emergency Institute (INEM), but a lack of available psychologists within the SNS often limits the speed and coverage of care.

The PRC's role in this context was to complement public sector limitations by offering both immediate and ongoing mental health and psychosocial support (MHPSS). Based on the initial needs assessment conducted in coordination with Local Health Units, it was estimated that 5–10% of the affected population would develop severe psychological trauma, leading the PRC to prepare a support program targeting approximately 850 people (10% of the estimated affected population).

The demand for MHPSS services reflected a critical gap in mental health resources, particularly during the recovery phase, where trauma resulting from the loss of property, livelihoods, and personal safety continued to have a profound psychological impact.

Water, Sanitation And Hygiene

Both affected communities and civil protection responders faced a range of urgent needs beyond fire-related injuries, particularly in relation to access to clean water and essential hygiene items. These needs were intensified by the hot and dry weather conditions, which elevated the risk of dehydration and heat-related illnesses, especially among firefighters operating for extended periods without rest, often far from their homes and with minimal preparation time.

Access to clean drinking water was identified as a critical priority. The Portuguese Red Cross, alongside other private and institutional actors, distributed water to both community members and firefighters. Due to this broad multi-actor support, no significant gaps were reported in the supply or distribution of water during the emergency phase.

The risk of poor sanitation and hygiene was also heightened, particularly in fire-affected zones and frontline operations, where access to adequate sanitation facilities was limited or non-existent. These conditions increased the risk of infectious diseases, skin and eye irritation, and other health complications related to smoke and ash exposure.

The PRC's Local Branches distributed 24-hour and 72-hour hygiene kits to evacuated individuals and families, especially those placed in temporary emergency shelters or whose homes had been damaged or destroyed. These distributions met immediate hygiene needs, and no stock shortages were reported at the branch level. However, no additional hygiene stock was available at the National Warehouse, requiring close monitoring of existing inventory and coordination to maintain adequate stock rotation across branches.

Despite the operational response, a number of structural gaps were identified within the PRC's WASH preparedness and capacity:
-There was no dedicated WASH focal point or team within the organization.
-No standardized procedures, checklists, or response protocols were in place to guide WASH interventions.
-No systematic data collection or monitoring tools existed for tracking WASH needs, distributions, or impact.

These gaps limited the PRC's ability to document, assess, and coordinate WASH activities beyond immediate material support, and constrained institutional learning and accountability in this sector.

Community Engagement And Accountability

During the response to the September 2024 wildfires, the Portuguese Red Cross (PRC) identified several critical gaps in communication, community engagement, and coordination that affected the overall effectiveness of its humanitarian interventions.

The initial needs assessment revealed that the lack of clear and accessible information about available services and support created confusion among affected populations and made it difficult for many to access timely assistance. In parallel, the absence of structured community consultation and feedback channels prevented interventions from being fully responsive to the evolving needs on the ground. This lack of two-way communication contributed to limited transparency and led to distrust in authorities and emergency response organizations, weakening coordination and reducing the overall impact of the response.

CEA actions had been implemented only to a minimal extent, and this shortfall hindered the inclusion of communities in decisions that directly affected them. Affected individuals were often not meaningfully engaged in shaping the response, limiting the cultural relevance and effectiveness of interventions.
By not sufficiently engaging the local population, opportunities were missed to better identify community-specific challenges and co-develop more sustainable solutions. Moreover, insufficient coordination with local authorities and stakeholders led to overlaps in efforts, reduced transparency, and weakened mutual accountability between actors involved in the response.

The response also highlighted a number of pre-existing systemic issues:
-There were significant communication gaps between agencies, particularly in the transmission of relevant and timely information to operational personnel, which hampered coordination, limited situational awareness, and reduced overall response efficiency.
-The relationship between the PRC and other key entities, especially local political authorities and civil protection bodies, remained fragile in certain areas. This lack of strong cooperation made joint response efforts more difficult and, at times, less effective.

The experience of the 2024 wildfires clearly demonstrated the need to strengthen CEA mechanisms within the PRC and across the broader humanitarian ecosystem in Portugal.

Operational Strategy

Overall objective of the operation

This DREF allocation aimed at supporting 2,197 of people in need affected by the fires in Portugal in September 2024, by providing shelter, livelihoods, multi-purpose cash grants, health, WASH and risk reduction related activities in the regions of Aveiro, Castelo Branco, Coimbra, Viseu, Porto e Braga for a period of 6 months.

Operation strategy rationale

To address the needs of the population affected by the September 2024 wildfires in Portugal, this DREF aimed at supporting 2,197 people through coordinated and multi-sectoral humanitarian action, at the request of national and local authorities. The proposed intervention included: temporary emergency shelter, basic and advanced life support, evacuations, liaison officers, UAV surveillance teams, multipurpose cash transfers, hygiene and food assistance, and Mental Health and Psychosocial Support (MHPSS).
This DREF was designed based on initial rapid assessments. However, due to the unpredictable nature and scale of the fires—which affected over 41,000 people and destroyed more than 121,000 hectares—the initial information did not fully reflect the needs and scope of the crisis. As the operation evolved, real-time data, new gaps, and shifting ground realities required significant adaptation in almost every sector of intervention.
The following details compare what was initially planned with what was actually delivered during the six-month operation:

SHELTER
The operation planned to reach at least 100 individuals through the distribution of essential non-food items, including clothing and blankets, to meet immediate needs. These items were expected to be provided to people residing in temporary emergency shelters, whether established by the government or by the Portuguese Red Cross (PRC).
What was achieved:
Only 61 people received direct shelter assistance. Emergency shelter facilities were not used as widely as anticipated—many evacuees chose to stay with relatives or neighbors rather than enter communal shelters. The shelter in Frazão housed 40 firefighters and was equipped with beds, hygiene items, blankets, and even a play area. In Sobreira, 20 mattresses were provided for elderly evacuees from a care home. Supplies were replenished with 70 blankets, 10 personal boxes, and 10 camp beds. Despite lower-than-expected use, PRC logistical capacity proved strong and responsive.

LIVELIHOODS
It was planned that at least 4 families (approximately 12 individuals) displaced by the forest fires and relocated to temporary accommodations by local authorities would receive financial assistance. This support was intended to help cover basic utility costs—specifically electricity, water, and gas—for a period of six months. The objective was to reduce additional financial pressure on families whose homes and livelihoods had been lost.
Each family was expected to receive a total of €900 to cover utility expenses, calculated as €20 for electricity, €15 for water, and €15 for gas per person, per month. Payments were to be managed directly by Psychosocial Teams from the PRC Local Branches. Beneficiaries would be identified through a detailed social diagnosis conducted in coordination with local authorities and municipal services.
Additionally, the operation planned to replenish 515 food kits, previously distributed to firefighters and affected residents. These kits—containing energy bars, fruit pulp, and biscuits—were intended to ensure continued food support in the immediate aftermath of the disaster.

What was achieved:
Support expanded significantly: 15 families (42 individuals) benefited from the utilities program. Delays in government response made PRC one of the few actors able to offer timely financial aid. The needs were assessed jointly by PRC and municipal social services. Although satisfaction with the aid was very high (98% found it adequate and timely), implementation faced challenges, such as:
-Low literacy among beneficiaries complicated paperwork.
-Additional site visits were needed to explain procedures.
-No existing systems for registration or M&E required tools to be created from scratch.
Still, the intervention had substantial emotional and financial impact, offering stability to families amid great uncertainty.
A total of 912 food kits were distributed during the response, significantly exceeding the planned replenishment figure. While 515 kits were successfully restocked, the operation did not track the exact number of people reached through this support. Nonetheless, the rapid mobilization and broad distribution helped meet critical food needs in the initial emergency phase.

MULTIPURPOSE CASH
The Multipurpose Cash Transfer program aimed to reach at least 20 families (approximately 60 people) affected by the fires. The goal was to help them cover basic needs for a period of six months, particularly those who had lost their homes and depended on agriculture and livestock for their livelihoods.
Each household was expected to receive €175 per month—based on €50 per adult and €25 per minor—amounting to €1,050 for the full six-month period. Payment cards were to be issued and used in local shops to purchase essential goods.
The selection of families was to be conducted in coordination with the Municipal Social Services (CLA'S) of the affected areas. Families were to be identified based on verified total or partial housing loss and existing requests for assistance through PRC channels. The existing "Cartão Dá" system, already in use by the PRC for social assistance, was to be used for secure and efficient cash delivery.
What actually happened:
The program doubled its scope, reaching 40 families (96 individuals). Distribution values varied per household, with the average support significantly increased to meet actual family needs. Delays occurred due to:
-Difficulties obtaining required documentation (IBANs, invoices).
-Delays in selecting a card provider.
-Municipalities' slow information sharing.
Despite this, the PRC implemented a strong system with contracts, staggered payments, and individual support for vulnerable beneficiaries. The expansion was possible due to the PRC's credibility with the community and stakeholders.

HEALTH
Health interventions were planned to assist at least 80 people, including both affected populations and field personnel. The strategy included the mobilization of Basic Life Support (BLS) ambulances and provision of first aid services to address urgent but non-life-threatening medical needs—such as minor injuries, dehydration, and smoke exposure.
Ambulances were to be deployed to Command Posts in the fire-affected areas based on risk assessments and firefighter presence. These deployments were planned to complement the national 112 emergency system while maintaining PRC's regular emergency services.
Additionally, the transport of deceased individuals was to be carried out using trained teams and certified vehicles, as per national standards validated by the Legal Medicine Institute. In case of firefighter fatalities, the PRC was prepared to step in to meet the logistical needs of transferring remains to forensic institutions.
The Local Health Services in the Central Region had also requested additional support, and the PRC planned to deploy three medical doctors and advanced life support equipment to reinforce the Águeda Basic Emergency Center.
What was achieved:
A total of 84 individuals were reached with BLS ambulance services. In addition, 83 people received immediate psychosocial support from a team of 15 deployed psychologists. The longer-term MHPSS program reached 790 people through group interventions, though only five individuals received sustained one-on-one support due to delays in psychologist recruitment.
In addition, the PRC transported three deceased firefighters to the Legal Medical Institute in Coimbra using a specialized mortuary vehicle. The PRC also provided three doctors and a trailer equipped with Advanced Life Support (ALS) to the Águeda Emergency Center, filling a critical gap when the hospital could not dispatch a team. However, coordination in the first 48 hours was hampered by:
-Surge in simultaneous requests.
-Gaps in task allocation among PRC's Disaster Management Team.
-Absence of a unified emergency resource map.
These were mitigated over time with SOPs and field coordination improvements.

WATER, SANITATION AND HYGIENE (WASH)
The operation aimed to reach at least 774 people with the distribution of hygiene kits. These kits were to help individuals remove ash residue, protect their skin, and treat minor injuries sustained during evacuation and early recovery.
The PRC planned to distribute 24-hour hygiene kits to civil protection personnel and people operating on the fire front, and 72-hour kits to those residing in temporary shelters. The kits were to include essential items such as soap, sanitizer, wipes, and other hygiene supplies designed to prevent the spread of illness under post-disaster conditions.
Funding from the DREF was also expected to support the replenishment of all distributed hygiene kits.
What was achieved:
An estimated 860 individuals were reached with hygiene support. A total of 1,118 hygiene kits were distributed, including kits for women,

men, and babies. Kits included 24-hour supplies for men, women, and babies. Only 40 of the planned 117 72-hour kits were distributed, as shorter shelter stays and limited storage space made 24-hour kits more appropriate. There were no major shortages, but:
-WASH activities lacked standard operating procedures.
-There was no dedicated WASH team or focal point.
-No systematic monitoring tools existed for assessing impact.
These gaps hindered learning and institutional accountability for future WASH interventions.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)
Through this component, the PRC aimed to support 865 individuals experiencing psychological distress due to loss of property, livelihoods, and personal safety. The planned intervention included both short-term and long-term mental health strategies to support recovery and resilience-building.
The response was to be delivered using two key methodologies:
Crisis Psychological Intervention, activated through INEM when the National Health System (SNS) became overwhelmed, was intended to provide Psychological First Aid (PFA), emotional stabilization, and referrals. During the response, it was anticipated that approximately 15 individuals would be supported through PFA.
Ongoing Mental Health Program, aimed at providing sustained individual and group therapy, was planned for approximately 850 individuals (estimated at 10% of the affected population). The intervention was to be delivered over a six-month period by two dedicated psychologists working in coordination with local health units. Special focus was to be placed on first responders, who were expected to be among the most severely affected.
What was achieved:
The PRC greatly surpassed immediate MHPSS targets, reaching 83 people in crisis support and 790 in group recovery sessions. However, only five individuals were supported through the longer-term individual care program—far below the 150 originally targeted—due to:
-Delayed recruitment (over one month) of psychologists.
-Lack of prior emergency experience by the hired staff.
-Difficulty identifying those in need of individualized care.
Still, PRC organized extensive group sessions, including specialized "Help the Helpers" interventions with firefighters and police officers. Participants reported strong satisfaction. The program's reach and depth had a significant impact despite internal staffing and planning gaps.

RISK REDUCTION, CLIMATE ADAPTATION, AND RECOVERY
Recognizing the hazardous and unpredictable conditions faced by firefighters and affected populations, the operation also planned to distribute first aid kits. These kits were intended for immediate treatment of injuries, self-care in remote locations, and stabilization of victims until professional medical help could arrive.
First aid kits were to be distributed together with hygiene and food kits, with a distribution strategy focused on remote and high-risk areas. The DREF was expected to cover the replenishment of all kits distributed under this component.
What was achieved:
220 standard and 250 enhanced first aid kits were distributed, including supplies adapted to fire injuries (burn creams, masks, saline). However, only 57 people were evacuated, largely because most residents self-evacuated or relocated independently. PRC also faced logistical challenges in reaching remote or high-risk areas quickly, and evacuation transport capacity was limited. Beneficiary tracking for this activity remained incomplete.

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)
The CEA strategy aimed to ensure that affected populations had access to information, were involved in the response process, and had opportunities to provide feedback.
The PRC planned to distribute flyers with clear information on the assistance available, eligibility criteria, and cash transfer processes. Community meetings were to be held to explain the intervention and gather feedback from direct beneficiaries, particularly in relation to the cash assistance component.
The operation also included plans to carry out post-distribution monitoring surveys, focus group discussions, and exit surveys. These efforts aimed to ensure transparency, promote inclusion of vulnerable groups—such as children, the elderly, and persons with disabilities—and integrate community feedback into lessons learned and future planning.
What was achieved:
2,000 flyers were distributed, and four meetings held, including with the Roma community, firefighters, and elderly care staff. These actions exceeded expectations, raising awareness about MHPSS services and how to access support. However, CEA faced limitations:
-No systematic feedback tools were implemented.
-Passive methods (flyers) were not enough to reach isolated or highly vulnerable groups.
-Limited time and staff restricted outreach breadth.

Overall, while the community appreciated PRC's presence, the need for structured two-way communication and real-time community input remains a priority for future interventions.

Targeting Strategy

Who was targeted by this operation?

This DREF operation targeted a total of 2,197 individuals across the most affected regions, based on needs assessments and data collected during the early emergency response phase.
To summarize the actual number of people assisted under each service:
•Shelter assistance:
Target: 100 people
Achieved: 61 people
•Hygiene kits:
Target: 774 people
Achieved: 860 people
(Includes 24-hour kits for men, women, and babies, and 72-hour kits for adults. Final numbers are based on estimated reach due to incomplete tracking.)
•Food kits:
Target: 515 people
Achieved: 912 food kits distributed (but no exact count of individuals reached was recorded)
•Water bottles:
Target: 790 people
Achieved: 1,460 bottles distributed (precise number of individuals reached not recorded; estimated coverage based on consumption)
•First aid kits:
Target: 170 people
Achieved: 220 kits distributed, including 250 reinforced kits (exact number of people assisted not tracked)
•Basic Life Support Assistance:
Target: 80 people
Achieved: 84 people
•Emergency Evacuation:
Target: 102 transports (~306 people)
Achieved: 57 people evacuated
•MHPSS in crisis support (during response):
Target: 15 people
Achieved: 83 people received immediate crisis psychological support
•MHPSS medium-term recovery program:
Target: 850 people
Achieved: 790 people, including frontline responders and community members (only 5 individuals received individual, long-term care)
•Cash assistance program (Multipurpose Cash Transfer):
Target: 20 families (~60 people)
Achieved: 40 families supported, totaling 96 people
•Payment of utility bills:
Target: 4 families (~12 people)
Achieved: 15 families, reaching 42 people
Precise individual tracking was often incomplete, especially in sectors like food, water, and first aid.
Therefore, the actual number of unique people reached with at least one service cannot be calculated with certainty but exceeded the initial target of 2,197 people due to overlap and expansion in critical sectors.
A challenge to flag is the lack of data collection capacity of the NS related to insufficient training to staff in PMER/data collection modalities affecting data quality. This is reflected in the discrepancies in reporting of target reached and the respective sex disaggregation. Further explanation is provided under each thematic area.

Explain the selection criteria for the targeted population

The selection of the targeted population for this DREF intervention was based on anticipated needs identified through real-time data collection and pre-disaster vulnerability assessments. The guiding principle in determining target groups was to ensure that individuals and families with the most urgent and foreseeable needs would be prioritized for support.

The primary selection criterion focused on families expected to experience total or partial housing loss. These households, identified through initial assessments, were projected to lose their homes or have them rendered uninhabitable due to the fires. Consequently, it was planned that 20 families (approximately 60 people) would receive Multipurpose Cash Assistance. Additionally, 4 families (approximately 12 people) were to have their utility bills (water, gas, and electricity) covered for six months, with the amounts aligned with pre-established thresholds set in coordination with government services. This support aimed to mitigate the economic strain

anticipated from their displacement.

Furthermore, the response was designed to assist 306 people expected to be evacuated due to imminent fire danger. These individuals were identified as being at high risk of displacement and would require temporary shelter and immediate assistance. In parallel, 774 people were projected to need hygiene kits as part of emergency preparedness, and 80 people were identified for targeted direct assistance based on expected critical needs, particularly for basic hygiene and health-related items.

In terms of mental health and psychosocial support, the operation aimed to reach approximately 850 people—estimated as 10% of the affected population—based on commonly accepted projections that 5–10% of disaster-impacted individuals may experience significant psychological trauma. Early interventions were anticipated for at least 15 people, with plans to scale up support as needs became clearer.

Vulnerability considerations were central to targeting efforts. Special attention was given to at-risk groups, including women, children, the elderly, and individuals with pre-existing health conditions, to ensure those most vulnerable were prioritized in both immediate response and recovery planning.

Finally, coordination with governmental social service agencies was factored into the preparatory phase to help identify families most likely to require cash-based assistance and utility support. This collaboration was essential to ensure a harmonized and effective allocation of resources.

Total Assisted Population

Assisted Women	671	Rural	40%
Assisted Girls (under 18)	-	Urban	60%
Assisted Men	475	People with disabilities (estimated)	11%
Assisted Boys (under 18)	-		
Total Assisted Population	2,078		
Total Targeted Population	2,197		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Risk of fire burnt or intoxication	Communications system is checked frequently (radio and mobile phone), dissemination of information of safe routes from the liaision officers previous to the activations.

Burnout of staff/volunteers	Definition of shift rotations in the beggining of the operation. Don't permit more than 24 hour shifts with 24hours rest in the following day.
Please indicate any security and safety concerns for this operation:	No additional concerns.
Has the child safeguarding risk analysis assessment been completed?	**No**

Implementation

Shelter Housing And Settlements

Budget: CHF 2,668
Targeted Persons: 100
Assisted Persons: 61
Targeted Male: 5
Targeted Female: 15

Indicators

Title	Target	Actual
# of people reached with emergency shelter	100	61
# of blankets replenished	100	70

Narrative description of achievements

An emergency shelter was set up in Frazão to support 40 firefighters. The shelter included camp beds, hygiene kits, personal storage boxes, blankets, a children's play area, a pop-up tent, and a coordination table with chairs.
In Sobreira, 20 mattresses were made available for elderly individuals evacuated from the care home.
Supplies such as 70 blankets, 10 personal boxes, and 10 camp beds were replenished through the DREF.
A total of 365 blankets were mobilized to the fire proximity points of logistical response to support the wider community, but not all of them were used or distributed. People were not in need of blankets.
The number of people initially planned to be assisted was not reached for two main reasons: the swift and effective response to the fire minimized material damage, and those whose homes were destroyed were able to rely on support from their families, reducing the need for shelter assistance; additionally, there was a lack of awareness about the availability of this assistance.

Lessons Learnt

Strengthen operational support mechanisms by systematically providing essential care items—such as personal hygiene kits, warm meals, and refreshments (e.g., coffee)—to all deployed personnel. This plays a key role in ensuring their well-being, maintaining morale, and supporting sustained performance in the field.
The Portuguese Red Cross has the capacity to be a reliable logistical partner in supporting firefighters and first responders, offering high-quality and diverse response capabilities across multiple areas of need.
Develop and adopt a standardized safety checklist for all future operations, with technical support from the IFRC Regional Security Coordinator as required.
Enhance branch-level monitoring by providing staff with clear procedures, training, and simple digital tools for real-time data collection and reporting.
Listing challenges without outlining concrete solutions hampers continuous improvement. This way, we believe and essencial step would be, for every challenge documented in after-action reviews, include a short- and medium-term mitigation plan, responsible focal points, and target deadlines to ensure lessons translate into measurable improvements.

Challenges

There was no standardized safety checklist in place for all field personnel, which may have affected the operational safety and well-being of staff and volunteers during emergency response efforts.
Keeping accurate records of the people assisted was also a challenge, making it harder to track support and follow up effectively.
Without a common safety checklist, staff security can be compromised during operations.
Current mechanisms do not consistently capture reliable, up-to-date data on the number of people assisted at branch level.

Livelihoods And Basic Needs

Budget: CHF 6,182
Targeted Persons: 12
Assisted Persons: 42
Targeted Male: 18
Targeted Female: 18

Indicators

Title	Target	Actual
# of families reached with utilities program to cover basic needs for 6 months	4	15
# of food kits replenished	515	515
% of beneficiaries who report satisfaction with the timeliness and appropriateness of the assistance provided	80	83

Narrative description of achievements

The Portuguese Red Cross (PRC) distributed 590 food kits—containing cookies, energy bars, and fruit pulp—that had been pre-positioned in its National Warehouse. Within the first 24 hours of the emergency response, these kits were delivered to local branches participating in the operation. Red Cross branch staff then distributed the kits to firefighters and individuals directly involved in combating the fire. No data on the amount of people reached through the food kits support.
The Águeda branch further mobilized resources to prepare an additional 322 food kits in response to operational needs. In total, 912 food kits were distributed, and 515 of these were successfully replenished as planned.
An emergency needs assessment was conducted jointly with local branch staff and the social services of local authorities. This effort aimed to identify displaced families requiring immediate and long-term support for recovery and resettlement. Due to significant delays in governmental response, the PRC stood out for its swift and effective action. As a result, support was provided to 15 families with the utilities program to cover basic needs, totaling CHF 4,926.14, using funds that were not allocated to other budget lines. The program reached 42 people: 18 male, 18 female and 6 children.
Regarding the families supported with the payment of utilities, the feedback collected from 41 responses highlights a high level of satisfaction with the assistance provided. A total of 82.92% reported that the support was delivered in a timely manner, and 97.56% stated that it was adequate to their needs. Overall, 78.05% of respondents expressed being very satisfied with the support, while the remaining 21.95% reported being satisfied. The results of both the initial and final evaluations demonstrate a strong level of satisfaction among the supported families. Written responses conveyed not only gratitude but also recognition of the significance of the assistance received. The project had a meaningful impact on the beneficiaries' lives—financially, emotionally, and on a human level.

Lessons Learnt

To ensure the well-being of operational staff, it is crucial to implement comprehensive support measures that prioritize adequate nutrition and hydration.
Ensure that support is provided quickly and in a manner appropriate to the real needs of the affected populations.
Embed PMER requirements into project and programme cycles across departments.
Dedicate budget and personnel time to PMER training, mentoring, and system development.
Develop standard operating procedures (SOPs) for PMER roles in emergencies, including tools, templates, and reporting protocols.

Collaborate with sister National Societies or/and IFRC for technical support in developing PMER systems and frameworks.
Schedule periodic reviews to evaluate the uptake and effectiveness of the new PMER initiatives, making adjustments as needed.

Challenges

Continuous care for operational staff (food, rest, psychological support). Collecting data on the people assisted during the wildfire response proved to be quite challenging. This was mainly because there isn't an established culture of monitoring, evaluation, reporting, and learning within the operations, and no specific person had been assigned to handle these tasks.
There were noticeable inequalities in families' ability to travel to receive support. Some, especially older people and those living in rural or mountainous areas, needed closer follow-up, which required additional trips to collect documents and explain procedures. This challenge was addressed through a flexible and proximity-based approach to ensure accessibility for all.
As this was the first time participating in such a project, there were no pre-existing models for registering and monitoring beneficiaries. It was necessary to develop detailed tools from scratch to ensure transparency and effective aid distribution.
Some beneficiaries submitted invoices or proof of expenses that did not meet the defined criteria. This required ongoing clarification and, in some cases, rejecting reimbursements, which caused frustration and made it necessary to reinforce communication about eligibility rules throughout the project.
Many people, particularly those who were more vulnerable or had lower literacy levels, struggled to organize and submit required documents such as bank statements with IBAN and proof of payment. This made it necessary to provide individual support, which increased the time and resources needed to complete the process.
The absence of a comprehensive M&E framework hindered the ability to systematically track progress, assess impact, and ensure accountability during operations.
There is a weak organizational culture around Planning, Monitoring, Evaluation, and Reporting (PMER), leading to inconsistent practices and a lack of strategic oversight.
Staff members lack sufficient training in PMER/M&E methodologies, which compromises the quality and consistency of data collection, analysis, and reporting.
There is no established pool of trained PMER personnel ready for immediate deployment in the event of future emergencies, affecting rapid response capacity.

Multi Purpose Cash

Budget: CHF 21,023
Targeted Persons: 60
Assisted Persons: 96
Targeted Male: 49
Targeted Female: 47

Indicators

Title	Target	Actual
# of families reached with cash transfer program to cover basic needs for 6 months	20	40
# total amount of cash (CHF) disbursed per household	166	439
% of cash distributed relative to the total allocated	100	96

Narrative description of achievements

The program supported a total of 40 households, encompassing 96 beneficiaries: 44 adult males, 42 adult females, and 10 children.
There were some delays in identifying families in need of assistance, primarily due to limited literacy among the affected population, which made it difficult for them to provide the required documentation, but also incompatibilities with municipalities in the provision of information. Additionally, there was a delay in selecting the card supplier. As this was the first time Cash and Voucher Assistance (CVA) was implemented in an emergency context, several internal structural challenges emerged in managing the process.
Initially, the program was budgeted at CHF 19,740.00 to assist 60 individuals across 20 families. However, thanks to the recognized needs of the affected population and the trust placed in the PRC by both the community and stakeholders, it was possible to increase the value of the vouchers. As a result, the program successfully doubled the number of assisted families within half the originally planned

timeframe.
The households were selected through social support services carried out in the local branch and straight relations established with the social area of the municipality.
The amounts received by each household varied depending on the number of members and their social status, in accordance with Portuguese regulations. Consequently, the following amounts were distributed: CHF 186.86 (17 households), CHF 280.29 (6 households), CHF 560.57 (8 households), CHF 770.79 (1 household), CHF 840.86 (3 households), and CHF 981 (5 households). The value reported in the indicator reflects the average amount distributed.
A distribution procedure was established for the delivery of the cards, including a contract and staggered disbursement, to ensure the proper use of the funds by the beneficiaries.

Lessons Learnt

There is a need for a social team with strong empathy and active listening skills to visit the homes of households with elderly members or residents in rural and mountainous areas, who have limited mobility and are unable to travel to the local branch to distribute their cards.
Additional staff at both local branches and headquarters need to be trained in Cash and Voucher Assistance (CVA).
Information sessions should be held with municipal services to raise awareness of this service and the support the Red Cross can provide.
The municipal plans currently lack recovery and integration of support measures for families affected by the wildfires.
There is a need for a national CVA protocol that ensures coordination between the financial and monitoring functions of the headquarters and the realities of local implementation.
Improve the implementation of Cash and Voucher Assistance (CVA) by streamlining administrative processes, simplifying card activation, providing additional support to vulnerable households with limited mobility, developing standardized tools for registration and monitoring, and ensuring staff are adequately trained on all procedures to deliver timely, transparent, and efficient assistance.
This cards approach worked very smoothly when paired with specific in-person meeting to explain the whole methodology to the beneficiaries.

Challenges

The implementation of the "Cartão Dá" program was affected by administrative delays, which hindered the timely delivery of the cards to beneficiaries. This situation highlighted the need to accelerate the distribution process and to revise the initial plan in order to ensure that support reached beneficiaries efficiently, equitably, and within the established timeframe.
Disparities were observed in families' ability to travel to receive assistance. Some households—particularly those with elderly members or residing in rural and mountainous areas—required closer support, which involved additional visits to collect documentation and explain the procedures.
The initial activation of the cards was time-consuming and caused some difficulties for beneficiaries in using them.
Due to this being our first participation in such a project, there were no pre-established models for the registration and monitoring of target group. As a result, it was necessary to develop detailed registration tools from scratch to ensure transparency and efficiency in the distribution of assistance.

Health

Budget: CHF 38,773
Targeted Persons: 945
Assisted Persons: 962
Targeted Male: 390
Targeted Female: 560

Indicators

Title	Target	Actual
# of people assisted with Basic Life Support aid by ambulances	80	84
# of people receiving immediate crisis MHPSS support	15	83
# of people enrolled in medium to long-term MHPSS program - individuals	150	5

# of people to reach in medium to long-term MHPSS program - group interventions	700	790

Narrative description of achievements

During the emergency, the local hospital was unable to provide a medical team, prompting a request for support from the Portuguese Red Cross (PRC). In response, the PRC swiftly deployed six health professionals—including three medical doctors—along with a trailer equipped for advanced life support, ensuring critical medical coverage in the field. Around 157 vehicles mobilized, from ambulances to transport vehicles, with more than 300 personnel involved in the operation, around 5.432 hours of commitment.

Tragically, three firefighters lost their lives due to severe burns. At the request of the authorities, the PRC was tasked with transporting the deceased to the Coimbra Legal Medical Institute for autopsy. The Coimbra Local Branch, equipped with a certified vehicle designed to transport up to four bodies, along with a trained team, carried out this service with professionalism and care.

In addition to emergency medical and logistical support, the PRC played a vital role in complementing the public health system by delivering both immediate and long-term mental health and psychosocial support (MHPSS). In the immediate aftermath of the crisis, 15 psychologists were deployed and 83 individuals received urgent psychosocial assistance.

To ensure continuity of care, two psychologists were recruited for the long-term MHPSS program. Overall, the program reached a total of 790 individuals, including 12 minors. Among them were 474 women and 316 men, with 92 people identifying as having a disability.
Participants represented a diverse profile:
- 594 were community members directly impacted by the events,
- 124 were frontline professionals such as firefighters and emergency responders,
- 72 were other professionals involved in support and coordination roles.

While the project's short duration limited extended follow-up, five individuals received continued one-on-one psychosocial support. The initial goal of reaching 150 individuals could not be met due to several challenges, including delayed responses from local authorities, the municipality's failure to identify or refer individuals in need of psychosocial support, and the limited experience of the psychologist hired for this emergency recovery context. These factors collectively hindered effective outreach and timely provision of support services for the individual approach.
A range of group interventions was also implemented: 464 community members and 175 professionals took part in single-session group support.
A structured series of three-session programs was delivered to three distinct groups of firefighters and National Republican Guards as part of the Help the Helpers initiative, engaging 55, 49, and 21 participants, respectively.
Two ongoing support groups for firefighters were established and monitored, involving a total of 22 participants.
The mental health assessment identified symptoms of post-traumatic stress disorder (PTSD) in 96 individuals. These persons were oriented to further psychological support services.
Regarding social support, measured using the Oslo Social Support Scale (OSSS-3), 273 participants reported weak social support, 31 moderate support, and only 2 reported strong support.
The sessions held for the community received very positive feedback: 330 people rated the relevance of the session as "Excellent," 306 praised the content as "Excellent," 320 highlighted the organization, and 326 gave top marks for the professionals' interventions.
For professionals, the evaluation based on the Professional Quality of Life Scale – 5 (PROQOL-5) showed moderate to high job satisfaction, with 26 reporting high satisfaction and 43 moderate satisfaction. Compassion fatigue was moderate for 39 participants and low for 29, while burnout was low for 38 and moderate for 30.
The sessions for professionals were also very well received, with most rating the relevance, content, organization, and professional interventions as "Very interesting."

To further build professional resilience, a webinar was organized under the theme "Resilience of Professionals in Emergency Scenarios – Before, During and After Operations". The session was led by Professor Dr. Rui Ângelo, former National Coordinator of the Psychosocial Support Teams of the National Emergency and Civil Protection Authority.

This multifaceted intervention by the Portuguese Red Cross highlighted its commitment to responding not only to physical needs but also to the emotional and psychological well-being of both affected populations and emergency responders. The program had a meaningful impact, promoting resilience, recovery, and long-term support across all levels of the response.

Lessons Learnt

Mitigation measures were successfully implemented by prioritizing clinical cases through established Standard Operating Procedures (SoPs) and institutional protocols. These protocols ensured that medical doctors systematically assessed each case, leading to more structured and efficient clinical decision-making during the emergency.

Strengthening the MHPSS (Mental Health and Psychosocial Support) capacity within the emergency department emerged as a priority. The creation of a national MHPSS response team is essential to ensure a rapid, consistent, and professional psychosocial response in future crises.
Building and maintaining relationships with other civil protection actors throughout the year is critical. Proactive engagement and regular presentation of the National Society's services will lead to more organized and coordinated response efforts during operations.
The dedicated MHPSS landline remains an underutilized resource. It must be better promoted and communicated to staff and volunteers as a valuable support tool during emergencies.
Internal awareness and engagement efforts should be enhanced through regular orientation sessions, internal campaigns, and communication initiatives. These efforts will reinforce Red Cross principles and values, fostering a deeper sense of belonging and institutional cohesion among staff and volunteers.
Structured internal training programs are needed to ensure consistency and readiness across the organization. This includes:
-Clear operational guidelines for CVP Liaison Officers
-Strengthening regional collaboration between local Emergency Operational Structures (EOEs)
-Standardized foundational training for all team members involved in emergency response
There is a pressing need to define roles and allocate tasks clearly within the Disaster Management Team. Maintaining updated profiles of team members—including their skills and limitations—will greatly enhance coordination, improve resource planning, and increase deployment efficiency during emergencies.
Early investment in training focal points at branch level is critical to ensure rapid and scalable MHPSS response.
Including MHPSS in contingency plans and simulation exercises helps build readiness and improves inter-agency coordination.
Establish a simple digital tool or coordination dashboard could improve real-time decision-making and avoid service duplication.
Providing regular refresher training for volunteers on first aid and triage improves response capacity in high-pressure situations

Challenges

Within the first 48 hours of the response, the Emergency Operations Room received reports from Liaison Officers highlighting significant delays in the provision of Basic Life Support. These delays were due to an overwhelming number of simultaneous requests that exceeded immediate response capacity.
There was a lack of clear task allocation within the Disaster Management Team, coupled with limited knowledge about each member's roles, skills, and operational limits. This impacted internal coordination and reduced the overall efficiency of the emergency response.
The absence of a comprehensive mapping of the Portuguese Red Cross's emergency response capacities hindered the ability to assess available resources accurately and plan strategically for future emergencies.
The psychologist initially recruited for the Mental Health and Psychosocial Support (MHPSS) program lacked prior experience in emergency contexts, which delayed the development of a structured intervention plan. Additionally, the recruitment itself occurred one month after the response began, further limiting early psychosocial support efforts.
There was considerable hesitation and a lack of engagement from many civil protection entities regarding the relevance and value of MHPSS interventions in the aftermath of the fires, which affected collaboration and outreach.
Identifying individuals in need of individual psychosocial support proved particularly challenging, limiting the ability to provide targeted, ongoing mental health care to those most affected.
Lack of pre-identified MHPSS focal points or trained staff in some branches, which delayed immediate deployment of support.
Limited integration of MHPSS into early contingency planning and coordination structures.
Lack of a unified emergency database or dashboard to track medical and MHPSS requests in real time.

Water, Sanitation And Hygiene

Budget: CHF 9,439
Targeted Persons: 774
Assisted Persons: 860
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of 24h baby hygiene kits distributed	150	200
# of 24h woman hygiene kits distributed	245	335

# of 24h man hygiene kits distributed	252	325
# of 72h adult hygiene kits distributed	117	40
# of 72h baby hygiene kits distributed	10	0

Narrative description of achievements

The fires occurred under hot, dry conditions, significantly increasing the risk of dehydration, especially for firefighters and local residents. In response, the Portuguese Red Cross—alongside multiple partners, including corporate and private entities—played a vital role in the distribution of bottled water to both the population and frontline responders. Due to this broad support, no significant gaps in water supply were reported.

Firefighters and Red Cross Staff were deployed from across the country, some traveling from southern regions with minimal preparation time. Many spent extended hours in fire-affected zones, often far from basic facilities. In such settings, access to proper sanitation becomes severely limited, elevating the risk of infectious diseases. Exposure to ash and smoke further exacerbates health risks, causing irritation to the skin, eyes, and respiratory systems.

Local Red Cross branches responded swiftly, distributing 24-hour hygiene kits and bottled water, with no stock shortages reported at the time. Though the National Warehouse had no additional reserves, internal monitoring and coordination mechanisms ensured effective stock rotation and continuous supply to affected areas.In response to the devastating fires, the affected communities faced an urgent need for essential supplies, including food, clothing, hygiene items, and safe drinking water. Humanitarian teams were swiftly mobilized to provide direct assistance on the ground, supporting both affected populations and 159 operational firefighters.

A pioneering intervention approach was implemented, shaped by real-time needs assessments conducted in the field. This method allowed for the rapid formation of distribution teams, leveraging warehouse stocks and public donations to deliver aid directly where it was needed most.
Direct distribution of:
- 200 baby hygiene kits (24-hour)
- 335 women's hygiene kits (24-hour)
- 325 men's hygiene kits (24-hour) - higher need for these kits, rather than the 72hour ones, given the short amount of time people had to rest and lack of space for storing individual private goods.
- 40 adult hygiene kits (72-hour), used as part of the firefighter shelter provision.
- 1,460 bottles of drinking water

Additional hygiene kits procured through DREF replenishment:
- 98 baby hygiene kits (24-hour)
- 245 women's hygiene kits (24-hour)
- 252 men's hygiene kits (24-hour)
- 54 adult hygiene kits (72-hour)
Note: The 72-hour baby hygiene kits were not distributed, there were no babies in need and not purchased due to a strategic decision to consolidate baby hygiene support into a single standardized 24-hour kit format.

Estimation of Reach: We acknowledge that precise data on the number of individuals supported through this specific intervention was not recorded, as the items were part of the Portuguese Red Cross' pre-positioned stock. We regret this limitation and recognize the importance of systematically capturing reach data. As such, we are committed to strengthening our data collection and reporting systems to ensure improved accountability and accuracy in future operations.

Lessons Learnt

The contents of the hygiene kits should be reviewed and standardized to better align with actual field needs and usage patterns observed during the response.
Collaborations with local partners proved highly effective, particularly in securing donations such as bottled water for both affected communities and first responders. Strengthening these relationships is crucial for future responses.
The creation of specialized teams to handle the distribution of essential items was a key success factor. This practice should be maintained and refined as a standard component of emergency response operations.
Strong logistics support enabled the timely delivery of critical resources, significantly contributing to a well-coordinated and efficient overall response effort.
Precise data on the number of people supported through this specific intervention was not recorded. As a result, the number of people

assisted was estimated based on the quantity and type of kits distributed. This limitation highlights the need to develop and implement a robust data management system to accurately track the number of people reached and improve accountability in future operations.

Challenges

Reaching people in need—particularly firefighters, civil protection agents, and other first responders—was hindered by limited security and restricted access within the operational perimeters of affected areas.
The absence of an initial comprehensive assessment made it difficult to accurately tailor the response to the specific needs of both the affected population and the professionals working in the field.
The simultaneous occurrence of multiple fires across widely dispersed locations posed significant coordination and logistical challenges.
Limited staffing constrained the ability to scale up operations, affecting both distribution capacity and support for field teams.

Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 10,647
Targeted Persons: 306
Assisted Persons: 57
Targeted Male: 13
Targeted Female: 31

Indicators

Title	Target	Actual
# evacuation transports provided	102	57
# of distributed first aid kits	170	220

Narrative description of achievements

Firefighters and affected community members faced high-risk conditions requiring immediate access to first aid supplies. The distribution of first aid kits was essential for several reasons:
- Immediate treatment of injuries sustained during operations or evacuations.
- Stabilization of individuals until professional medical assistance could arrive.
- Self-care in remote or hard-to-reach areas.
- Providing assistance to others in areas lacking immediate medical services.
First aid kits became an indispensable tool for preserving life, preventing further injury, and supporting health and safety in hazardous and volatile environments.
These kits were distributed using the same targeting strategy as the hygiene and food kits—focusing on remote locations and vulnerable people at higher risk of injury. Thanks to the Portuguese Red Cross's logistical agility, we were able to respond to unanticipated needs as they emerged in real-time.
Given the specific risks posed by the wildfire—such as exposure to heat, smoke, ash, and airborne irritants—we reinforced the standard first aid kits to meet situational demands. Enhancements included:
- Facial masks for respiratory protection.
- Micellar water for eye and skin cleaning.
- Burn creams for treatment of fire-related injuries.
- Saline solution for wound cleaning and eye care.

In total:
220 standard first aid kits were distributed.
250 reinforced and adapted first aid kits were provided to those in high-risk situations.
92 first aid kits were replenished through emergency procurement.

The wildfire's rapid spread and extreme heat intensity affected areas with widely varying population densities, creating complex evacuation challenges. The Portuguese Red Cross utilized its transport capabilities—including vehicles adapted for individuals with reduced mobility—to safely evacuate people in danger.
Thanks to excellent coordination with the GNR (National Republican Guard), access roads were kept clear and safe, enabling efficient

evacuation operations. A total of 57 individuals were evacuated using transport provided by the Portuguese Red Cross. This represents an under reach of the targeted people initially given we were expecting a bigger need of the community, specially the ones which had lost their homes to be evacuated, but people organized among themselves to leave the danger zone.

Note on Data Reporting: For the purpose of this report, only evacuated people are included in the official count of people assisted, as they were the only group for whom records were systematically maintained. While significant support was also provided to the affected population and firefighters through the distribution of first aid and hygiene kits, the number of people reached in these categories was not recorded.

Lessons Learnt

Preparedness planning should include geographic risk mapping and flexible distribution strategies to respond effectively across diverse population settings.
Improved field-level beneficiary tracking—even basic estimates—should be built into future responses to support accountability and learning.
Pre-established coordination mechanisms with security forces and local authorities are essential for smooth logistics and population movement.
Response plans should include flexible supply chains and decision-making processes that allow rapid adaptation based on evolving field conditions.
Standard emergency kits should be reviewed and pre-positioned with hazard-specific items, especially in areas prone to wildfires.
Decision-making processes should consider the use of weather and seasonal forecasting throughout the operation to ensure that people are not placed at increased risks. For instances in the decisions regarding the provision of shelter and the location should be considering these risks and be located in areas at low risk.
Further training in climate resilience and adaptation is planned for the branches of the most affected areas to aim to promote climate-adapted and sustainable livelihoods in the face of increasing environmental risks, from the local branch to the municipality climate adaptation plans.

Challenges

Lack of comprehensive data on all beneficiaries—only evacuated people were formally recorded, making it difficult to assess the full impact. The needs on the ground evolved rapidly, requiring on-the-spot adaptations to the contents of first aid kits, which were not initially stocked with all the necessary items like burn cream, masks, or saline.
Reaching remote and hard-to-access areas posed logistical difficulties, especially under time pressure and hazardous conditions. The wildfire affected areas with very different population densities, which complicated evacuation planning and resource distribution. Transport capacity was also limited—only 51 people were evacuated—highlighting constraints in scaling up movement support, especially for vulnerable people.

Community Engagement And Accountability

Budget: CHF 0
Targeted Persons: 100
Assisted Persons: 152
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# distribution of flyers in the community	850	2,000
# community meetings	3	4

Narrative description of achievements

As part of the wildfire response and recovery strategy, the Portuguese Red Cross implemented a targeted community awareness initiative to support individuals affected by the disaster. A total of 2.000 flyers were distributed during local meetings, aimed at increasing

understanding of Mental Health and Psychosocial Support (MHPSS) in post-emergency contexts.
The flyers focused on key topics such as common psychological and emotional reactions after a catastrophe, how to recognize symptoms of distress, and practical guidance for managing difficult emotions. They also included direct contact information for the DREF MHPSS team, encouraging community members to seek support when needed.
These awareness materials were shared with the same communities identified for medium- and long-term MHPSS recovery programming, ensuring a consistent approach across the phases of intervention.

To reinforce this outreach, three community meetings were held in close collaboration with the MHPSS team. These sessions created a space for direct engagement and discussion between the psychologist and various local groups. Meetings took place with the Roma community, Municipal social workers from the Municipality of Águeda, Local firefighters, and Staff and participants from a day care center for the elderly.
In total, 152 people participated in these sessions. The meetings provided an opportunity to introduce the MHPSS intervention, address questions, and establish trust with community members and frontline workers alike.
This integrated approach—combining written materials with in-person engagement—helped raise awareness about the importance of mental health following a disaster, reduced stigma around seeking help, and connected individuals with the appropriate support channels.

Lessons Learnt

Awareness materials have greater impact when combined with face-to-face engagement, allowing for clarification, emotional connection, and increased trust in the information shared.
Engaging culturally diverse and socially vulnerable groups through tailored outreach enhances the relevance, inclusivity, and effectiveness of the intervention, ensuring no community is left behind.

Challenges

Passive referral methods, such as flyers, may be insufficient for individuals with more complex psychosocial needs or those facing barriers to accessing support, highlighting the need for proactive outreach and follow-up.
The absence of systematic follow-up limited the ability to measure the longer-term outcomes of awareness activities, making it difficult to assess how many individuals actually sought or received support.
Limited time and resources restricted the number of in-person meetings, potentially leaving some affected communities without adequate engagement or access to information.
A lack of established Community Engagement and Accountability (CEA) practices within the Portuguese Red Cross constrained the ability to gather community feedback and ensure a participatory, responsive approach.
Reaching certain firefighter groups proved challenging due to their demanding schedules, frequent rotations, and the absence of formal engagement mechanisms, despite their high vulnerability to psychological stress and trauma.

National Society Strengthening

Budget: CHF 24,738
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# liaision officers mobilized	30	40
# UAV team activations	1	1

Narrative description of achievements

In response to the wildfire emergency, the Portuguese Red Cross deployed 40 liaison officers to provide critical support at five command posts located in the largest and most severely affected burning area. These officers played a key role in coordinating and managing all

PRC resources deployed in the field, ensuring efficient communication between operational teams, logistics units, and central coordination structures. Their presence helped streamline response actions, improve situational awareness, and maintain alignment with local civil protection authorities.

To further strengthen real-time decision-making and enhance the safety of field personnel, the UAV (Unmanned Aerial Vehicle) National Disaster Response Team was also activated. This specialized team, composed of two trained operators, conducted aerial surveillance to monitor and map the wildfire's progression. The drone team provided live imagery and data feeds directly to the command posts, supporting rapid assessments and enabling informed decisions regarding the deployment and repositioning of firefighting teams and humanitarian responders.

Overall, the PRC had 326 operational personnel (staff and volunteers) on the ground, summing up a total of 5432 hours of service to the community. This was considered a low number of people involved to assure the adequate rest of the people responding to the disaster. Nevertheless on the emergency setting there were measure taken into account such as rotation and proper nutrition.

Together, these efforts significantly improved the coordination, safety, and effectiveness of field operations, particularly in a high-risk and fast-changing environment.

A key moment for the PRC under the DREF was the Lessons Learned Workshop, the used PER methodology constituted itself as a learning outcome of this operation, conceiving us the essential moment of reflection.

The diversity of participants attending the workshop significantly enriched the discussions and outcomes. A total of 38 people took part, primarily from the Portuguese Red Cross (PRC) – including senior leadership from local branches, coordinators, operational staff, and volunteers – as well as representatives from key civil protection services such as the military's Guarda Nacional Republicana – UEPS (Emergency Protection and Relief Unit), the Judiciary Police, and the National Communication Service. This wide-ranging participation provided a valuable mix of perspectives and expertise, fostering dynamic and constructive dialogue throughout the event. The two-day workshop generated a substantial number of actionable recommendations, which align closely with ongoing conversations about evolving the emergency response and disaster management strategies of the PRC. These insights will inform both long-term improvements and immediate preparedness efforts for the upcoming wildfire season. Importantly, this workshop marked the first time the Portuguese Red Cross hosted such a multidisciplinary event. Participants evaluated it as highly beneficial – not only because they felt heard and appreciated, but also due to the critical external input from other agencies, which added an important outside perspective to internal planning. Based on the feedback and recommendations, it is clear that continued collaboration and knowledge exchange across sectors should become a core component of future preparedness efforts. The Portuguese Red Cross recognizes the value of this initiative and is committed to institutionalizing it. Moving forward, efforts will be made to provide additional training for staff to implement this collaborative framework more frequently, ensuring that

lessons learned translate into sustainable, system-wide improvements in emergency and disaster response capacity.

Lessons Learnt

• The National Emergency Coordination (CNE) proactively requests data from the Local Delegations (DLs) regarding deployed personnel and assigned vehicles, enabling more effective tracking and resource management. Additionally, the presence of a Liaison Officer directly embedded within the NTEM/Command Post allows for improved operational monitoring and coordination.

• Implement internal awareness and engagement initiatives—such as orientation sessions, campaigns, and regular internal communications—to reinforce the principles, values, and mission of the Red Cross Movement, fostering a stronger sense of

belonging and institutional cohesion among staff and volunteers. This should be complemented by structured internal training programs that include: clear operational guidelines for CVP Liaison Officers; regional networking between

local Emergency Operational Structures (EOEs) to strengthen coordinated response; standardised foundational training across all members to ensure consistency in CVP's response; enhanced training for personnel in coordination roles within Command Posts (PCOs) and under the DECIR framework; and the development of specialised teams for large-scale operations, with clearly defined roles and responsibilities.

• Update the volunteer status to align with current needs and standards. Prioritize the promotion of volunteerism within the CVP by recognizing its importance for operational effectiveness. Implement strategies to attract and retain volunteers, such as creating clear pathways for volunteer development, offering incentives, and providing training opportunities to enhance their skills and engagement.

• To ensure the well-being of operational staff, it is crucial to implement comprehensive support measures that prioritize adequate nutrition and hydration.

• To improve communication and coordination during emergencies, it is recommended to expand the communication network to include national-level channels, ensuring better interoperability across entities. Additionally, leveraging information technology tools such as EntryRec can help standardize the response processes within the Command Post (PCO), enabling more efficient data management and real-time decision-making. Integrating these tools with national communication systems will facilitate a more cohesive and effective emergency response.

• Create a centralized database (e.g. digital platform, app) of volunteers with detailed information on their skills and qualifications.

• Provide consistent psychological support services to maintain volunteers and staff mental health and resilience.

•Strengthen the structure with dedicated human resources to manage volunteer-related activities.

•Enhance logistical and operational conditions to better support volunteer deployment.

•Ensure provision of meals and proper accommodation for volunteers and other civil protection agents during operation response.

•Offer financial support for travel and disaster-related expenses.

•Improve administrative support, including issuing official declarations and managing insurance.

•Provide assistance for funding applications for disaster response at operational levels.
•Improve the speed and efficiency of expense reimbursement processes.
•Offer mobility support, including access to vehicles and transport for disaster response.
•Develop incentive systems to support volunteer motivation and retention.
•Implement a structured system for evaluating volunteer performance.
•Establish clear human resource oversight by assigning a designated individual to ensure the safety and rest of personnel involved.

Challenges

Limited availability of trained and deployable personnel: The mobilization of liaison officers and specialized teams was constrained by a shortage of human resources with the necessary training and readiness for immediate deployment. This affected the ability to scale up support rapidly in critical areas.
Difficulty establishing coordination with municipal services during peak moments of the emergency: In the most critical phases of the response, communication and coordination with local municipal services proved challenging. This hindered timely access to community-level support mechanisms, which are essential for ensuring an effective and integrated response for affected populations.

Financial Report

Selected Parameters			
Reporting Timeframe	2024/9-2025/8	Operation	MDRPT001
Budget Timeframe	2024/9-2025/3	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 17/Sep/2025

All figures are in Swiss Francs (CHF)

MDRPT001 - Portugal - Fires

Operating Timeframe: 28 Sep 2024 to 31 Mar 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**113,470**
DREF Response Pillar	113,470
Expenditure	**-111,991**
Closing Balance	**1,479**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	2,505	2,223	**283**
PO02 - Livelihoods	5,805	9,436	**-3,631**
PO03 - Multi-purpose Cash	19,740	20,139	**-399**
PO04 - Health	36,407	38,080	**-1,673**
PO05 - Water, Sanitation & Hygiene	8,863	6,569	**2,294**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	16,923	9,786	**7,137**
PO10 - Community Engagement and Accountability			**0**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**90,242**	**86,232**	**4,010**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services			**0**
EA03 - National Society Strengthening	23,228	25,760	**-2,532**
Enabling Approaches Total	**23,228**	**25,760**	**-2,532**
Grand Total	**113,470**	**111,991**	**1,479**

Click here for the complete financial report

Please explain variances (if any)

Due to a one-month delay in recruiting the psychologists, the unspent funds from this line have been reallocated to cover utility bills (water, gas, and electricity) for four displaced families residing in government-provided temporary housing. This reallocation supported the families for a six-month period and allowed the project to extend its impact, as detailed in the narrative report.

The budget line item “Dead body transportation from fire area to Legal Medicine Institute – 3 people, 1 transport” incurred no expenses, as the Legal Medicine Institute covered the cost.

To account for unforeseen operational needs in the field, two new budget lines were created:
-Food distribution costs: 699.82 CHF
-WASH distribution costs: 64.29 CHF

Due to inflation and market fluctuations, there were variances in the quantities of materials actually procured compared to the original budget. While the Excel financial sheet reflects the initially budgeted quantities, updated figures and explanations are included in the narrative report, in accordance with reporting standards.

Finally, there have been staffing changes within the project team since the beginning of the DREF operation. Payroll records are currently being adjusted to reflect these substitutions. Some staff members worked more hours than initially planned; these adjustments are being made to ensure internal financial accuracy and coherence.

The total budget for the DREF operation was CHF 113,470, of which CHF 111,991 was spent. The remaining balance of CHF 1,478 is returned to the DREF account as per standard IFRC regulations.

For details, please refer to the final financial report annexed to this document as well as the narrative explanation on the achievements, lessons learned, and challenges throughout the operation.

Please note that under the "Implementation" section and the budget disaggregated by sector provides the original approved budget, while the final financial report captures based on the budget reallocations which have occurred throughout the implementation of the DREF operation.

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Click here for reference