

EXECUTIVE SUMMARY

Purpose

This Operations Review of the Red Cross Red Crescent Movement response to the Bam earthquake was conducted during February and March 2004 against Terms of Reference jointly agreed between the Federation Secretariat and the Iranian Red Crescent Society (IRCS).

The objective of the Review was to assess the planning, management and coordination of the emergency response between December 26th 2003 and February 29th 2004, and to make recommendations for the enhancement of IRCS, Federation Secretariat and National Societies' performance in disaster response. The goal was to capture lessons learned at an early stage before memories of the early events faded and before the Federation Emergency Support Units had withdrawn or been handed over to the IRCS.

Background

An earthquake of magnitude 6.5 struck the city of Bam at 5.26am on December 26 2003. At least 26,000 people were killed and 30,000 injured. Approximately 85% of the city was destroyed. Health facilities and administration buildings collapsed, both in the city and surrounding villages. All services were temporarily cut including telephone, electricity and water.

The situation in Bam in the few days following the earthquake was chaotic. A lack of security led to unregulated distribution of relief items, as well as theft. The IRCS decided to distribute to all who requested assistance, preferring to be over-generous than to refuse assistance to survivors. The relief effort was complicated by the influx of many thousands of people from surrounding areas into Bam. During most of the Review period the IRCS with assistance from other agencies has been distributing relief items on a house-to-house to some 170,000 people, some living in tented camps and others sheltering close to their damaged homes.

Response

The IRCS senior management was notified of the earthquake within minutes and launched a massive relief and rescue operation for which it has received recognition both nationally and internationally. The first IRCS rescue team reached Bam at 7.45 am the same morning. The operation comprised search and rescue, emergency medical treatment, medical evacuation and psychosocial support to survivors. The IRCS mobilised more than 50% of its national disaster preparedness stocks for relief assistance, distributing more than \$50 million worth of food and non-food items in a two month period. According to the IRCS, more than 19,000 staff, volunteers and youth took part in the first ten days of the emergency, with an average of 9,000 engaged in the operation during the first two months.

On December 26th 2003 the IRCS requested assistance from the International Federation, especially the Emergency Response Unit (ERU) Field Hospital, together with other ERUs for water and sanitation, specialised water, basic health care and relief. These were supported by a Logistics ERU and coordinated by a Federation Field Assessment and Coordination Team (FACT). The deployment of these ERUs was timely and the ERUs have shown commitment and professionalism. The system of joint ERU deployments worked and teams in the field collaborated well within their specialist areas. The Federation was successful in its coordination of ERUs and other Federation delegates. The Federation

achieved a high level of international media coverage for the IRCS and Federation operations. The Federation Relief operation was approximately one-third that of the IRCS by value as at the end of February and provided an important adjunct, especially in the provision of medical services. Given the absence of international relief operations in Iran over many years, this intervention was politically significant. The assistance provided by foreign agencies, including the RCRC, appears to have been greatly appreciated by the people of Bam.

On the day of the earthquake, the Federation launched a Preliminary Appeal for CHF 15,409,300, followed on 8th January 2004 by a Revised Appeal for CHF 51,903,000 to support 210,000 beneficiaries for 6–8 months. The UN Flash Appeal and the Federation Revised Appeal were launched at the same meeting in Bam, the first such joint launch. By the end of February, Appeal coverage stood at 52% (CHF 27.1 million), a figure that may not increase significantly as donor National Societies shift their focus to bilateral rehabilitation and recovery programmes.

The IRCS saw the role of the Federation Secretariat as supporting the IRCS by coordinating the Federation inputs and providing financial support, while the IRCS implemented its own operation and coordinated the inputs of some 80 foreign agencies to the overall relief effort. Communication and coordination between the IRCS and the Federation has been intense but they have operated for the most part in parallel rather than together.

At the end of February, there were substantial funds unspent from the Appeal and remaining within National Societies. This provides scope for rehabilitation programmes and for support to the IRCS in replenishing its emergency stocks. It also opens up the possibility of developing a capacity building programme for the IRCS, to build on its current substantial disaster management capacity and meet its responsibilities under the 2003 Comprehensive Disaster Response Plan.

Challenges

In mounting a very large and generally highly successful operation, both the IRCS and the Federation faced a series of challenges, including:

For the IRCS:

- Ø Expectations on the IRCS to meet needs were very high
- Ø The volume of national and international relief goods in Bam was beyond the capacity of the IRCS to manage systematically, and warehouse space was inadequate
- Ø Volunteers, while many in number, were inadequately equipped and organised
- Ø IRCS Branch structures and operating procedures in Bam were not standardised
- Ø IRCS standard operating procedures did not match with those used by international agencies
- Ø There were insufficient mechanical diggers and trucks at an early stage
- Ø The International Affairs Department was severely stretched in coordinating the relief effort of so many foreign agencies
- Ø A number of other disasters in Iran occurred within the period of the Bam operation, requiring a response from the IRCS
- Ø Bam was the first test of new government regulations on disaster response, which have not yet been internalised by government ministries and authorities and, as a result, the operation was complicated by role overlap and a degree of competition.

While, for the Federation:

- Ø Obtaining adequate counterparts and volunteers was a challenge
- Ø The rapid rotation of IRCS managerial staff and lack of handover between counterparts was problematic

- Ø The 200-bed referral hospital was established to replicate the previous referral capacity in Bam but had a maximum of 47 in-patients during its first two months
- Ø The operation was initially hampered by a lack of transport and there was a delay before obtaining vehicles from Abu Dhabi
- Ø Records of IRCS/Federation relief goods delivered and relief goods distributed could not be completely reconciled
- Ø The availability of translators was a constraint
- Ø Finding experienced delegates to deploy the day after Christmas was a challenge
- Ø Some delegates came poorly equipped
- Ø There were a number of gaps between first and second rotation of delegates

Recommendations

Key recommendations are summarised below: (for further detail, see Section 9 of the report)

For the Federation/IRCS

- Ø Develop a capacity building plan for the IRCS, in consultation with the Federation, to include some or all of the following:
 - I Develop standard team structures for disaster response and defined roles for staff and volunteers from provincial and local branches
 - I Improve systems for the reception, warehousing, distribution and reporting of relief items, especially the integration of international inputs with nationally sourced supplies
 - I Introduce disaster risk mapping
 - I Purchase equipment for the personal support of volunteers
 - I Purchase basic equipment for rescue work and sensing equipment, and increase the number of sniffer dogs
 - I Organise training in Camp Management, Medical Triage, FACT and FACT methodology (for application inside and outside Iran), ERU, DMIS, RDRT, and FRITZ (new Federation logistics tracking system).
 - I Establish a National Disaster Response team for deployment within Iran, trained to Federation standards
 - I Plan the development of an ERU field hospital and ERU medical training in Iran, as part of IRCS capacity building in emergency health
 - I Improve IRCS capacity to make better use of international Search and Rescue teams
- Ø For future operations, the IRCS and Federation to move to integrated rather than parallel operations, with IRCS and Federation personnel working together in the field
- Ø The Federation structure in-country to reflect the National Society chain of command, with National Society designated counterparts
- Ø The IRCS to appoint a FACT trained member of staff as counterpart to the FACT leader in any future Federation emergency operation in Iran
- Ø Jointly explore how the Federation can assist the IRCS to explain its mandate, capacity and development plans to the international disaster relief community
- Ø Provide a briefing paper for foreign relief organisations on the IRCS and Iranian culture
- Ø Improve IRCS branch awareness of ERUs and their function

For the Iranian Red Crescent

- Ø Decentralise decision making in emergencies
- Ø Review volunteer training programmes and personal equipment needs for disasters
- Ø Deploy only trained volunteers into relief and rescue situations
- Ø Modify the design of the IRCS registration booklet, with advice from the Federation
- Ø If the proper authorities are not able to do so, be ready to take photographs of disaster victims soon after the disaster to help with identification
- Ø Resolve, with Government, role overlap in disaster response between government ministries
- Ø Modify the IRCS counterpart system to provide for a body of key counterpart personnel on a minimum one-month rotation system
- Ø Introduce liaison officers in the Relief & Rescue, and Health & Treatment Organisations these organisations to work directly with the Federation and other international agencies

For the Federation

- Ø Make psychosocial assessment and activities a routine part of Federation emergency response for mass casualty disasters
- Ø Adopt a standard Logframe approach to planning for Appeals
- Ø Improve communication on ERUs so that National Societies in disaster prone countries are aware of possible demands on them in the case of ERU deployment and agree in advance on the provision of counterpart staff, volunteers, translators etc.
- Ø Reduce gaps in delegate deployments by earlier call up and standby arrangements
- Ø Aim to get at least one delegate to the site of the disaster within 12 hours, at latest 24 hours, ideally from the RDRT, or possibly a National Society member of staff with RDRT/FACT field experience, equipped with a mobile or satellite phone
- Ø Introduce a standard package of personal and office equipment for FACT
- Ø Provide finance and administration capacity within or alongside FACT
- Ø Either a) exclude assessment from FACT responsibilities or b) provide it with the non-operational capacity to undertake full relief and rehabilitation assessments
- Ø Inform National Societies of procurement procedures for Federation Appeal funded goods
- Ø Clarify with the ICRC which organization is responsible for providing support to tracing in mass-casualty natural disasters

For ERU deploying National Societies

- Ø Logistics ERU to focus on logistics duties only
- Ø All ERU first rotations to be staffed by delegates with prior emergency experience and with BHC and ERU training (as per Standard Operation Procedures)
- Ø Reduce gaps in delegate deployments by earlier call up and standby arrangements
- Ø ERU training to clarify and strengthen the role of the ERU team leader in information dissemination and team management
- Ø Consider building on the modular design for the Hospital ERU and BHCUs to allow for a) a small, fast surgical triage and treatment unit, and b) a unit to serve longer-term basic health care needs
- Ø ERU hospital to have the stand-by capacity to be fully self-sufficient in professional/medical staff for one month, in case numbers of local personnel prove inadequate
- Ø Hospital ERU to cater for its own water and sanitation and compound management needs for the ERU delegates
- Ø 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