

United Nations
Field Assessment Team

Report on

Zarand Earthquake



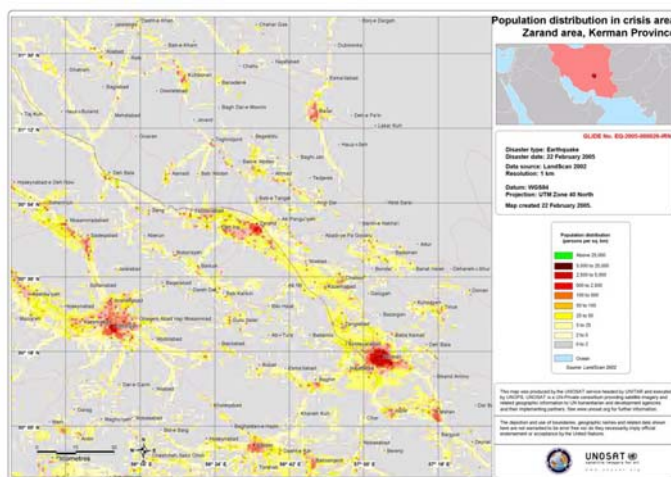
Map produced by ReliefWeb Map Center

1st of March 2005

Introduction

On 22 Feb. 2005 at 05:55 local time (02:25 GMT) an earthquake measuring 6.4 on Richter scale stroke Zarand district in the Kerman province, central Iran. The epicenter was identified at 55 km NW of Kerman at 30.726 N, 56.817 E at a depth of 14Km. The earthquake lasted for 12 seconds and caused extensive damage to the rural areas in Ravar district, Kerman district and much more disastrous the Zarand district. As a consequence of this earthquake, more than 50 villages were destroyed between 30 to 100%. Until now 612 are dead and 1500 injured. The population adversely affected is around 32,000.

27% of the population in the Zarand district works in agricultural sector, 34% in the industrial sector and 39% in services. Pistachio is the main agricultural product. The rate of the unemployment is 16.1%, 41% of this in the rural areas.



Based on UN Disaster Management Plan to support the government of Iran, Disaster Management Team consisting of members from different UN agencies met on the same day and discussed the situation. On the subsequent meetings it was decided that a Field Assessment Team (FAT) consisting of members from UNDP, UNICEF, WFP, UNFPA and OCHA led by WHO should go to affected area to observe the situation and prepare a report based on its terms of reference (annex 2).

The members of the team departed for Kerman from Bam and Tehran on 26th of February and accompanied by Mr. Marius Fortman, Resident Coordinator a.i left Kerman for Zarand on Sunday 27th of February. After a meeting with Dr. Abna, Director of IRCS in Kerman province and Mr. Nakhaei, Deputy Governorate of Zarand, the team left Zarand for the affected areas.

After visiting 8 villages the team returned to Kerman and had meeting with Dr. Fadaei, Deputy Governor of Kerman and Dr. Amiri, MP from Zarand during a working dinner. After a meeting with Dr. Sharifi, Chancellor of the Kerman University of Medical Sciences, Dr. Aflatounian, Deputy Chancellor for Health and Dr. Salari, Provincial Director of the Family Health Department, the team returned to Tehran on the evening of Monday 28th of February.

Summary of the Report

Contrary to the situation for the Bam earthquake, the earthquake affected a wide area of around 1,000 sq km inhabited by around 75,000, mostly in small villages.

The team found extensive damage and loss of life in some villages. The search operations was over and the relief activities effectively running. The level of local and provincial response to the disaster was remarkable. The assessment result is brought in Annex 1 and the team on its wrapping up of the situation reached to the following recommendations:

- 1) *The immediate search and rescue operation is over and the relief operation has effectively been initiated and continuing. The UN agencies according to their mandates, may focus more on addressing mid term needs through collaboration with their respective national partners.*

2) possible avenues for contribution in the short term may include:

- a) *Support of the government and local authorities in relief activities through provision of shelter based on requests already received*
- b) *Support of the local authorities on disaster related information management*
- c) *Provision of food rations after three weeks*
- d) *Support of the local government for setting up toilets and showers*
- e) *Provision of equipment and most needed medicines for the planned temporary health posts in the affected area and strengthening referral facilities*
- f) *Supporting the government for environmental health monitoring and disease surveillance and monitoring safety of food and water*
- g) *Support the local health authorities for rehabilitation of PHC services including reproductive health*
- h) *Support the local health authorities for provision of most pressing hygiene needs of the affected population and reproductive health kits as needed*
- i) *Restoration of livelihood*
- j) *Psychosocial support of the affected population*
- k) *Provision of temporary facilities for the schools*
- l) *Separate assessment and if needed intervention on the coal mines in the area as a major source of income for the population*

3) Activities to be initiated during a period of three months may focus on:

- a) *Rehabilitating agriculture and animal farming*
- b) *Repair of the Qanats and the irrigation infrastructure*
- c) *Support of the local communities on development of the mines in the area as a major opportunity for occupation and source of income*
- d) *Reconstruction activities, including the houses, schools, water network, health facilities, ...*
- e) *Advocacy and training for risk management; disaster preparedness, response and mitigation*

Recommendations from provincial authorities for the team:

During meetings with different provincial authorities and specially the meeting with the Chancellor of the Kerman University of Medical Sciences, recommendations were made to the team. Briefly to share:

- a) *Strengthening level of coordination between UN agencies and their partners on the ground.*
- b) *For any activity, UN should approach directly the governmental sector that is involved and should avoid consulting and coordinating with unauthorized individuals on the ground as this may later jeopardize the plans and activities*
- c) *UN advice, technical support, and material is welcomed on different sectors and occasions.*

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Annex 1: FAT report

Type of Disaster: 6.4 on Richter scale earthquake with the epicenter 55 KM NW of Kerman at 30.726N, 56.817 E with a depth of 14Km and duration of 12 seconds.

Date: 22 Feb. 2005; **Time:** 05:55 (local); 02:25 (GMT)

Team Member: WHO (lead), UNDP, UNICEF, WFP, UNFPA, OCHA. RC a.i was also accompanying the team.

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| 1. Name of the location | Zarand district (The earthquake had affected three districts in the Kerman province, namely Kerman district, Zarand and Ravar districts). The other two districts is much less affected. The aid response and this report are focused on Zarand district. |
| 2. Name of Province/District | Kerman province, Zarand district |
| 3. Geographical location | Central area of Iran, |
| 4. Local Authorities interview (with name, address, designation) | Dr. Fadaei, Deputy Governor General, Kerman Dr. Amiri, Zarand MP Dr. Sharifi, Chancellor of Kerman University of Medical Sciences Dr. Aflatounian, Deputy of Health, Kerman University of Medical Sciences Dr. Abna, Director of IRCS, Kerman province Mr. Salehi, Director of Kerman Provincial Task Force Mr. Nakhaei, Deputy Governorate of Zarand district Dr. Salari, Provincial Director for Family Health Department |
| 5. Estimated total population | The rural population in Zarand district is affected by the earthquake (75,000) ¹ |

¹ Total population of Zarand district is 134,000 of which 59,000 are in the urban areas.

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| <p>6. Worst affected areas /population</p> <ul style="list-style-type: none"> ➤ No of Blocks ➤ G.P. ➤ Village | <p>The rural population in more than 50 villages adversely affected (30-100%): 4-6 villages totally destroyed, another 36 villages more than 80% damage Total population: 32,000</p> |
| <p>7. Areas currently inaccessible</p> | <p>All areas at the time of assessment are accessible. Some with difficulties</p> |
| <p>8. Type of areas affected</p> | <p>Rural mountainous areas; Minimal damage in urban areas</p> |
| <p>9. Distance from the provincial capital (Km)</p> <ul style="list-style-type: none"> ➤ Accessibility of the area | <p>120 - 140 km</p> <p>Accessible through main roads in major parts and dirt roads for remote areas</p> |
| <p>10. Effect on population</p> <p>(a) Primary affected population</p> <ul style="list-style-type: none"> ➤ Children below 1 year ➤ Children below 5 years ➤ Women between 15 - 49 ➤ Pregnant and lactating women ➤ Elderly (above 60) ➤ Disabled <p>(b) Deaths /Reports of starvation</p> <p>(c) Orphans</p> <p>(d) Injured</p> <p>(e) Missing</p> <p>(f) Homeless</p> <ul style="list-style-type: none"> ➤ Number of people ➤ Number of families <p>(g) Displaced/Refugees</p> | <p>(Population information is estimation based on the total affected population of 75,000 in rural areas)</p> <ul style="list-style-type: none"> - 1,300 - 6,300 - 12,000 - 1,643 and 2,250 respectively - 4,400 - 16 <p>- 612 deaths (28 Feb., 2005)</p> <p>- 170</p> <p>- Case load of 1450 (28 Feb., 2005) in the first few days, 904 were discharged in the first day. Still 162 hospitalized in Kerman and 38 in Zarand.</p> <ul style="list-style-type: none"> - No missing - No information <p>- No major displacement, affected population settled near their homes and lands in tents. Around 5,000 Afghan refugees living in the area. 28 Death and 50 Injuries reported</p> |

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| <p>(h) Evacuated</p> <p>(i) Need of counseling for traumatized population</p> | <p>- Evacuation of injured already finished. More than 300 cases referred to Kerman and possibly other cities for further medical management.</p> <p>- Yes, already initiated</p> |
| <p>11. Building</p> <p>(a) Building collapsed/ washed away</p> <p>(b) Buildings partially collapsed/ washed away</p> <p>(c) Buildings with minor damages (repairs required but structure habitable)</p> <p>(d) Number of schools affected ➤ Gravity of the damages</p> <p>(e) Number of hospitals and Health Centers affected ➤ Gravity of the damages</p> <p>(f) Number of Government buildings affected ➤ Gravity of the damages</p> <p>(g) Any other building affected ➤ Gravity of the damages</p> | <p>No information</p> <p>82 schools between 20-100%; 20 schools unusable, one totally destroyed</p> <p>No hospital affected, 5 rural health centers and 10 health houses 40-100% affected</p> <p>No reliable information</p> <p>Qanats and coal mines in the area are also damaged but at the time of preparation of this report there is no information on the extent.</p> |
| <p>12. Infrastructure</p> <p>(a) Road Damaged / destroyed ➤ Scale of the damage</p> <p>(b) Railways damaged ➤ Location ➤ Km ➤ Is the railway still working</p> <p>(c) Bridges damaged/ collapsed ➤ Locality</p> | <p>Land slide and destruction of the asphalt in the following roads:</p> <ul style="list-style-type: none"> - Eslamabad – Bidkhoon; 12 km - Bidkhoon – Hotkan; 15 km - Bidkhoon – Hojtak; 30 km <p>At this moments all roads are open</p> <p>NA</p> <p>No</p> |

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| <p>➤ Villages isolated</p> <p>(d) Damages to the Communication Network</p> <p>(e) Damages to the Electricity Network</p> | <p>Temporary unreliable mobile communication early post disaster but no problem at this time.</p> <p>Temporary disconnected in some parts, resolved quickly</p> |
| <p>13. Health Facilities</p> <p>(a) Infrastructure damaged</p> <p>➤ Hospitals</p> <p>➤ Health Centers</p> <p>➤ PHC Centers</p> <p>(b) Availability of Doctors</p> <p>➤ In the area</p> <p>➤ In the district</p> <p>(c) Availability of Paramedical staff</p> <p>➤ In the area</p> <p>➤ In the district</p> <p>(d) Local Staff affected</p> <p>➤ Doctors</p> <p>➤ Paramedical Staff</p> <p>(e) Condition of equipments</p> <p>➤ Specify which equipments</p> | <p>2 hospitals, total 150 beds in Zarand city; not affected significantly</p> <p>Total 14 rural health centers in the affected area. 5 with damages at varying levels, 2 over 80%</p> <p>Total 86 PHC centers (health houses) in the district. 3 with more than 80% damage and another</p> <p>Physicians available at the health centers and available on a mobile basis to most affected areas</p> <p>GPs and specialists available in the hospitals</p> <p>Available</p> <p>One PHC worker had died. Staff were not available after the earthquake. At the time of reporting, there is no shortage of staff compared to the baseline before the incidence. The burden of the crisis had developed moderate shortage.</p> <p>Medium damage to the equipment of the health centers and health houses. The over load of cases and risk of secondary crisis because of epidemics had increased the need for improving the status of centers regarding equipments</p> <p>Contraceptives available, need for condoms and drugs for STDs treatment was also expressed</p> |

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| <p>(f) Availability of medicines/drugs ➤ Typology</p> <p>(g) Availability of Vaccinations ➤ Typology</p> <p>(h) Any immunization campaign was undertaken before the disaster</p> <p>(i) Possibility of diseases outbreak</p> <p>(j) Other health problems</p> | <p>- Antibiotics</p> <p>Yes</p> <p>MMR campaign done recently</p> <p>The season and the scattered population are factors reducing the risk of major epidemics but the environmental health risks and relative disruption of PHC had nevertheless increased the risks.</p> <p>Mental health interventions are mandatory</p> |
| <p>14. Water Sanitation</p> <p>(a) Availability of safe drinking water</p> <p>(b) Availability of sanitation facilities (toilets & showers)</p> <p>(c) Availability of Disinfectant</p> <p>(d) Damages to the Water supply/ Sewage systems</p> <p>(e) Sanitation Items (Soap, detergents, sanitary pads, ...)</p> <p>(f) Agencies participating in WATSAN</p> | <p>Yes; some areas with minor problems in distribution</p> <p>In villages with more than 80% destruction severe lack of toilets and showers is present. Latrines already provided by UNICEF but due to problems in installation toilets have not been set up yet</p> <p>Distributed in all affected areas but there is moderate shortage</p> <p>Already done effectively Temporary breakage of the water network in most of the affected village which most of them have been repaired quickly. At the time of preparation of this report, for three of the villages the water is provided by mobile water tankers. No central sewage system was present in any of the villages before the incidence;</p> <p>Already provided by support agencies and NGOs, still moderate needs affects the population</p> <p>UNICEF, ACF, Assistance</p> |

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| | International, MSF |
| <p>15. Crop/ Agriculture Damage</p> <p>(a) Crop Damaged</p> <ul style="list-style-type: none"> ➤ Typology ➤ % Of Hectare damaged ➤ In Upland/ medium/ low ➤ Paddy or Non paddy ➤ Irrigated or non irrigated <p>(b) Normal and actual rainfall during assessment</p> <p>(c) Livestock loss</p> <p>(d) Availability of Health services for livestock</p> <p>(e) Cattle feed/ fodder availability</p> <p>(f) Damage to agricultural infrastructure</p> | <p>Crops damaged: 2,000 hectares up to 30%</p> <p>Usually a dry whether but at this time of the year and at the time of the assessment, cloudy weather with rain most of the time.</p> <p>Cattle and sheep around 10,000; poultry around 15,000</p> <p>Routine veterinary services temporary disrupted</p> <p>Not significantly affected by the incidence</p> <p>183 Qanat damaged between 10 to 100% Some of the water pumps damaged or non functional; no clear figure of the exact number.</p> |
| <p>16. Food/ Nutrition</p> <p>(a) Availability of food/stocks</p> <ul style="list-style-type: none"> ➤ Family ➤ Relief ➤ PDS ➤ Community Kitchen <p>(b) Expected duration of the food stock</p> <p>(c) Most affected groups</p> <ul style="list-style-type: none"> ➤ Infant ➤ Children ➤ Pregnant and lactating mothers ➤ Elderly | <p>Relief canned food plus bread distributed for the affected population daily. Warm meals also distributed among 8,000 daily on a rotational basis to people affected.</p> <p>Based on relief efforts, the stocks positioned, and the capacities of the major relief organizations, there is no significant concern on this for the next 3 weeks.</p> <p>All vulnerable groups are affected</p> |

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| <p>(d) Where are the different groups located?</p> <p>(e) Levels of malnutrition?</p> <p>(f) Type of food required</p> <p>(g) Total quantity/ration levels required</p> <p>(h) How is the food supply and nutrition situation likely to evolve in coming weeks/months?</p> | <p>Families together in tents adjacent to their homes and lands</p> <p>No acute malnutrition that could be related to the incidence was observed.</p> <p>Rice, bread, oil, sugar, pulses, tea, salt, vegetables and fruit, and dairy products</p> <p>One food basket including the above components for 3 months for a population of 32,000</p> <p>Emergency food supply is available for coming 3 weeks.</p> |
| <p>17. Secondary Threats</p> <ul style="list-style-type: none"> ➤ Potentially hazardous sites ➤ Existence of epidemics ➤ Scarcity of Food ➤ Scarcity of Water ➤ Scarcity of Shelter ➤ Scarcity of Clothes ➤ Any other problem | <p>According to continuous rain and the soil coverage possibility of floods is high.</p> <p>Aftershocks which have been relatively significant even 6 days after the incidence is still a major concern.</p> <p>Epidemics of communicable diseases based on the situation of the populations also a threat.</p> <p>The risk of falling rocks and land slide is high due to aftershocks and the rain</p> <p>Inadequacy of shelter (regarding the very cold weather), shortage of food, accidents in the road and fire in the tents can also be considered among threats.</p> |
| <p>18. Response</p> <p>(a) Local: Govt. / NGOs/CSOs/Individuals Type of assistance</p> <p>(b) National: Govt. / NGOs/ CSOs Type of assistance</p> | <p>Immediate response of the local government and IRCS has been exemplary. Intervention of support provinces is not requested by the local authorities. Assistance included R&R activities, provision of relief items, restoration and maintenance of public services. National NGOs like IRCS and Relief Committee responding at</p> |

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| <p>(c) International: NGOs/ CSOs Type of assistance</p> | <p>the national level. Line Ministries extending their support for the local government.</p> <p>International NGOs already on the ground includes MSF (health services), Assistance International (provision of health / hygiene kits),</p> |
| <p>19. Logistic and Distribution system</p> <p>(a) Availability of Storage facilities</p> <p>(b) Means of transportation available</p> <p>(c) Availability of Fuel</p> <p>(d) Are there any distribution criteria already in place</p> <p>(e) Availability of human resources</p> | <p>Generally no but very limited capacities in the remaining public facilities</p> <p>Access is feasible by roads to Zarand. Zarand has railway facilities to Kerman and Isfahan. The access to the villages in the affected area was by means of minibuses. At the time of reporting there is very limited traffic of these minibuses.</p> <p>Fuel is available to all the affected communities</p> <p>Yes</p> <p>Yes</p> |
| <p>20. Priority Needs</p> <p>Search and Rescue:</p> <p>(a) Need of Search and Rescue</p> <ul style="list-style-type: none"> ➤ Locally available ➤ Needed from neighboring districts ➤ Needed from neighboring provinces(indicate from where) ➤ Needed internationally <p>(b) Need of transportation and equipments:</p> <ul style="list-style-type: none"> ➤ Boats ➤ Any other transportation (specify) ➤ Special Equipments (specify) ➤ Heavy equipments (specify) <p>(c) Need of shelter</p> <ul style="list-style-type: none"> ➤ Temporary ➤ Permanents | <p>The S&R is completed</p> <p>There are difficulties for the survivors and the relief workers for moving around. The demand is high and some of the personal vehicles damaged</p> <p>Shelter is provided but there is significant demand from the families in the urban as well as the rural areas even when there is no damage to their houses simply due to fears of another major</p> |

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| <p>Clothing:</p> <ul style="list-style-type: none"> ➤ Children Clothing ➤ Adult clothing ➤ Winter clothing ➤ Blankets ➤ Bed Sheets <p>Food Item:</p> <ul style="list-style-type: none"> ➤ Pulses ➤ Grains ➤ Baby food ➤ Specialized food ➤ Cattle feeds/fodder <p>Water / sanitation:</p> <ul style="list-style-type: none"> ➤ Potable water ➤ Chlorine powder and disinfectant ➤ Latrine ➤ Soap ➤ Detergent ➤ Insecticides ➤ Disinfestations of water body ➤ Manpower for carcass disposal <p>Health:</p> <ul style="list-style-type: none"> ➤ Medical staff | <p>earthquake. Provision of tents is officially requested by the local government. The very cold weather had made living in the tents very difficult</p> <p>The poor communities in the area are facing difficulties due to lack of appropriate clothing. This was the case before the earthquake but the living conditions under the tents and loss of their belongings had severely aggravated the situation. The blankets provided for the population affected is not adequate in the weather and temperature conditions in the area Adequate number of women underwear is of particular need</p> <p>Already discussed in 16/f and 16/g</p> <p>Available, but the continues availability should be ensured</p> <p>Available</p> <p>According to international standards in emergency situations (1 latrine/ 50 persons), the need is covered. Further action will be taken upon the results of an ongoing assessment.</p> <p>Available Available N/A N/A N/A</p> <p>Strengthening of the work force in the health facilities is required to</p> |
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| <ul style="list-style-type: none"> ➤ Medicines (specify) ➤ IV fluid ➤ ORS ➤ Mobile units (quantity to be specified) ➤ Blood and blood products <p>Education:</p> <ul style="list-style-type: none"> ➤ Infrastructure – temporary / permanent ➤ Teachers ➤ Teacher kits ➤ Reading materials ➤ Availability of mid-day meal <p>Crop/ Agriculture:</p> <ul style="list-style-type: none"> ➤ Need of seeds ➤ Fertiliser, Pesticide ➤ Types of Seeds required ➤ Availability of local variety ➤ Availability of resources <p>Infrastructure:</p> <ul style="list-style-type: none"> ➤ Repair of roads, ➤ Repair of railways and bridges | <p>face the overburden of referrals and activities Technical support in terms of early warning system to detect any disease outbreak Training of the health workers facing the situation after the earthquake is essential focusing on the psychosocial aspect.</p> <p>Antibiotics and simple dressing and suture equipment</p> <p>Adequate Present At the time of reporting few mobile teams are present and visit the survivors at remote areas but these teams may exhaust (if not already). At least three other teams are required cover the need and used as replacements. This would be in addition to the need for the temporary emergency health centers in the most populated areas.</p> <p>No need for blood at this time</p> <p>Temporary classrooms (around 70 connexes) are needed Psychosocial intervention for the teachers is identified as necessary 80 sets of School in a Box is needed N/A No</p> <p>No information/</p> <p>The government had already initiated the activity but due to</p> |
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| <ul style="list-style-type: none"> ➤ Power supply ➤ Telecommunication ➤ Equipments required for restoration ➤ Manpower required | <p>extend of damage it may take quit a long time before the repairs are done adequately</p> <p>Health facilities planned by the local health authorities to be established need generators</p> <p>No official request for any intervention</p> <p>No</p> <p>Already managed by the local authorities</p> |
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• **Observation:**

The affected population was suffering from extensive trauma due to loss of relatives, their houses and properties particularly in most affected villages. The local and provincial response to the earthquake is quit effective and adequate. Invaluable experience from Bam disaster had help the provincial authorities and staff to manage the situation effectively but lack of adequate resources as a base line before the incidence had override the potential capacities and occasional, sometimes frequent complains was observed from the survivors on adequate delivery of relief items like tents and blankets and provision of water and warm food.

There is lack of proper access to health services as a result of increased demand and disrupted transportation facilities but in a situation like in the area affected with many scattered villages with low population, access to these services had always been not so easy.

The local and provincial authorities are planning, as much as possible, for permanent solutions to address the needs of the population in mid and long term. They are keen to use the incidence as an opportunity to improve the facilities in the region and the living conditions of the survived people and communities. Although they particularly named the following priorities as possible contribution of UN agencies, they were interested in nearly all offers that the agencies could provide.

- Toilets and showers
- Sanitation kits
- Medical equipments and medicines
- Rebuilding schools
- Provision of food after 3 weeks with vegetables, fruits and dairy included

• **Source of Information:**

- Observations of the team
- Official reports from local and provincial government
- Meetings with provincial authorities
- Enquiry from the population

• **Site visit:**

- Zarand city
- Eslamabad, bahaeyeh, Dahoueyeh, Sarebagh, Hotkan, Sarkookan, Dehghazee, Sosefid

• **Interaction with affected population:**

- Enquiry into their problems
- Extend of loss of relatives and damage to their properties
- Relief items and services received

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- Access to health services
- Their expectation from the aid teams

- **Assessment Carried By:**

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| Mr. Naser Ghobadzadeh, | UNDP | Ms. Mojgan Darabi, | WFP |
| Mr. Shahriar Delavar, | OCHA | Dr. Ali Shirazi, | UNFPA |
| Mr. Hani Mansourian, | UNICEF | Dr. Bijan Hamidi, (Lead) | WHO |

Annex 2: Terms of Reference of FAT

Terms of Reference The United Nations Field Assessment Team (FAT) to Zarand

Background:

An earthquake with the magnitude of 6.4 at Richter scale hit Zarand in Kerman Province, 750 km south-east Tehran at 05:55:24 local time on Tuesday 22 February 2005. The following information has been provided by the Geophysics Institute of the University of Tehran on the earthquake:

Location:

Village: Heruz
District: Kuhsaran
SubState: Ravar
State: Kerman
250 K sheets: RAFSANJAN
100 K sheets: Zarand

Specification:

Date: 22.02.2005
Longitude: 56.9
Latitude: 30.79
Magnitude: Mb: 6.4
Event time: 05:55:24

Participating Agencies:

OCHA/WFP/WHO/UNICEF/UNDP/UNFPA

Dates:

Saturday 26– Monday 28 February 2005

Members:

| | |
|---------------------|---------------------------------------|
| - Bijan Hamidi | WHO (Leader) |
| - Shahriar Delavar | OCHA (Information/Coordination) |
| - Mojgan Darabi | WFP (Food, Logistics + communication) |
| - Ali shirazi | UNFPA |
| - Naser Ghobadzadeh | UNDP |
| - Hani Mansourian | UNICEF |

Objectives:

1. To make a rapid assessment of the immediate and medium term needs of the people affected by the earthquake on Tuesday 22 February 2005.02.24 including:
 - o identify the extent of the disaster;
 - o impact on the population;
 - o international assistance requirements;
2. To undertake sector-specific assessment of damages and needs in line with focal point arrangements in DMP page 17 using the UNDMT Rapid Assessment Format (annexes 7+8);
3. To identify areas of collaboration among UN agencies, INGOs, bilateral donors and the government;

4. To prepare a brief report upon return for submission to UNDMT, containing information on the most immediate needs and indication on mid-term needs in various sectors;

Responsibilities:

- Establish contacts with the Provincial Disaster Taskforce, IRCS, NGOs, etc to coordinate the assessment;
- Undertake a joint UN assessment (rapid assessment within period 3-7 days after disaster, medium and long term assessment within period 7-15 days after disaster).
- Prepare an assessment report with clear indication of needs requirements, possible sectors/ areas for intervention; and transmit relevant information and data to the DMC in Tehran;
- Suggest additional assistance in terms of staff material and resources if required;
- Use all possible contacts to acquire needed information and all possible means to send information to the UNDMT;
- Maintain regular contact with the DMC.

Equipments:

- Satellite phone (1);
- Mobile handset (7);
- VHF set (3);
- Global Positioning System (1);
- Laptop with accessories (2);
- First aid box (3);
- Clothing and food rations and logistics backup for the entire duration;

Mode of Travel:

- Tehran- Kerman By air
- Kerman- Zarand By land

(Cars equipped with HF, VHF and satellite communication will be provided by UNICEF and WHO)

Itinerary:

Tehran-Kerman-Zarand and vise-versa (or as identified by the government)

Communication:

There is no need to deploy the UN Mobile Center for Emergency Telecommunications to the affected area. The team will be in contact with UNDMT through the UN Radio Room.