Development strategy goal 2:

Quick and effective delivery of emergency assistance to victims (saving human lives)

When disasters occur, immediate actions to save human lives and providing effective support to disaster victims are crucial. JICA has defined quick and effective delivery of emergency assistance to victims (saving human lives) as a development strategy goal in the disaster response phase.
JICA dispatches the Japan Disaster Relief Team (JDR) in accordance with the decision made by the Japanese government when a disaster affected country or an international organization makes an official request for assistance. JDR is categorized into (1) Rescue Teams that search and rescue missing disaster victims, (2) Medical Teams that diagnose and provide treatment to sick and wounded victims, (3) Technical Experts Teams that provide technical advice on disaster analysis and effective measures and (4) Self-Defense Force that is dispatched to sites for large-scaled or specialized disasters. Relevant teams are sent depending on the type of disaster, objectives for dispatchment and the needs of the affected country. Disaster assistance not only includes dispatching of JDR, but also supplying necessary relief goods to those who have lost their homes or properties and are forced to live in temporary shelters. There are 8 items, selected based on past experiences in the field, including tents, blankets and plastic sheets. These relief goods are transported from warehouses (operated by private sector companies on a contractual basis) at 4 overseas locations to disaster affected countries in the quickest and least expensive way.

JDR Medical Team dispatched at the time of the May 2006 Java Earthquake in Indonesia

On May 27, 2006, an earthquake with the magnitude 6.3 hit Yogyakarta, Indonesia. The devastation from the quake left approximately 5,800 dead and 138,000 wounded. The government of Japan, by the request of the Indonesian Government, promptly sent a JDR Medical Team, which devoted its medical activities on the field for 10 days.

Dispatchment of JDR Advance Assessment Team

A new attempt was made in sending the JDR Medical Team in responding to this particular disaster. First, a 7-member advance team including two doctors and two nurses was dispatched. This advance team was able to provide immediate medical service on site only 2 days after the disaster. This allowed the main team that arrived a day later to start its activities smoothly.

Improved assistance for medical institutions at the disaster site

Second, improved assistance was provided to medical institutions at the disaster site. The JDR Medical Team opened a temporary clinic on the street in front of Muhammadiyah Hospital, one of the largest hospitals in the city of Bantul, to support its medical operations. Initially, the JDR Medical Team started diagnosing patients who could not be treated at the hospital due to overcapacity, but soon, the team and the hospital started working complementarily by, for example, requesting to the hospital to receive patients whom the team could not provide adequate treatment due to lack of equipment. Because the hospital was well prepared for the potential eruption of Mt. Merapi, it was able to recover its medical service by the time the JDR 1Medical Team completed its activities and smoothly took over the activities of the JDR team.

Improved mobile medical services and cooperation with international organization

Third, improved mobile medical service was provided jointly with an international organizations. Pairs consisting of one doctor and one nurse toured 5 villages located within the 30-minute to one hour drive vicinity of Bantul to provide medical services. Patients in critical conditions were relocated to nearby hospitals, willing to receive patients, after obtaining consent from the patients. Transportation of patients were conducted in cooperation with the International Organization for Migration (IOM) that deployed emergency vehicles.

Providing seamless emergency assistance

Finally, two members in charge of making assessment for rehabilitation assistance needs were dispatched. The team was required to identify the needs in the recovery and reconstruction phase that followed the response phase to assist smooth and timely transition between the 2 phases. The activities of the team presented Japan's will to provide recovery and reconstruction assistance in the areas of primary and secondary school education, health and medical care, and water supply ahead of other countries.

Development strategy goal 3:

Smooth transition to and implementation of recovery and reconstruction

In order for disaster victims to recover from a state of disorder and regain their ordinary life quickly, smooth transition from the response phase to the recovery and reconstruction phase is essential.
JICA, in order to ensure the smooth transition to and implementation of the recovery and reconstruction, has been conducting immediate assessment of recovery and reconstruction needs in the disaster-affected areas.
JICA has also provided support in reconstructing houses and social infrastructure for such as water and sewerage, electricity, gas, roads, medical facilities and schools, making them more resistant to disasters.
JICA has been active in mental health care of those affected by disasters who may be suffering from post-disaster traumatic illness.

The Development Study on Rehabilitation and Reconstruction in Muzaffarabad City in Islamic Republic of Pakistan

Muzaffarabad, the political and commercial center of Kashmir Region, suffered devastating damage from the earthquake of October 8, 2005 that hit northern Pakistan. Located near the epicenter, the city received the most direct effect of the quake. JICA conducted the Development Study on Rehabilitation and Reconstruction in Muzaffarabad City to develop a reconstruction plan for the city by 2016 aimed to build a disaster-resilient city.
JICA, by utilizing the Japanese exprience, drew up the following three principles in making the plan: 1. Planning is the first step of the reconstruction process, 2. Building a safe city against natural disasters and 3. Application of the concept of self-help, mutual-help and public-help. Under these three principles, damage assessment was conducted and hazard maps were prepared. With this, the new land use plan was developed. In addition, reconstruction plans were prepared for different sectors that included the formation of temporary urban areas. In total, approximately 150 reconstruction projects and 13 priority projects were proposed.

JICA, while conducting the study, implemented the following prioritized rehabilitation projects for quick recovery of people's lives in cooperation with NGOs.

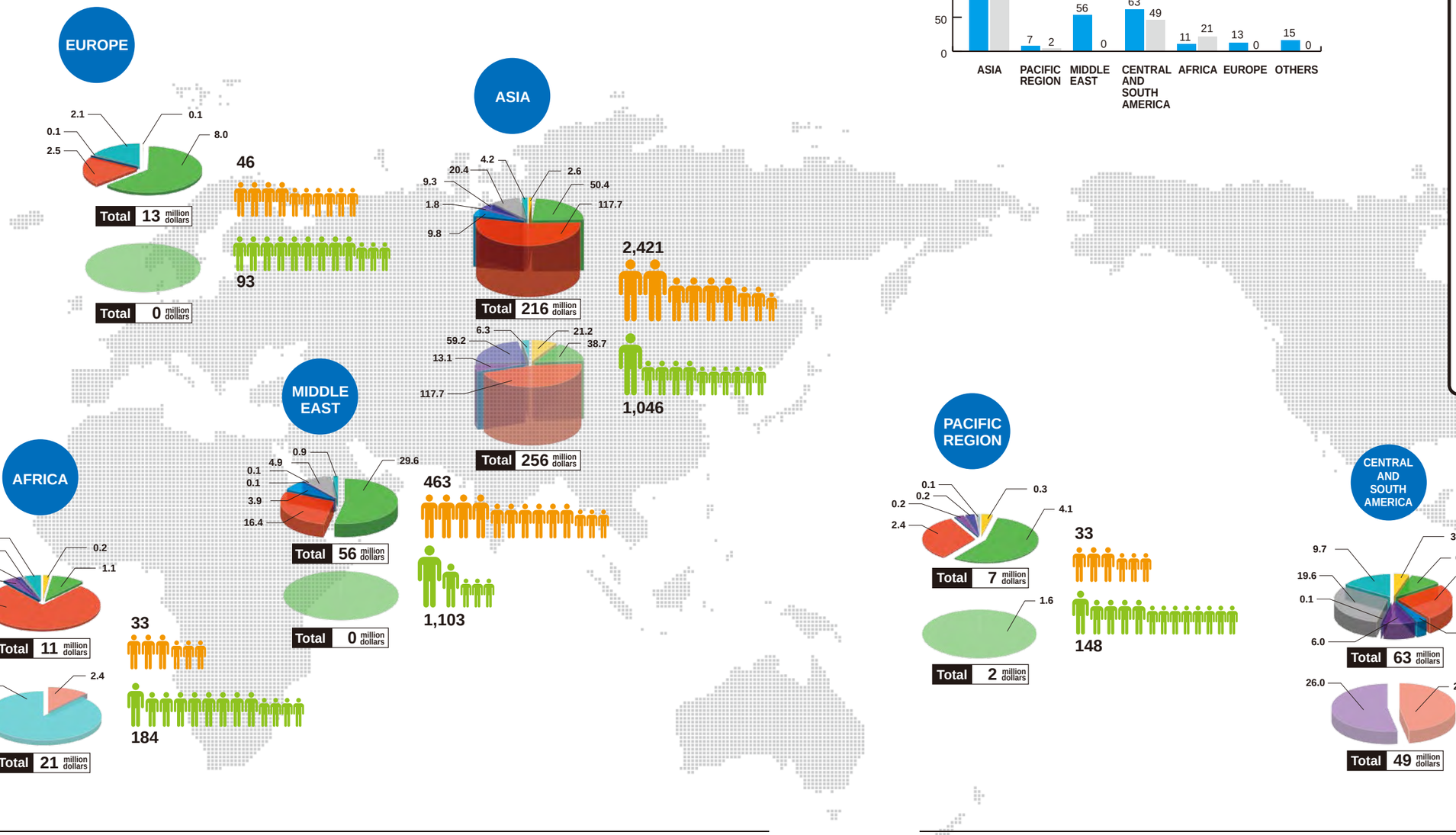
- Building a system to organize CBOs to remove debris left by disasters and to monitor, warn and evacuate from possible landslides.
- Rebuilding collapsed Sathibagh Government Girls High School and conducting classes on disaster preparedness.
- Assessment for designing bypass road.

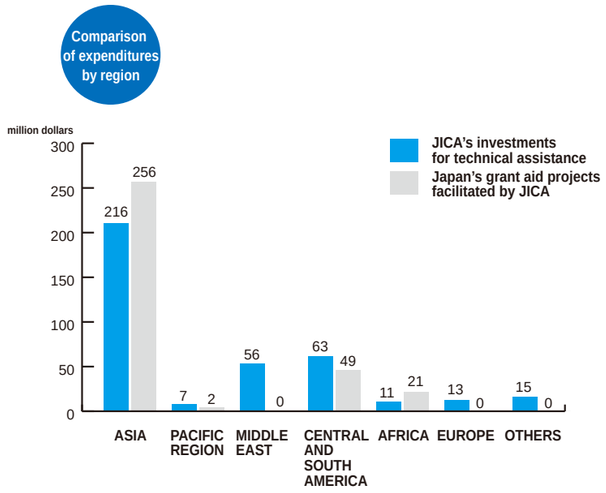
Building a system to organize CBOs to remove debris left by disasters and to monitor, warn and evacuate from possible landslides was based on the idea of mutual help, which also enhanced public awareness on reconstruction efforts.
The renovated Sathibagh Government Girls High School is the first earthquake-resistant public facility constructed after the disaster and it is now used as a model for earthquake-resistant design and construction. It was designed to protect the students from disasters and serve as a shelter for local people in times of disasters.
The effect of the earthquake was augmented partly because there has hardly been any education conducted on disaster preparedness in Pakistan, thus people did not have much knowledge about natural disasters or disaster preparedness. Under this situation, JICA responded with the following activities, taking its base in Sathibagh Government Girls High School.

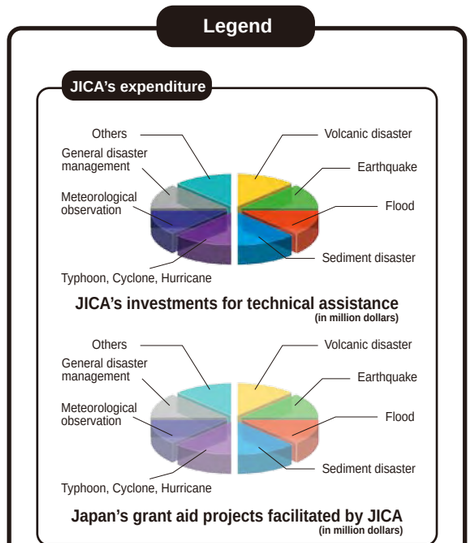
- Preparing materials based on the knowledge from experiences of the Hanshin-Awaji Great Earthquake.
- On-the-job Trainings for teachers.
- Conducting classes that provide mental health care for students affected by the disaster.

JICA's assistance for disaster management (FY 1997-2006)

Shown here are the cumulative totals of (1) expenditures of disaster management projects (JICA's investments for technical assistance and Japan's grant aid projects facilitated by JICA) and (2) numbers of JICA experts and participants of JICA training programs, by type of disaster prevention measure and by region.







JICA's expenditure

JICA invested 381 million dollars for disaster management in the world. A total of 216 million dollars was invested in Asia, accounting for 56.8% of the total investment, followed by 63 million dollars (16.4%) in Central and South America and 56 million dollars (14.6%) in the Middle East.

164 million dollars (43.0%) was invested in flood control, 99 million dollars (26.1%) in earthquake management and 46 million dollars (11.9%) in general disaster management.

JICA also expedited the implementation of Japan' s grant aid projects, in which the total amount was 328 million dollars. A significant amount of the investment went to Asia, totaling 256 million dollars (78.0%), followed by 49 million dollars (15.2%) in Central and South America and 21 million dollars (6.3%) in Africa.

144 million dollars (43.7%) went to flood control, followed by meteorological observation, 59 million dollars (18.1%) and earthquake management, 40 million dollars (12.3%).

Dispatching experts

JICA dispatched 3,503 experts of disaster management, of which 2,421 were assigned to Asia (69.1%), 507 to Central and South America (14.5%) and 463 to the Middle East (13.2%).

2,268 experts (64.7%) were assigned for the earthquake management. 397 experts (11.3%) were assigned for flood control and 260 (7.4%) for general disaster management.

Receiving trainees

JICA accepted 3,412 trainees, 1,103 (32.3%) from the Middle East, 1,046 (30.7%) from Asia and 838 (24.6%) from Central and South America.

Approximately half of the participants, 1,632 (47.8%), received training in the earthquake management, followed by 518 (15.2%) in general disaster management.

Note: As amounts and percentages are rounded-off, they may not match their total. Expenditures in dollars are calcurated by converting the yen amount at the exchange rate of US$1=116.4 yen as designated by DAC for 2006.