Objective: To evaluate the activity of the Japan Disaster Relief (JDR) Medical Team dispatched by the Japanese Government/Japan International Cooperation Agency (JICA) at the request of the Mozambique Government from 18 March to 26 March in 2000 to provide relief activities for the victims of a flood in Mozambique.

Methods: An evaluation team was sent to Mozambique about one year after the dispatch. According to standard evaluation criteria, the efficiency, effectiveness, impact, coverage, connectedness, and coherence of the response were evaluated. Data were collected from many organizations and institutes, including counter parts and other donors such as Ministry of Health, National Institute for Disaster management, local health bureau, UNDP, WHO, UNICEF, WFP, MSF etc.

Results: The activities of the JDR Medical Team in Hokwe, Province of Chokwe in Gaza State and the Report to Ministry of Health were highly valued except for the short duration of the activities.

**Conclusion**: The duration of the activities of the JDR Medical Team was difficult to evaluate since a cost-effective evaluation could not be completed due to many factors that were outlined during the presentation.

Keywords:, disaster, evaluation; flood; Japanese Disaster Relief Team; Mozambique; relief

Prehosp Disast Med 2002;17:s22-23.

## Emergency Medical Management for a Mass Gathering Event at a Fireworks Festival

Noboru Ishii; Tatsuro Kai; Yukihiro Wato; Kazuhiro Yoshimoto

Investigation Committee for Mass Gathering Disaster of Akashi Firework Festival by the Japanese Association for Disaster Medicine, Japan

Objectives: To report on the emergency medical management of mass gathering event that occurred on a pedestrian bridge between Asagiri station and the festival site just after the end of Akashi firework festival on 21 July 2001.

**Methods**: A retrospective investigation was conducted. **Results**: In this accident eleven people were killed, 247 people were injured, and 84 injured patients were transported to the hospitals by ambulances: 10 with cardiopulmonary arrest (CPA), one in critical condition, seven were seriously injured, 19 were moderately injured, and 47 slightly injured. As a result of insufficient preparedness, it took a while to grasp seriousness of the accident, which delayed the response to the event, It took two hours to transport all of the patients. The number of injured people was beyond the capacity of emergency medical system in Akashi City. Apparent problems included: 1) delay in obtaining the necessary information about the event, which delayed the response; 2) delay in requesting needed support from neighboring cities, and 3) delay in transportation of the victims to appropriate medical institutions.

Conclusion: The mass gathering event provided an opportunity to reconsider the significance of the prior consultations, security, and emergency medical plans for each potential event in our county. It prompted us to

reconsider how to manage a mass gathering event, to establish cooperation with fire stations, police, and medical institutions, and to establish a system to dispatch emergency doctors to the scene.

Keywords: bridge collapse; disaster; emergency medical management; event; firework festival; mass gathering; planning

Prehosp Disast Med 2002;17:s23.

## Complex Emergencies and Humanitarian Assistance Etsuko Kita

Professor, International Health and Development, The Japanese Red Cross Kyushu International College of Nursing, Japan

Since 1980, >150 armed conflicts have occurred worldwide. Those modern conflicts, Complex Emergencies (CEs), are increasingly internally rather than between states, and are multidimensional and complex. The cycle of violent conflicts, deaths and casualties, massive migration, hunger, and human rights abuse have affected millions of civilians of developing countries like Rwanda, Sierra Leone, Sudan, Angola, Somalia, Afghanistan, and East Timor in South and South East Asia. However, rapid and intense globalization also can induce such complex human crises in some middle-income countries like Indonesia and South Balkan. CEs have been, therefore, the most serious global public health issue in the world since the end of the Cold War.

The Complex Emergencies (CE) are defined as relatively acute situations affecting large populations, that are caused by a combination of factors, generally including civil strife or war, exacerbated often by food shortage and population displacement, and resulting excessive mortality (Michel Tool and CDC). In addition, in most or recent CEs, often, the security of aid workers is at risk.

The International Committee of the Red Cross (ICRC), an impartial, neutral, independent, and exclusively humanitarian organization, has had a mission to protect the lives and dignity of victims of war and internal violence, and to provide them with protection and assistance. The Japanese Red Cross Society (JRC), a member of the International Red Cross and Red Crescent Movement, has participated in international relief activities for victims of armed conflicts.

In this session, experts form the Japanese Red Cross Society presented their experiences of relief in conflict zones. What they should do and what they should not do was discussed with some of prospective view in order to render future JRC contributions more appropriate, effective and efficient.

Keywords: complex emergencies; conflict; humanitarian; International Committee of the Red Cross; Japanese Red Cross; relief; war *Prehosp Disast Med* 2002;17:s23.

## Difficulties in Relief Activities for Refugees: Comparison of the Experiences in Rwandan, Kosovar and Afghan Refugee Relief

Toshiharu Makishima

Director, International Medical Relief Department, Japanese Red Cross Medical Centre, Japan