

9. RECOMMENDATIONS

The recommendations below have been developed by building on the learning points emerging from the review.

9.1 For Federation/IRCS Cooperation

1. Develop a capacity building plan for IRCS, with the Federation, with a view to the IRCS meeting its responsibilities under the Comprehensive Disaster Response Plan, taking in some or all of the following elements:
 - Ø Develop standard team structures and defined roles in disaster response for the staff and volunteers for provincial and local branches
 - Ø Improve information and reporting systems, especially with regard to reception, warehousing, distribution and reporting of relief items. (Federation systems can be used as a model)
 - Ø Introduce disaster risk mapping, working with other specialist institutes in Iran (for eg seismology and construction standards)
 - Ø Develop training manuals for volunteers
 - Ø Purchase stocks of equipment for personal support of volunteers and stocks of basic equipment for rescue work
 - Ø Increase the number of sniffer dogs
 - Ø Purchase sensing equipment
 - Ø Organise training in Camp Management
 - Ø Organise training in Medical Triage
 - Ø Organise training in FACT (and FACT methodology), ERU, DMIS, RDRT, and FRITZ (new Federation logistics tracking system).
 - Ø Establish a National Disaster Response team for deployment within Iran, trained to Federation standards, which at a later stage could form part of the Federation's regional disaster response capacity.
 - Ø Plan the development of an ERU field hospital and ERU medical training in Iran, as part of IRCS capacity building in emergency health (including public health, first aid and triage).
 - Ø Improve IRCS branch awareness of ERUs and their function
2. The IRCS and Federation to agree how future operations can be *integrated* rather than *parallel*, building on the mutual learning from the Bam operation. Ensure team leaders in operational roles (eg ERU team leaders and Heads of Branches/Zones) can work together directly.
3. The Federation structure in-country to reflect the National Society chain of command – where this is centralised, a senior liaison/management capacity is required at HQ
4. Jointly explore how the Federation can assist the IRCS to explain its mandate, capacity and development plans to the international disaster relief community.
5. Handover of water and sanitation equipment to include a joint inventory and a plan for items of equipment that need replacement before equipment can be reused in the next emergency – for example tank linings and bladders.
6. IRCS and Federation to agree on standard specifications for tents.

7. Identify representatives from the IRCS and the MOH to advise the Federation on appropriate levels of care for future hospital/clinic ERU deployments, should they be required, in consultation with an experienced local public health physician or a hospital medical director. (This same approach could also be used in other disaster-prone countries).
8. Ensure a briefing paper is prepared which can be given to foreign relief organisations, to a) explain the mandate and mode of operation of the IRCS and b) provide a cultural overview so that foreigners working in Iran can act appropriately and feel more familiar with Iranian society.
9. The IRCS to appoint a FACT trained member of staff as counterpart to the FACT leader in any future Federation emergency operation in Iran.

9.2 For the Iranian Red Crescent

10. Decentralise decision making in emergencies to Heads of Provincial Branches – this will require delegation of responsibility and the ability for one branch to call directly on others for assistance.
11. Prepare a statement for the Kerman donors meeting in April stating how IRCS intends to improve logistics systems and raise international donor confidence in IRCS ability to manage relief distributions
12. Modify the design of the registration booklet to improve information collection, targeting and minimising fraud. Consult the Federation on format, with American RC advice as from its ERU experience as required.
13. Be ready to take photographs of victims immediately after a disaster to help with identification and tracing, if government authorities are not doing so.
14. Work with the Government to resolve role overlaps between Ministries' roles which emerged during the Bam earthquake operation, especially in relation to: the Ministry of Health, the Ministry of the Interior (including BAFIA), the Ministry of Foreign Affairs, the Army, and provincial authorities.
15. Modify the counterpart system for working in Federation operations to allow for one-month rotations for a group of key counterpart personnel, while retaining the standard 2-week rotations for the majority of volunteers.
16. Ensure that air operations are serviced with flatbed lorries, not tipper trucks.
17. IRCS Rescue teams to learn how to target international search and rescue teams using specialist equipment to "objects" where people are likely to be found alive, so as to maximise the effect of international SAR assistance. (In addition to building IRCS SAR capacity).
18. Expand the number of liaison officers in the International Affairs Department able to deal with international agencies and speak on behalf of the IRCS. Introduce liaison officers, with language skills, into the Relief and Rescue, and Health and Treatment Organisations to ensure direct counterparts are available to work with the international delegates.

9.3 For the Federation

19. Make psychosocial assessment and activities a routine part of operations for natural disasters, with rapid assessment and early response, working with the relevant National Society. (A standard approach to PSP needs assessment is required).

20. Adopt a standard Logframe approach to its planning in Appeal documents, with objectives, activities, indicators, risks and assumptions fully set out, to allow better monitoring and evaluations.
21. Improve the communication material and methods concerning ERUs so that receiving National Societies are aware in advance of what might be expected from them in terms of counterparts, volunteers (and translators where required).
22. Reduce gaps in delegate deployments by earlier call up and standby arrangements, especially for second rotations.
23. Clarify the role of the Federation Human Resources Delegate with regard to delegates of the ERU National Societies.
24. Appoint a security officer to take a more proactive role in security, in case of a major Federation deployment, where a Federation compound is to be set up.
25. Encourage more interchange in the field between all delegates on a shared site, especially between disciplines, to increase learning and interest for all delegates, especially after the immediate crisis period (typically 14 days).
26. All FACT and ERU personnel in the first rotation to have had prior exposure to emergency operations and BTC, and one or more of ERU, FACT, or RDRT training (as per the SOPs).
27. ERU training should clarify and strengthen the role of the ERU team leader in information dissemination and team management.
28. Provide briefing materials for all National Societies in disaster prone countries where FACT and ERU might be deployed so that the host National Society is a) aware of the need to provide staff and volunteers from an early stage and b) agrees in advance to provide adequate human resources.
29. Aim to get a delegate with a mobile/satellite phone to the site of the disaster within 12 hours, latest 24 hours, and before FACT can arrive. This would ideally be a member of RDRT, or possibly a member of the National Society experienced in RDRT/FACT international assignments.
30. Clarify with the ICRC whether it is responsible for providing support to tracing in natural disasters and, if not, the Federation to include this within its SOPs for disaster response.

FACT

31. Introduce a standard package of personal and office equipment for FACT, held in stock for rapid deployment (with the DEMA FACT Camp Unit repatriated from Bam as one option).
32. Ensure FACT has adequate cash to start an operation.
33. Provide finance and administration delegates from the start of an operation, either within or alongside FACT, with a clarified job description for the Admin. Delegate.
34. Resolve the issues of assessment within FACT. Either a) remove the assessment responsibilities, or b) provide FACT with a *non-operational* capacity to undertake full relief and rehabilitation assessments.

Logistics

35. National Societies to be informed of the procedures to be followed when procuring goods using Federation funding to prevent problems with tracking, reporting and donor accountability.
36. The agreement with DHL to be reviewed in the light of the Bam operation, relationships further clarified and the agreement concluded.
37. Rubbhalls to be erected under the supervision of the Norwegian manufacturer (Giertsen).
38. Finalise the two new Federation logistics systems, Humanitarian Logistics Software (with the Fritz Institute) and the Relief Distribution Software (with Nestlé).
39. The Logistics ERU to focus on logistics only and FACT and ERU teams to avoid making requests that divert the Logistics ERU from its task.

Field Hospital ERU

40. Consider redesigning the Hospital ERU into two separate parts to create a faster, more flexible, better tailored, and cost effective service (also relevant to the IRCS in developing its ERU capacity):
 1. A small fast surgical triage and treatment unit, with the best possible technology, that can be withdrawn when the primary response is over
 2. A unit to provide more stable basic health care, which can be phased in 2-3 weeks after the emergency, with procedures and medicines tailored to the local context, rules, and ways of working.
41. ERU hospital to have the capacity to be fully self-sufficient in professional/medical staff for one month (provided there are no legal obstacles in-country). The full complement of staff would only be deployed if numbers of local staff or volunteers proved to be inadequate.
42. Hospital ERU to cater for its own water and sanitation needs, perhaps via an agreement with a National Society already having an appropriate water ERU.
43. Pro-forma, standardised Memoranda of Understanding to be devised covering: collaborative working; legal issues (eg certification of foreign medical staff); and the handover of medical facilities.
44. Clarify leadership of the ERU hospital.
45. Explore the potential for a triage group, following training along lines of the MIMS (Medical Incident Management systems) courses run throughout Europe.

National Societies with SAR Team and ERUs

46. For National Societies with both SAR and ERU teams, make a formal link between their operating procedures to provide additional assessment and contextual information for ERUs before or as they deploy