

Pakistan and Indonesia

Synthesis Study of Evaluation: Emergency Disaster Relief Activities

Study Period: from March 2007 to August 2007



Summary of the Evaluation

Background and Objectives of the Evaluation

In recent years, there have been calls for the appropriate and objective evaluation of emergency disaster relief activities* with the aim of conducting effective and efficient relief activities. However, due to the nature of emergency relief operations, it was difficult to employ the evaluation method used for technical cooperation projects. Therefore, JICA needed to establish a different evaluation method which is suitable for the different types and characteristics of the activities. JICA has therefore produced the Evaluation Guideline for the Japan Disaster Relief Team (“STOP the pain”) in FY2002 and the Evaluation Guideline for the Japan Disaster Relief Expert Team (“LOCK

the pain”) in FY2003, and has carried out the evaluations based on these guidelines.

The thematic evaluation study examined and analyzed the past seven emergency disaster relief activities individually as well as collectively (the first evaluation conducted in FY2006). Based on the evaluation and analysis results, the study produced recommendations and summarized lessons learned from the study, in order to improve future emergency disaster relief activities and their evaluation methods (the second evaluation conducted in FY2007).

Evaluation Framework

1. Scope of Evaluation

In FY2006, the evaluation study examined the emergency disaster relief activities for seven disasters individually: (1) the earthquake disaster in Iran in 2003; (2) the earthquake disaster in Morocco in 2004; (3) the earthquake off the coast of Sumatra causing the Indian Ocean Tsunami in 2004; (4) the Indonesian Nias Island Earthquake disaster in 2005; (5) the earthquake disaster in Pakistan in 2005; (6) the Indonesian Central Java Earthquake disaster in 2006; and (7) the Oil Spill disaster off Guimaras Island, in the Philippines in 2006. The evaluation study selected the dispatch of a “Search and Rescue Team” and a “Medical Team” for (5) the Pakistan Earthquake disaster, and the dispatch of a “medical team” for (6) the Central Java Earthquake disaster in Indonesia. The study then conducted surveys in Japan and in the relevant countries.

2. Evaluated Points

The above-mentioned two operations were evaluated through a literature review and interviews with domestic and overseas involved parties, based on the four evaluation items stated in the “Evaluation Guideline for the Japan Disaster Relief Team (STOP the pain)” (shown below) and additional evaluation items.

Four Evaluation Items of the “STOP the pain”

- **Speed (prompt action)** Did the team promptly act after the dispatch was decided, in the departure phase in Japan, in the arrival phase at the activity site, up to the start of its activities?
- **Target groups (meeting the affected people's needs)** Did the team fully understand the victims' needs and appropriately act to meet the needs?
- **Operation (activity efficiency)** Did the team fully utilize the input resources (team members, equipment, materials, etc.) to produce results?
- **Presence (degree of acknowledgment)** Were the team's activity and results fully recognized by the public (including the victims), the affected country's government, international organizations and other donor countries?

Evaluation Results

1. Results of the Evaluation of the Emergency Disaster Relief Activities for the Pakistan Earthquake Disaster

Outline of the Pakistan Earthquake

Occurrence of the earthquake: 8:50 a.m. (local time), Saturday, October 8, 2005

Epicenter: 105 km north-northwest of Islamabad, Pakistan **Scale of the earthquake:** M7.6

Scale of the disaster: 73,338 dead, 128,304 injured, about 500,000 households affected, 400,152 houses destroyed

● **Speed:** Transit of the “Medical Team” from Japan to Pakistan took time because they had to use commercial flights. They also met difficulties in transporting personnel, equipment and materials from the arrival point to the remote mountain area. Nonetheless, both teams were able to respond to the Pakistani government's request promptly and reached the site before any other foreign support teams.

● **Target / Operation:** “Search and Rescue Team” which was dispatched first had no information about the site in advance and did not anticipate having to do search and rescue operations in a remote rural area. However, it carried out operations which met the expectations of the Pakistani government and local residents, through co-

operation with the Pakistani army and through cooperation within the team.

The “Medical Team” was able to prepare for its activities based on the information about the situation at the site obtained from the advance “Search and Rescue Team” and they were therefore able to provide quality emergency medical services that met the local needs.

● **Presence:** There were fewer members of the media than in the disaster areas in large cities since the activity site was in a remote mountain area. However, the team received favorable press coverage, expressions of gratitude and encouragement, so the team's presence can be evaluated as not insignificant.

*Emergency disaster relief activities include the dispatch of Japan Disaster Relief Teams (JDRs) and the provision of disaster relief supplies for natural disasters and man-made disaster (except for disasters caused by conflicts).

<From the Results of the Interviews at the Activity Site>

The study interviewed victims injured by the earthquake and their family members in Battagram in the North-West Frontier Province (NWFP), where the "Medical Team" worked. Many people appreciated the team's activities as can be seen from the following comments, "I thank them because they started their preparations in the early morning and provided treatment until it went dark" and "The service was accessible" (some people were repeatedly treated for their wounds). It was therefore confirmed from the interviews with local residents that the team provided emergency medical aid which met the needs of the people in the remote and mountainous rural area which was difficult for other relief teams to access.

2. Results of the Evaluation of the Emergency Disaster Relief Activities for the Central Java Earthquake Disaster in Indonesia**Outline of the Central Java Earthquake in Indonesia**

Occurrence of the earthquake: 5:53 a.m. (local time), Saturday, May 27, 2006

Epicenter: 37.2 km south-southwest offshore of the Special Region of Yogyakarta, Indonesia **Scale of the earthquake:** M6.3

Scale of the disaster: 5,778 dead, 137,883 injured, 699,295 people lost their house, 2,340,745 affected

● **Speed:** The "Medical Team" left Japan within 48 hours of the decision to dispatch the team. No time was wasted during the journey from Japan to Indonesia, and they were able to start their activities in the affected area without any problems. Therefore, it is considered that the initial phase was speedy.

● **Target / Operation:** The investigation team was dispatched before the "Medical Team" and they established an activity station in front of the main hospital in the affected area which was easy for the victims to access. The "Medical Team" then established a cooperative relationship with the hospital and they were able to conduct activities which met the victims' needs by effectively utilizing personnel, equipment and materials.

● **Presence:** The presence was high because the team's activity site was visited by many Indonesian and overseas media, as well as by Japanese lawmakers and Indonesian government officials.

<The Spillover Effects of the Disaster Relief Activities>

- The Creation of an Emergency Medical Team in the Muhammadiyah Hospital -

After the "Medical Team" left the affected area, the Muhammadiyah Hospital (which is the largest hospital in the district that the team was working in) was inspired by the JDR efforts to create its own emergency medical team. The hospital's emergency medical team is providing training for interested people, as well as conducting aid operations in flood disaster areas in Indonesia. Some people told the study team that they want Japanese teams to conduct training on emergency medical services for the hospital staff.

Lessons Learned and Recommendations

Based on the results of the collective analysis on the evaluations of the seven activities (which were compiled in FY2006) and the results of the case studies discussed above, the thematic evaluation study identified the lessons learned and produced recommendations for more effective and efficient emergency disaster relief activities, as shown below.

Lessons Learned and Recommendations Regarding Emergency Disaster Relief Activities

● **Speed:** It is important that the activities meet the victims' needs and for the teams to be promptly dispatched, as well as selecting the appropriate activity sites and starting the activities quickly. In order to make further improvements, the utilization of chartered flights should be considered. It is also important to consider suitable methods for transporting equipment and materials within the affected areas.

● **Target:** For the determination of whether the dispatch of the "Search and Rescue Team" can meet the affected people's needs and whether the team can select the appropriate activity sites, it is important to improve the ability to collect and analyze information.

As the case studies in Pakistan and Indonesia showed, the "Medical Team" established their activity station near the area's central hospital and cooperated with the hospital, and this led to the seamless hando-

ver of the treatment activities to the hospital after the team withdrew. Therefore, it is important to consider cooperation with central hospitals in activity areas when selecting the site for the activity station.

● **Operation:** It is important for the involved parties to recognize that support and cooperation from relevant embassies, JICA offices, etc. is essential for efficient activities in affected areas. In recent years, the need for the expansion of treatment capabilities including surgeries has increased. It will be necessary to strengthen its logistics system such as transportation methods, in order to provide expanded emergency medical services.

● **Presence:** In order to ensure further JDR presence, it is important to vigorously disseminate information based on a PR strategy. Providing more information from the activity sites should be considered, for example by dispatching personnel dedicated to PR activities.

Recommendations on the Revision of the JDR Evaluation Guidelines**1. The Items to be Evaluated and the Scope of the Evaluations**

Discussions are needed for setting the detailed points to be examined, the establishment of criteria, clarification of the scope of the evaluations, etc. which are needed to analyze the four individual evaluation items.

2. Timing of the Evaluations

The current guidelines stipulate that evaluations should be conducted four times (starting from before the teams are dispatched to when the teams return to Japan). Setting a more appropriate schedule for the evaluations and reviewing the number of evaluations should be considered so that evaluations can be conducted within a limited period of time in disaster areas where the situation can change rapidly.

3. Basic Information for the Evaluations

JICA needs to establish a system which can manage the entire operation for gathering essential information, entering data, and sharing and utilizing the information among the involved parties. Furthermore, they should also consider recruiting personnel who will not be part of the JDRs. These personnel will concentrate on monitoring the activities, including gathering information.