



EUROPEAN COMMISSION
HUMANITARIAN AID OFFICE (ECHO)

Humanitarian Aid Decision

Line 23 02 01 of the general budget of the European Union

Title: Commission Decision concerning humanitarian aid in favour of the people of Bam in south-eastern Iran affected by the earthquake of 26 December 2003.

Location of operation: Iran Amount of decision: €6 200 000

Decision reference number: ECHO/IRN/BUD/2004/01000

Explanatory Memorandum

1 - Rationale, needs and target population:

1.1. - Rationale:

On December 26, 2003 at 05.27 local time an earthquake measuring 6.6 on the Richter scale struck the city of Bam in Iran's south eastern Kerman province. The epicentre of the earthquake, with a depth of 10km, hit just south of Bam centre, 180km from the provincial capital of Kerman and 975 km from Tehran. The area had a population of roughly 210 000 with Bam city home to an estimated 90 000 people.

The level of destruction is very high with the Government of Iran (GOI) estimating that up to 85% of buildings have been destroyed in the area, and the city of Bam itself has been flattened. The pattern of destruction is oval shaped (attached map - Annex II) with solidly built buildings damaged but still standing in the heavily affected areas, whilst poorly built buildings have collapsed much further away from the epicentre.

Since the earthquake struck in the early hours of the morning when most people were asleep and because the epicentre was close to the town and poor building standards were implemented, it has resulted in high levels of casualties and destruction.

1.2. - Identified needs:

The level of loss of lives and destruction is enormous. The number of deaths (see below) makes it the worst earthquake in the world for more than 27 years. There are massive needs that must be addressed.

According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and the latest GOI figures released on 4 February, the earthquake resulted in:

- The deaths of 43 000 people and injured 30 000 residents.
- An estimated 45 000 people are homeless but this figure is expected to rise as high as 75 000 as people return after having fled to friends and relatives or are returned after being hospitalised outside of Bam.

Approximately 25 000 buildings have been destroyed out of 29 500 including private houses and public facilities in Bam city and surrounding villages.

Urgent relief needs were largely met due to the rapid domestic and international response. The Government of Iran and the Iranian Red Crescent led the internal response, whilst the international response was facilitated by the waiving of visa restrictions by the government. Massive international aid efforts followed with an UNDAC team providing coordination and other UN agencies, IFRC and a number of European national Red Cross societies and numerous Non-Governmental Organisations (NGOs) providing aid and assistance.

The response was rapid and immediate relief needs such as search and rescue activities, food, water, non-food items, emergency health care were provided.

There will be extensive rehabilitation activities required in the medium to longer term, but in the meantime, until reconstruction efforts start and yield results, **basic humanitarian needs should continue to be addressed**. It is estimated that in the next 5-10 months there will continue to be humanitarian needs, as it will take time for people to return to normal life and for the civil structures such as hospitals to be rebuilt and fully functioning. In the meantime continued aid is needed to sustain life and provide health and caring activities.

The UN agencies and the IFRC have put out significant appeals which are only 40% covered as of 5 February, perhaps partly due to fatigue and reduced media coverage. The gap between initial emergency response and longer term rehabilitation requirements needs to be addressed.

In particular, support in the sectors of health, water, sanitation and hygiene and psycho-social care with an emphasis on vulnerable groups especially children, the elderly and possibly Afghans, whether or not they are officially registered as refugees is required.

Needs in the Health sector

Emergency health facilities were provided with a number of field hospitals set up, some of which were dismantled at the end of the rescue and search phase of the emergency response. Continued provision of health services is however absolutely required since the majority of the pre-existing health infrastructure, including hospitals, health centres, equipment and trained staff, was destroyed. In total 95% of 'health houses' (small units of 75m2 operated by 2 community health workers), 14

rural and 10 urban health centres (larger units of 750m² operated by medical doctors, nurses and additional staff) and 3 hospitals were damaged or destroyed beyond use. A great number of the medical staff and other health workers have been killed or injured.

Through the Emergency Response Units (ERU) the Red Cross is currently filling a considerable, and critical, gap between a total lack of capacity in terms of general hospitals and public health centres and significantly increased needs amongst the affected population. The ERU referral hospital is considered to be the main hospital by the Iranian Government for Bam. It comprises units from the Finnish and Norwegian Red Crosses. The referral hospital works together with ERU health clinics provided by the German Red Cross and the specialised ERU water unit provided by the Austrian Red Cross. Besides the critical need for health services the increased needs refer mainly to the treatment of some 17 000 casualties and provision of follow-up and further treatment/rehabilitation to 11 000 people who were evacuated and are expected to return gradually.

There is a need for all health services such as the continuation of a hospital providing pediatric, maternity, surgical and X-ray units, and in particular a need to restore referral capacities and the ability to respond to emergencies. There is also a large influx of OPD patients. The main reasons for seeking medical help are headaches and other discomfort. In addition many people suffer from various infections and upper respiratory problems. Earthquake related traumas (old and new ones) still need surgical and wound care.

The continued provision of Basic Health Care Units remains essential due to the destruction of the rural and urban health centres and the health outposts, which will not be replaced in the short to medium term. Out patient care is needed for the remaining population and the increasing levels of returnees.

The provision of safe water is required to support patients in the referral hospital and address their needs in general hygiene, patients medical treatment (eg changing dressings), the cleaning of medical facilities/operation theatre in order to prevent contagious diseases and epidemics, assistance to post operated patients with highly specialised water, food preparation and drinking water provision.

Epidemics have so far been averted but the overall health situation remains of concern. Malaria and coetaneous leishmaniasis are among the diseases endemic to the area, and Bam has faced recent outbreaks of typhoid and cholera. There is also the continuing threat of outbreaks of diarrhoeal disease due to insufficient sanitation facilities and a significant threat of respiratory tract infections due to exposure in the winter season.

It is important to ensure that health facilities are maintained in the medium term. This includes field hospitals, Basic Health Units (BHUs) and additional outreach capacity to service surrounding villages.

Hygiene and sanitation needs

Inter-linked with health facilities and inseparable from health assistance is the need for improvements in water, sanitation and hygiene. Before the disaster the city of Bam had almost full coverage of water and sanitation services, while the rural surrounding areas were less covered.

The immediate water needs were largely covered in the aftermath of the devastation with access to water made available through the restoration of 60% of the city's water supply system and water tanking operations, although there are no guarantees about the quality of the water. At the outset water bladders were set up and jerry cans and hygiene kits distributed. The burial of corpses was quick and well organised and garbage collection and spraying has been undertaken. The majority of homeless people have been given a tent (estimates suggest up to 45 000 people live in tents in the streets and/or camps) and have settled in the neighbourhood of their former houses with no access to tap water and sanitation facilities. People are gradually being moved to camps but are reluctant to do so as they prefer to be near their former homes and to look after their land.

Prior to the earthquake the majority of families had toilets and showers inside the house or water access on their property at least, but the city of Bam did not have a public sewage system. Sanitation consisted of septic tanks in the garden. Drainage of water was through roadside channels which are now full of rubble and need to be cleared to allow the evacuation of water and prevent stagnation and disease. In case of rain of more than 30l/m² per day there is a serious risk of flooding. The current sanitation situation is a potential and real risk for the spread of possible epidemics.

The quality of water in the network is questioned by some local authorities and – as a preventative measure was declared undrinkable. The quantity of the water available is enough but is not well distributed, nor accessible to all.

Sanitation therefore is very poor, and it remains a concern for local authorities, who have expressed the urgent need to take measures, like garbage collection points, latrines, drainage cleaning, spraying and hygiene promotion. Disease vectors such as flies and mosquitoes have started to appear and there is an urgent need in particular for the adequate provision of latrines in terms of quantity and quality.

Increased access to water, hygiene items and information and improved sanitation, particularly the provision of latrines are paramount to prevent a deterioration of the situation.

Psycho-social needs and children

The earthquake left the population homeless, bereft of family members and friends and having lost assets and livelihoods. A large number of survivors were injured in the earthquake, many of them seriously. The experience of such severe shock and loss can have very serious psychological and psychosocial consequences both in the short and long term rendering the return to normal life and the re-establishment of livelihoods more difficult. Many people have found their supporting family and community networks torn apart. The psychological and psychosocial consequences are particularly pertinent for the most vulnerable including children.

According to the MoH approximately 25 000 people currently living in Bam are suffering from severe psychological reactions due to the disaster and need immediate preventative approaches and support. Many more will feel the need for support in the months to come.

The culture and community however has strong resources such as family networks, community networks and religious practices that are mobilised for comforting and coping with the situation. However, with the uprootedness, devastation of homes and loss of life caused by the disaster, many families and individuals find their social networks have been torn apart or disappeared. For the preservation of the coping resources and livelihood skills of the affected population it is crucial to support mental healing processes, social integration and the creation of new supportive networks within the community and to reinforce a sense of human dignity.

Besides having lost family and relatives, one of the main problems for people is to adjust to living under extremely primitive conditions, having lost everything and not being able to envisage how to rebuild their lives in the near future.

There is an urgent need to tend to the suffering of the survivors of the earthquake who lost family members and friends and social and economic livelihood, and to alleviate immediate psychological effects, reducing the risk of long-lasting mental disorders and ensure the referral of identified psychiatric cases.

In particular children, teenagers, single parents and the elderly in camps, settlements in Bam town or returnees are at high risk. Many schools are still closed, and many children too psychologically traumatised to be able to concentrate on their studies. Non formal activities are an important step to in helping children to re-adjust after their trauma, and an important stage in the transition to full time schooling.

Other needs

Other sectors of need include housing the displaced people through tents, temporary shelter and in camps. This is largely undertaken by the Iranian authorities.

Rehabilitation will be the next longer term step. Debates exist as to whether Bam will be re-built in-situ or relocated through the construction of new settlements for people in the locality. Land rights dominate the issue, but the need for housing and all other infrastructure necessary for a settlement will have to be confronted for the longer term. The government has established a reconstruction committee, chaired by the chairman of Kerman Province to devise a strategy and plan for the reconstruction. Recommendations are expected shortly, with the government envisaging a two year reconstruction period with 50% of funding provided by the government and the other 50% from other sources (donor, private, Iranian diaspora).

1.3. - Target population and regions concerned:

The area of operation is Bam city and the nearby surrounding villages. For a view of the affected area see Annex II. The total population is estimated at 210 000 as the

influx of people from ruined villages around has raised the city's population from a pre-quake 90 000. Numbers of beneficiaries will be high with the hospital serving the whole area (and treating 500 patients per day) and the Basic Health Units serving an estimated 40 000. Water and sanitation activities will target an estimated 60-80 000 people and psycho-social care will be well spread with up to 40 000 people covered.

The target population are the people of Bam and surrounding areas who have been affected by the earthquake. Large numbers of the population have been displaced and/or injured and have suffered the loss of family members, friends, property, assets and livelihoods. There will be a particular focus on women and vulnerable groups such as children, the elderly and possibly Afghan refugees. In the sectors of health care, water, sanitation, hygiene, and psycho-social care all of the above groups will be assisted with a focus on women and children.

1.4. - Risk assessment and possible constraints:

In the hours immediately following the earthquake the Government of Iran waived visa regulations for international aid actors including international Non-Governmental Organisations (NGOs). Prior to this, access to enter and work in Iran had been restricted with less than only a handful of partners gaining eligibility. Operating conditions are continuing to tighten and although the situation is not as difficult as previous times there is a risk that partners may in future have restricted access. All partners are instructed to co-ordinate with the Government and the various ministries and with the UN OCHA and Red Cross/Red Crescent co-ordination structures and fora.

With Iran being prone to seismic activity, the possibility of further earthquakes should be acknowledged.

In contrast, the Government of Iran, and the institutional set-up and services are developed and relatively efficient in Iran. The transition move from humanitarian needs to longer-term rehabilitation needs should be achievable within the planned timeframe of the decision.

2- Objectives and components of the humanitarian intervention proposed:

2.1. - Objectives:

Principal Objective:

- The overall objective is to respond to the continuous humanitarian needs of the people of Bam affected by the earthquake.

Specific Objectives:

- Provision of health care services to the victims of the earthquake and to the displaced population.

- Provision of water, sanitation and hygiene facilities, equipment and information.
- Psycho-social care for people traumatized by the event and all its devastating consequences, and a focus on children's care and recovery.

2.2. - Components:

Health

Since the destruction of hospitals and other health facilities and support structures, the aim will be to fill the gap in the provision of health activities. In particular this will include the continued operation of a Red Cross Emergency Response Unit/field hospital which has become one of the main sources of health facilities in the area, particularly with the planned departure of the field hospitals from Ukraine, France, Belgium and the USA. The hospital is run by a combination of national Red Cross societies. The Finnish and Norwegian Red Crosses run different units within the hospital and are backed up with the provision of safe water by the Austrian Red Cross. The hospital is at the service of the total population in the area of 210 000 people and is treating 15 000 direct beneficiaries per month. It serves as a referral hospital with surgical and medical units and includes pediatric and maternity wards.

The aim is to provide a fully functional referral hospital for BAM to be properly handed over to be run by local counterparts and serving the affected population. The hospital is already functioning but continued use of the hospital and its upgrading from an ERU to referral hospital is ongoing. A second related aim is particular focus on ensuring mothers and children have access to a health service prioritised to address mortality and morbidity.

Two functioning Basic Health Care Units (in Shahid Biglari stadium and Tabrizi School Compound), technically and medically equipped to be fully operational, will also be supported, and will provide outpatient care to a population of up to 40 000 people. The number of direct beneficiaries is estimated at an average of 250 people per day/7 500 people per month.

Safe water will be provided for general hygiene purposes, patients medical treatment, cleaning of medical facilities and equipment and food preparation. A specialised water module which takes raw water and renders it safe through sedimentation and chemical processing/chlorination will be implemented. It is designed in accordance with local requirements (ie ground water, water source types) and will produce up to 120 000 litres of clean water per day.

Indicators of success include the handing over of the hospital (checked by documentation), verifying that the health facilities have adequate local staffing in line with Sphere standards and that the facilities serve a sizeable population and in line with targets. For the hospital that is a flow of 500 patients per day. Statistics such as reduced maternal mortality and Under 5 mortality rate (U5MR) will be used to determine success.

As well as a field hospital a range of other complementary health activities are supported including the operation of Basic Health Care Units, outreach activities and the provision of safe water for hospital use.

In the health sector all of the inputs required to run a hospital, health centres and outreach activities will be needed, including premises, equipment, staff and medical supplies and medicines. And within these broad categories various inputs will be necessary which will include (although this is a non-exclusionary list) hospital infrastructure including generators, heaters, radio communications, transport vehicles, surgical unit, X-ray unit, pediatric unit, maternal health care unit, medical wards, hospital kitchen equipment and hospital laundry equipment .

Water, hygiene and sanitation

Improvement of the sanitation and environmental conditions of the people affected by the earthquake will be achieved through improvements in the drainage and sanitation structures of the city such as the cleaning of rubble and debris from the blocked canals that lie alongside the roads. The provision of: clean water through temporary or permanent structures; communal hygiene facilities; latrines; solid waste collection and garbage collection and spraying is foreseen. Also, hygiene promotion and public information campaigns as well as nutritional surveillance are envisaged.

The drainage system was through channels at the roadside. Much of the system is full of rubble and needs to be cleared to prevent the build up of stagnant water, and garbage.

Water provision generally was quick with more than 60% of the city's water sources working in the days following the earthquake. Partners did provide water units and tanks and there may be some need for their upkeep and the provision of more supplies. Much of the water is considered unfit for drinking and therefore safe water sources will be included.

Latrines will be built in accordance with local customs and the specific needs of women. They will generally be built in pairs, one for men and one for women, they will be provided with water and the construction will be oriented following Islamic customs.

Expected results include the prevention of outbreaks of epidemics linked to bad sanitation and hygiene, and that sanitation and community hygiene facilities built are used and sustained by the population of Bam. The number of beneficiaries with access to facilities and gaining benefit from some of the water and sanitation activities is estimated to be between 60-80 000.

In terms of specific indicators the majority of the beneficiaries of the project should have access to latrines in accordance with the Sphere standards (1 latrine per 20 people), and the majority of the beneficiaries should have a solid waste collection point in accordance with the Sphere standards (1 point for 50 people) by the end of the projects.

In more general terms key indicators of success include a reduction in the incidence of water related diseases, increased quality of water, and reduction in the incidence of

vector borne diseases. The quality of the urban environment in the areas targeted should also improve, demonstrated by the absence of stagnant water, no dead animals, no excreta, no exposed food, no garbage and is a good indicator of sanitary conditions.

Psycho-social support with a focus on children

Integral recuperation for the earthquake affected people, notably the most vulnerable, will be aided by a number of psycho-social and psychological care and children's activities. A psycho-social assistance centre, wide ranging post trauma facilities including trained staff and counsellors as well as outreach capacity and public information will be provided. Also there will be a focus on children, particularly the orphaned through the provision of child centres, child care, mother-child post-natal health care and tracing and re-unification.

An expansion of already ongoing psycho-social care activities and counselling will be supported. This includes activities such as those aimed at encouraging dialogue, open sharing of feelings and the conveyance of knowledge of normal reactions to stress, trauma and loss.

Child protection centres will be established, where trained staff will encourage children to play and participate in structured, but non-formal education activities. There will be child care centres for young children (aged 3-6) and educational/recreational centres for psycho-social support for children above 6 years. Some of the centres will also provide additional resources for mothers and families pertinent to post-earthquake recovery.

These facilities could eventually be an integral part of the wider psycho-social programme being developed by MoH in conjunction with UNICEF, IFRC and others.

3 - Duration foreseen for actions within the framework of the proposed decision:

The duration for the implementation of this decision will be 12 months.

Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 16 January which is the date of submission of proposals considered under this decision.

If the implementation of the actions envisaged in this decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the decision.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. The procedure established in the Framework Partnership Agreement in this respect will be applied.

4 –Previous interventions/decisions of the Commission within the context of the crisis concerned herewith

List of previous ECHO operations in Iran				
		2003		
Decision number	Decision type	EUR	EUR	EUR
ECHO/IRN/210/2003/01000	Primary Emergency	2 300 000		
Subtotal		2 300 000	0	0
Total		2 300 000		
Dated: 27/01/04				
Source: HOPE / ECHOSTAT				

5 - Other donors and donor co-ordination mechanisms

1. EU Member States^(*)

2. European Commission

3. Others

[illegible]

Empty cells means either no information is available or no contribution.

Furthermore, NGOs who are potential partners under this decision are required to coordinate their actions within the fora established in Bam for this purpose. Coordination of actors on the ground is lead by UNOCHA and the Red Cross in close collaboration with the Government. Up to now coordination has been considered generally successful and all of the potential partners are aware of the emphasis ECHO places on coordination and must continue to fully coordinate and cooperate.

6 –Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: €6 200 000 euro

6.2. - Budget breakdown by specific objectives:

Principal objective: The overall objective is to respond to the continuous humanitarian needs of the people of Bam affected by the earthquake.				
Specific objectives	Allocated amount by specific objective (Euro)	Possible geographical area of operation	Activities	Potential partners ¹
Specific objective 1: Provision of health care services to the victims of the earthquake and to the displaced population.	2 762 759	Bam and surrounding areas	-Urgent and general health activities - Running field hospital - Provision of water for field hospital - Basic Health Units -Outreach work	International Federation of the Red Cross (IFRC) Finnish/ Norwegian/German /Austrian Red Crosses Médecins du Monde (Fr) Handicap International
Specific objective 2: Provision of water, sanitation and hygiene facilities, equipment and information.	1 877 023	Bam and surrounding areas	- Communal hygiene facilities - Latrines -Water sources - Clean drainage and sewage systems - Collect garbage and solid waste disposal - Provide hygiene information - Nutritional surveillance	IFRC, French/ Spanish/ Swedish Red Cross Accion contra el hambre (SP) Mercy Corps International World Vision International (Germany)

¹ All of the potential partners have been selected as ECHO partners according to the standards and criteria established in the Framework Partnership Agreement. The criteria may be found at http://europa.eu.int/comm/echo/partners/index_en.htm

Specific objective 3: Psycho-social care for people traumatized by the event and all its devastating consequences, and a focus on children's care and recovery.	1 560 218	Bam and surrounding areas	- Psychosocial units and trauma counselling - Child care centres - Women and children maternal care - Tracing and re-unification	Danish Red Cross Italian Red Cross Save the Children Fund (UK) UNICEF
TOTAL	6 200 000			

COMMISSION DECISION

of

on the financing of humanitarian operations from the general budget of the European Union in Bam, Iran

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Communities,
Having regard to Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid², and in particular Article 15(2) thereof,

Whereas:

- (1) On December 26th 2003 an earthquake measuring 6.6 on the Richter scale struck the city of Bam in Iran.
- (2) The earthquake led to the death of up to 41 000 people, and has left 30 000 people injured and up to 75 000 homeless.
- (3) An estimated 25 000 buildings (85% of the pre-earthquake public buildings and housing) have been destroyed.
- (4) Infrastructure, including health facilities and drainage systems, has been devastated.
- (5) Thousands of people have suffered loss of family members, friends, property, assets and livelihoods.
- (6) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 12 months.
- (7) It is estimated that an amount of 6 200 000 euro from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to up to 100 000 homeless and injured people taking into account the available budget, other donors' interventions and other factors.
- (1) In accordance with Article 17 (3) of Regulation (EC) No 1257/96 the Humanitarian Aid Committee gave a favourable opinion on

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of €6 200 000 euro for humanitarian aid operations in favor of the people of Bam in southeastern Iran affected by the earthquake of 26 December 2003 by using line 23 02 01 of the general 2004 budget of the European Union.

² OJ L 163, 2.7.1996, p. 1-6

2. In accordance with Article 2 of Regulation (EC) No 1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
 - Provision of health care services to the victims of the earthquake and to the displaced population.
 - Provision of water, sanitation and hygiene facilities, equipment and information.
 - Psycho-social care for people traumatized by the event and all its devastating consequences, and a focus on children's care and their recovery.

The amounts allocated to each of these objectives are listed in the annex to this decision.

Article 2

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed 2 million euro.

Article 3

1. The duration for the implementation of this decision shall be for a maximum period of 12 months, starting on 16 January 2004.

Expenditure under this Decision shall be eligible from that date.

2. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

Article 4

This Decision shall take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission

Annex I: Breakdown of allocations by specific objectives

Principal objective: to respond to the continuous humanitarian needs of the people of Bam affected by the earthquake		
Specific objectives	Allocated amount by specific objective (Euro)	Adaptation 1 - Allocated amount by specific objective (Euro)
Provision of health care services to the victims of the earthquake and to the displaced population.	2 550 000	2 762 759
Provision of water, sanitation and hygiene facilities, equipment and information.	1 868 000	1 877 023
Psycho-social care for people traumatized by the event and all its devastating consequences, and a focus on children's care and recovery.	1 782 000	1 560 218
TOTAL		6 200 000