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

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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

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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

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https://doi.org/10.1017/S1049023X00059124 Published online by Cambridge University Press

In July 1994, >800,000 refugees suddenly moved into Zaire. It was such a rapid movement of refugees that international organizations did not have enough time to plan relief for them. Provision of assistance in large refugee camps is very difficult. From that experience, the International Federation of Red Cross and Red Crescent Societies (IFRC) invented a new system named ERU (Emergency Relief Unit) for refugee situations and disaster relief.

In May 1999, >400,000 Kosovar people moved into Albania. Eighty percent of those Kosovar refugees stayed with host families, and other 20% stayed in refugee camps. To support the refugees staying with host families, the Japanese Red Cross Society (JRCS) opened dispensaries and mobile clinics.

From October 2001, 70,000 Afghan people crossed the border into Pakistan; they were called "invisible refugees". It was very difficult to assist them.

Since each situation of refugees is very different from others, relief activities for refugees must be designed according to the situation.

Keywords: Afghan; assistance; camps; Kosovo; refugees; relief; Zaire
***Prehosp Disast Med* 2002;17:s23-24.**

The ICRC Hospital in Dili, East Timor during Sub-Acute Phase after the September 1999 Conflict

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Introduction: The conflict that broke out in East Timor in September 1999 destroyed all of the social structures including medical care. The International Committee of Red Cross (ICRC) began to support Dili General Hospital as a referral hospital in East Timor.

Objective: To report the medical conditions in Dili using the statistics of the patients admitted to the hospital.

Methods: Data were abstracted from the patients admitted to the ICRC Dili General Hospital between January 2000 to March 2000.

Results: A total of 1,426 patients were admitted out of 4,240 outpatients (33.6%).

1. Neonatal patients were predominant in number compared to the other age groups. A second peak of patients admitted was observed in the decade of 20 years.
2. The most common diseases were related to the obstetrics and gynecology (25.6%), followed by respiratory diseases (19.3%). Only two cases of war wounded were admitted.
3. Tropical diseases such as malaria, dengue fever, and heat stroke were noted in 234 cases (16.4%).

The medical situation at Dili in East Timor was not related to war wounded or conflict, but reflected the ordinary state of a general hospital in a tropical setting.

Keywords: admissions; conflict; dengue fever; East Timor; gynecology; heat stroke; hospital, general; malaria; obstetrics; respiatory; statistics; tropics; wounded
***Prehosp Disast Med* 2002;17:s24.**

Evaluation of the Response to the Crisis in South Valkan

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Approximately 860,000 refugees entered Albania and Macedonia from Kosovo since the start of the crisis in Former Yugoslavia in 1999. The Japanese Red Cross Society (JRCS) sent delegates to the Macedonia-Yugoslavia border for the needs assessment and the coordination two weeks after the start of NATO's bombing.

The JRCS started the medical support for those refugees from the end of April 1999, as the dispensary and mobile clinic health service in Albania, with the cooperation of Japanese and Albanian medical teams. The JRCS dispatched a medical team two weeks after the peace agreement from the Albanian border into Kosovo, to start the medical service for the repatriated refugees, repaired 13 ambulantas (clinics), and rebuilt one medical center in the northwest part of Kosovo.

The process of the mission was summarized in this presentation, and the coordination was emphasized as crucial as medical activities.

Keywords: clinics; coordination; evaluation; Japanese Red Cross; Kosovo; medical services; needs assessment; refugees
***Prehosp Disast Med* 2002;17:s24.**

Forgotten Emergencies in Sudan and Sierra Leone

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Sudan and Sierra Leone have suffered from internal conflicts since 1983 and 1991 respectively. These prolonged conflicts decreased the capacity of the healthcare system, in spite of increasing needs for healthcare. Therefore, the International Committee of the Red Cross (ICRC) has been providing protection and assistance since beginning of the conflicts.

Three ICRC relief missions for the Sudanese and Sierra Leonine were described:

1. From June to October 1999, at Lopiding Surgical Hospital in Lokichokio (Kenya: 20 km from Sudan border);
2. From October 1999 to June 2000, at Juba Teaching Hospital in South Sudan; and
3. From January to July 2001, at Kenema Government Hospital in Sierra Leone.

The strategy of the ICRC surgical team (Ward Nurse, OT Nurse, Surgeon, Anesthetists, and Administrator) was to take a "capacity building " approach. The challenges to this approach were presented including: 1) Dealing with cultural differences; 2) Dealing with de-motivated staff; and 3) Security (conflict situation and health).

Keywords: capacity building; culture; experiences; motivation; security; Sierra Leone; staff; Sudan; team, surgical
***Prehosp Disast Med* 2002;17:s24.**

Patient/Medical Care

https://doi.org/10.1017/S1049023X00059124 Published online by Cambridge University Press