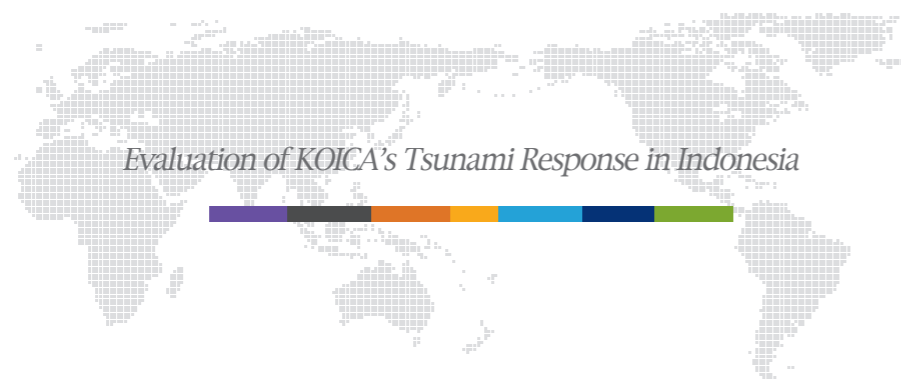


업 무 자 료
사업평가 2009-12-104



KOICA
한국국제협력단
418 Daewangpangoy-ro, Sujeong-gu,
Seongnam-si, Gyeonggi-do, 461-833, Korea
Tel 031.7400.114 Fax 031.7400.655
www.koica.go.kr

Evaluation of KOICA's Tsunami Response in Indonesia

2009.12

한국국제협력단

국민과 함께하는 선진원조
Making a better world together

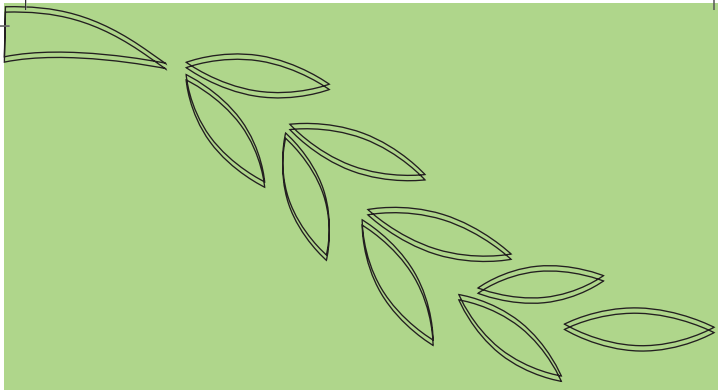
Evaluation of KOICA's Tsunami Response in Indonesia



2009. 12

KOICA
한국국제협력단





EXECUTIVE SUMMARY



EXECUTIVE SUMMARY

On 26 December 2004, a series of tsunamis driven by massive earthquakes off the west coast of Northern Sumatra killed over 227,000 people and devastated communities in 14 countries around the Indian Ocean. The unprecedented scale of damage and loss led to a humanitarian assistance of record-breaking scale and speed. In line with the global effort, Korea also responded with the biggest humanitarian assistance effort in its history. Indonesia, being the most severely affected country, received the largest share (\$ 17.2 million). As an aid implementation agency, the Korea International Cooperation Agency (KOICA) provided cash grants and emergency supplies and dispatched volunteers for emergency relief. During the recovery and reconstruction phase, KOICA's activities included project aid, training, and provision of reconstruction equipments and supplies.

The objective of the evaluation is to identify key achievements and constraints of KOICA's tsunami emergency relief and reconstruction projects with a specific focus on the assistance to Indonesia, the country most severely affected. The evaluation first explores Korea's response to the tsunami in the context of international assistance. Second, KOICA's manuals on disaster response and emergency operation are analyzed. To evaluate KOICA's reconstruction programs in response to natural disasters, two particular projects conducted in Indonesia are considered: *Korea-Indonesia Friendship Hospital Project* and *Aceh Model School Project*. The evaluation for KOICA's responses at the emergency relief phase and reconstruction projects were conducted based on DAC's five criteria for evaluating development assistance - *relevance, efficiency, effectiveness, impact, and sustainability*. To evaluate KOICA's response at the emergency relief phase, criteria for *coherence, security and coverage* were additionally used.

The following recommendations emerged from this evaluation report:

Emergency Relief

1. KOICA needs to focus more on the coordination role and transfer its implementation role to disaster relief agencies such as the Korea Red Cross and NGOs. In the

mid-to-long term, KOICA should provide pre-accreditation for a number of qualified NGOs and have them apply for funding through simplified procedures in the event of crises in order to ensure a rapid and flexible emergency response.

2. It is essential to actively participate in the UN-led international coordination system within the affected country. At the early stage of relief, KOICA needs to dispatch a needs assessment team prior to actual operations so that they can collect crucial on-site information and share the information with NGOs and other actors.
3. More measures should be undertaken to provide emergency relief in ways that are supportive of recovery and long-term development. For disaster-prone countries like Indonesia, the humanitarian assistance strategy must be incorporated into country programs.
4. There should be stronger recognition of cross-cutting issues such as children, gender and environment. The specific circumstances of especially vulnerable groups in the affected society should be considered at each phase of assistance.

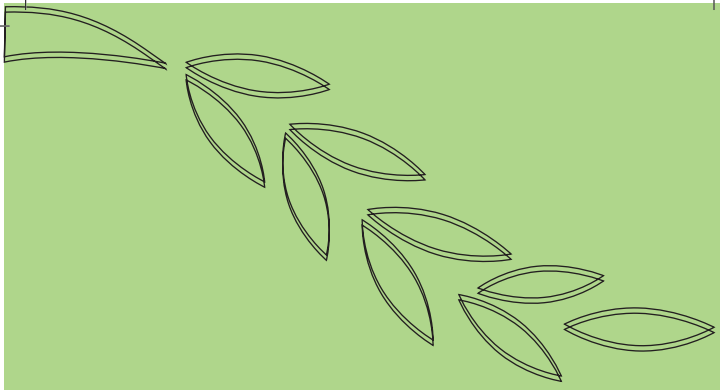
Recovery and Reconstruction

1. KOICA needs to enhance local participation and focus more on the needs and priorities of affected people. Specific local needs must be fully discussed with the recipients before implementing the programs.
2. It is important to reduce the burden of maintenance and repair of equipments provided and to expand local procurement. Considering the special circumstances of post-disaster reconstruction, the selection criteria of contractors needs to be strengthened.
3. Provision of supplies and equipments should be followed by certification of installation and operation test as well as submission of reports of user and manual training to confirm the completion of duty. In many cases, this requirement is specified in the contract as terms of payment but not fully observed.
4. It is necessary to build a long-term and multi-sector assistance strategy to improve the sustainability of reconstruction projects. KOICA needs to strengthen coordination with the central and local governments as well as multilateral organization prior to developing its future assistance projects in the affected region.

5. KOICA needs to make further efforts at cooperation with local project management agencies. Partnership with NGOs that have abundant knowledge and experience in the local community is also valuable for efficient mobilization of resources for project planning, implementation and monitoring.

Emergency Relief Manual

1. The Emergency Relief Operational Manual and Relief Plan need to provide more specific emergency classification of levels of response. The diverse case of disasters such as natural, man-made and complex disasters must be distinguished and accordingly reflected in the manual.
2. The field operation manual should provide more detailed, precise, step-by-step guidelines for groups of different roles and scopes. It is recommendable to development separate manuals for rescue teams, medical team and administrative staff in accordance with their specific mandates.
3. The partnership with civil society needs to be improved. Specific guidelines on the on-site coordination mechanism between KOICA and civil society should be outlined in the Manual and the Plan.



INTRODUCTION

1.1. Background

On 26 December 2004, a series of tsunamis that generated a massive earthquake off the west coast of Northern Sumatra killed over 227,000 people and devastated communities in 14 countries around the Indian Ocean. The unprecedented scale of damage and loss led to a humanitarian assistance of record-breaking scale and speed.¹ In line with the global effort, Korea has also responded with an amount of \$50 million. It was the biggest amount of humanitarian assistance in its history. As an aid implementation agency, the Korea International Cooperation Agency (KOICA) provided cash grants and emergency supplies and dispatched volunteers for emergency relief. During the recovery and reconstruction phase, KOICA's activities included project aid, training, and provision of reconstruction equipments and supplies.

The objective of the evaluation is to identify key achievements and constraints of KOICA's tsunami emergency relief and reconstruction projects. The evaluation firstly explores the Korea's response to tsunami in the context of international assistance. Secondly, KOICA's disaster response scheme and emergency operation manual are investigated. To evaluate KOICA's reconstruction programs in response to natural disasters, two particular projects conducted in Indonesia are considered: *Korea-Indonesia Friendship Hospital Project* and *Ache Model School Project*. The lesson learned and policy recommendations from the evaluation are expected to contribute to improve the Korea's overall humanitarian assistance system as well as KOICA's operation manual and various humanitarian assistance activities.

¹ The international community responded with an estimate of \$13.5 billion.



1.2. Evaluation Methodology

The evaluation was independently conducted by an evaluation team of the Korea Institute for International Economic Policy (KIEP), selected from a competitive bidding process that KOICA initiated. The evaluation team hired a local consultant, who contributed to the evaluation by facilitating interviews at the field and collecting information. The activities of the evaluation team include the following: (i) mission to Indonesia in September 2009 (discussions with the BAPPENAS and BKRA officials, meeting with project managers, staff at PMU, consultants, contractors, and beneficiaries and visit to the sample project sites; (ii) discussion with other bilateral and multilateral, international donor agencies and civil society groups in Indonesia, Japan, the United States and Australia; (iii) discussions with stakeholders in South Korea; and (iv) documentation reviews.

A comparative analysis approach was used to evaluate KOICA's disaster response scheme and emergency operation manual. The legal framework, aid volume, disaster response scheme, linkage to recovery and development, public-private partnership, coordination with local, regional and international stakeholder were investigated and compared with other country cases. The evaluation for KOICA's responses at the emergency relief phase and reconstruction projects were conducted based on the DAC's five criteria for evaluating development assistance - *relevance*, *efficiency*, *effectiveness*, *impact*, and *sustainability*.² To evaluate KOICA's response at the emergency relief phase, criteria for *coherence*, *security* and *coverage* were additionally used.



1.3. Evaluation Procedure

Planning and Preparation

- Review South Korea's response in the context of international efforts to the 2004 Tsunami, and Indonesia in particular

² DAC Principle for Evaluation of Development Assistance (OECD DAC, 1991).

- Review the overall picture of Korea's emergency relief manual and emergency response scheme
- Select the evaluation criteria for the emergency relief manuals and response scheme
- Identify the logical structure for evaluation and outline the purpose, target and scope of evaluation
- Develop the evaluation matrix for KOICA's relief and reconstruction assistance

Research and Assessment

- Examine documentations and statistics on Korea's and international assistance to the 2004 Tsunami
- Analyze Korea's emergency relief manual and scheme in comparison with those of international agencies and major donors
- Carry out advisory meetings with relief personnel and humanitarian experts
- Undertake interviews with in-country stakeholders from government, public, private and civil sectors
- Undertake field visits and interview with stakeholders from major donors, international organizations, affected governments(central and local), partner agencies and recipients
- Evaluate KOICA's assistance based on selected criteria and evaluation matrix

Analysis of Findings

- Analyze the findings from documentation reviews, field visits and interviews and assess Korea's emergency relief scheme, manual and assistance to the 2004 Indonesian Tsunami
- Consult with the advisory group about the result of findings
- Identify lessons and draw implications for the improvement of Korea's emergency relief scheme, manuals and KOICA's assistance.



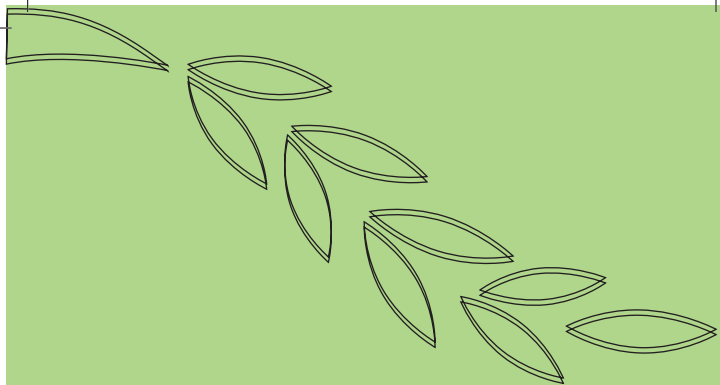
1.4. Evaluation Team

Team leader: Jione Jung (Assistant Research Fellow, KIEP)
Team members: Yul Kwon (Research Fellow, KIEP)
Jisun Jeong (Senior Researcher, KIEP)
Sukyung Park (Researcher, KIEP)
Local Consultant: Muzailin Affan (Lecturer, Syiah Kuala University)



1.5. Evaluation Constraints

The evaluation team experienced the following constraints: (i) difficulties in finding interviewees who had been present in the relief phase of KOICA's response, (ii) lack of quantifiable performance baseline, indicators and goals, and (iii) related progress report. Emergency relief activities in nature have limitations in assessing the outcomes of the operations and implementation procedures. Due to high turnover of staff dispatched to emergency relief operations, the scope of interviews was somewhat limited. This was offset by systemically tracing key individuals and locating them in HQ offices. Many data on emergency supplies and specific activities of the relief team were not well documented. Due to the restricted access to relevant information, the evaluation team relied heavily upon the interviews to get the overall picture of the earlier phase of the response. The evaluation team carried out triangular interviews to the largest extent possible in order to compensate the possible bias of information from various stakeholders.



KOREA'S RESPONSE TO THE TSUNAMI 2004

The Korean Government (GOK) established a task force to swiftly arrange systematic disaster relief activities in cooperation with the private sector at the outbreak of the Indian Ocean tsunami. GOK has responded and committed to the Tsunami disaster with an amount of \$50 million, which is an unprecedented scale of support to any other disasters the government has made in the past. Out of this, \$5 million was allocated to emergency relief, and \$45 million for reconstruction. Indonesia, being the most severely affected country, received the largest share (\$ 17.2 million).³ A total of eight projects were conducted in Indonesia for reconstruction of building schools and hospitals. KOICA assumed an active role in dispatching volunteer groups, a total of 73 volunteers in three stages. The volunteers were involved various activities of disaster recovery, health and medical care and field staff assistance.

Table 2-1. KOICA's Response to the Indonesian Tsunami 2004

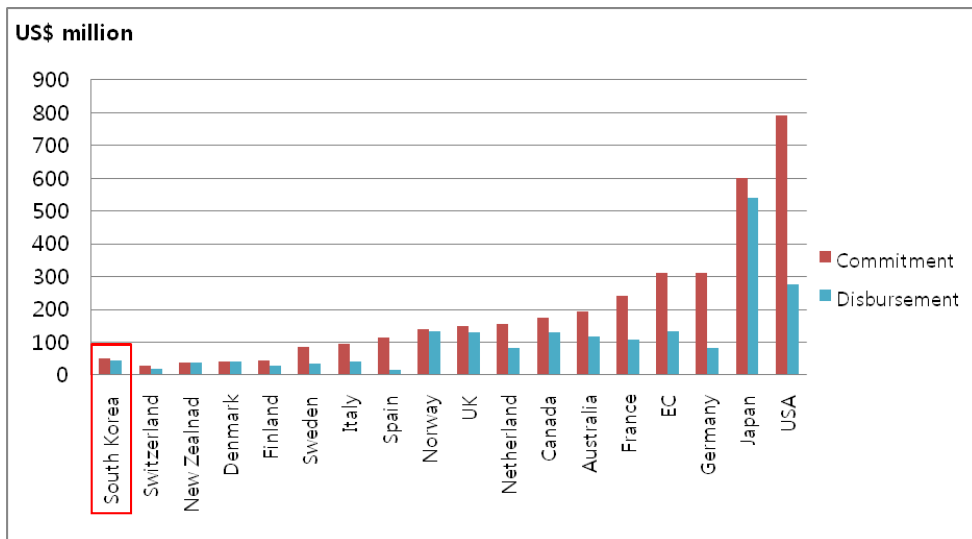
Phase	Volume	Activities
Emergency Relief	\$1.3 million	<ul style="list-style-type: none"> - \$0.6M in financial aid - \$0.7M in supplies including medicine, tents, blanket and water tanks - Emergency relief volunteers to primary school shelters in Banda Aceh
Recovery and Reconstruction	\$15.9 million	<ol style="list-style-type: none"> 1. Project Aid (construction, tech assistance, training) <ul style="list-style-type: none"> - KOICA model schools in Aceh Barat Daya/Nagan Raya (2006-2007, \$5.4M) - Korea-Indonesia Friendship Hospital in Aceh Barat Daya (2006-2007, \$3.7M) - Rehabilitation of Mangrove Forest & Coastal Area (2006-2008, \$1.8M) 2. Training of BRR/Aceh Government Officers on SME Development (\$0.1M) 3. Provision of Reconstruction Equipments/Supplies <ul style="list-style-type: none"> - Tents, Blankets, financial aid for Recovery of Nias Island (\$0.2M) - Relief supplies for refugees and provision of reconstruction equipment in Banda Aceh (\$2 M) - Repairing of Fishing boats (\$0.8 M) - Provision of mobile cranes to rehabilitate harbors in Aceh 4. The Project for Establishment of the Disaster Information Dissemination System in Indonesia
NGO funding	\$0.7 million	

Source: KOICA (2005)

³ Including NGO funding, Indonesia received \$17.9 million.

In line with the international effort to assist the affected countries, Korea also promptly provided assistance through a joint support of public and private sectors. Formed with the relevant ministries, public and private agencies, a temporarily set-up task force much contributed to build a cooperation system. Besides, official assistance from the government and private level assistance such as fundraising and volunteering were active.

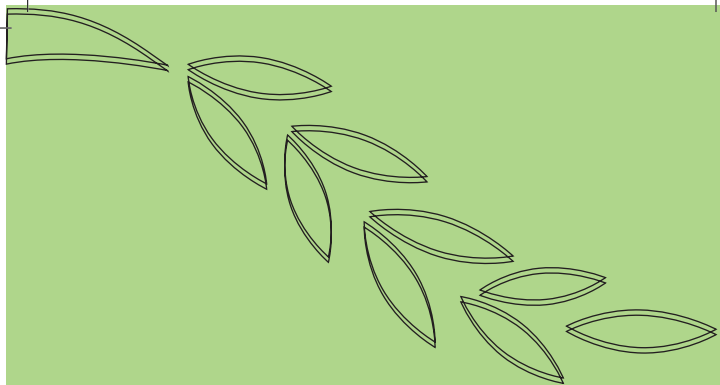
Figure 2-1. International Response to the 2004 UN Flash Appeal



Source: OECD/DAC Statistics

The response to the Indian Ocean tsunami provided a momentum for Korea to establish a legal framework for humanitarian assistance, materialized by the *Overseas Emergency Relief Act* enacted in 2007. For KOICA, the emergency relief system was strengthened for better service delivery in natural disasters. However, the need was recognized to build more systematic structure and framework for humanitarian assistance, for example in dispatching rescue and medical teams. Introducing an emergency operation manual which can be utilized at natural disasters was discussed. There were also intensified discussions on refurbishing the scheme of KOICA disaster relief assistance to systemically respond to emergency situations. Lastly, the tsunami emergency relief assistance contributed to raise public awareness on humanitarian assistance in emergencies caused by natural disasters. There was recognition of need for scaling up humanitarian aid.

Some areas for improvement were identified to respond to local needs efficiently: The coordination mechanism and sufficient information about evolving situation in the field during the early stage of assistance was lacking. A poor division of labor among actors involved in emergency relief caused a duplication of activities and confusion of roles in the field. An inappropriate missionary work of a few religious-based NGOs was another risk factor to weaken the effectiveness of the assistance. Also, there were insufficient measures towards the sustainable livelihoods for local people and protection of vulnerable groups including women and children.



KOREA'S DISASTER RESPONSE SCHEME AND OPERATION MANUAL

3.1. Volume

In recent years, Korea's humanitarian assistance has shown a general upward trend. Of the gross bilateral ODA amount, the expenditure on humanitarian assistance has increased from 1% in 2003 to 5% in 2006 mainly due to the response to the tsunami in 2004, but has fallen back to 2% in 2008.⁴ In 2005, KOICA's budget for emergency relief on the tsunami was about 4% of the total grant budget (\$5.5 million). Currently, it amounts to \$10 million per annum. The Indian Ocean tsunami was a turning point in Korea's history of humanitarian assistance. The response to the tsunami has led to the expansion of budget for humanitarian assistance, introduction of the *Overseas Emergency Relief Act*, creation of Humanitarian Aid Division within the Ministry of Foreign Affairs and Trade (MOFAT), expansion of the division dealing with emergency relief within KOICA, and development of an emergency relief operation manual.

3.2. Legal Framework and Coordination

Before the Indian Ocean tsunami occurred, Korea had relatively limited experience and budget. Korea did not have a sufficient level of coordinated framework and operation system in responding overseas disasters and a regulatory basis for inter-ministry/agency cooperation that ensures a rapid emergency assistance. Based on the experience in the tsunami response in 2004, Korea introduced the *Overseas Emergency Relief Act*, which was enacted in March 2007. According to the Act, in case of a large-scale international disaster in need of relief, the Public-Private Joint Committee on Overseas Emergency Relief is to be summoned by a Presidential order. It is a key decision making body chaired by the Prime Minister and includes the related ministers and heads of relevant public agencies. The president of KOICA is a member

⁴ In 2008, Korea's ODA amounted to \$797 million (net disbursement), representing 0.09% of GNI.

of the Committee. The Minister of Foreign Affairs and Trade, through consultation with the heads of the relevant ministries and agencies, decides upon the scale and modalities of response. In accordance to the Committee's decision, the Minister is able to request assistance from the Minister of National Defense for the dispatch of military asset. Under the Committee, the Task Force of Overseas Emergency Relief Activities plays a role as an operational body designated to implement decisions of the Committee under the supervision of MOFAT.

While MOFAT is a key coordination ministry at the policy and decision making level, KOICA is the central implementation agency. Upon the decision of assistance from the Committee, KOICA designs an operation plan, prepares and coordinates the dispatch of the Overseas Emergency Relief Team. The Overseas Emergency Relief Team is made up of rescue team, medical team and administrative staff and volunteers. According to the scale of disasters and other situations, either one team of a single type or several combined teams can be deployed. A rescue team consists of rescue personnel from the Central 119 Team of the National Emergency Management Agency (NEMA). A medical Team consists of medical doctors and nurses from the National Medical Center and Korean Foundation for International Health Care. Generally, KOICA staffs take a role as coordinators and administrators during the preparation and implementation phase.



3.3. Emergency Relief Manual

Overseas Emergency Relief Operations Manual (July 2006) and *Overseas Emergency Relief Plan* (October 2008) are the two main guidebooks to the international emergency relief operations. The former is Korea's first relief manual created based on experiences in responding to the 2004 tsunami disaster and the 2005 Pakistan earthquake. Divided into two parts, the Manual in the first chapter underlines Korea's emergency relief scheme and in the second chapter provides operational guidelines that can be applied at fields. It is comprehensive rather than detailed. The latter was developed as a guideline material that explains the structure of the Overseas Emergency Relief Team and division of labors among various actors outlined in the Overseas Emergency Relief Act. However, it also provides chapters, though not in detail, on field operation.



3.4. Linkage to Recovery and Development

During the response to the tsunami in Indonesia, Korea did not have a solid scheme for integrating relief assistance to rehabilitation and reconstruction assistance. At the relief phase, Korea provided funding and emergency supplies along with volunteer workers. The reconstruction projects were designed based on bilateral discussion between the GOK and BRR as well as the government mission. However, the government field mission was too brief and too limited in extent to conduct a systematic and in-depth needs assessment. Furthermore, the mission was not carried out by emergency and sector experts able to properly assess the disaster situation and link the results with needs for the recovery and reconstruction projects. It should be noted that Korea's humanitarian assistance still tends to focus largely on post-disaster operations rather than focusing on preventing and mitigating the effect of the disaster before it occurs.



3.5. Coordination with Civil Society and International Community

During the tsunami response, KOICA disbursed funding for two Korean NGOs for recovery and reconstruction in Indonesia to provide services, supplies and support in tsunami-affected areas. While the coordination system with the National Emergency Management Agency, National Healthcare Center, and Korean Foundation for International Healthcare have been strengthened through the joint training and dispatch of the Overseas Emergency Relief Team, the partnership with civil society remains greatly limited. The lack of communication and information sharing between the public and the civil actors frequently aggravates the inefficiency in field operations. Some Korean Christian NGOs carried out religiously insensitive activities in Banda Aceh, strong Muslim region, which constituted a major failure to acknowledge or respect local religion and caused tensions with the local community. This example highlights the importance of understanding socio-cultural, political, economic environment of the affected country and strong necessity of close public-private cooperation in information sharing.

In an attempt to contribute to the international effort to respond to the tsunami disaster

of 2004, Korea has pledged 50 million dollars in response to the flash appeal by UN and the IFRC/ICRC on 11th January 2005 at the *Ministerial Meeting on Humanitarian Assistance to Tsunami-Affected Countries*. Since 2006, Korea has continued to contribute to the UN Central Emergency Response Fund (CERF) working through multilateral channels. The contribution to the CERF was 5 million dollars in 2006, 1.5 million dollars in 2007 and 2 million dollars in 2008. Korea signed up to the Good Humanitarian Donorship (GHD) principles on July 2009.

Since 2003, ten Korean nationals have completed the United Nations Disaster Assessment and Coordination (UNDAC) training program and four of them are active UNDAC members. Three of the four current UNDAC members are KOICA staffs while the other agent, who happened to be the only Korean UNDAC-member participant in the Sichuan earthquake, is associated with NEMA. The UNDAC team is to be replaced on permanent stand-by for quick deployment to relief missions in response to disasters. However, the slow decision-making process of Korean agencies that Korean UNDAC members belong to makes it almost impossible for these members to be deployed when disaster occurs. Two to three weeks of absence at work that a deployment entails is also an obstacle. Up until now, no KOICA-UNDAC member has been deployed to humanitarian emergencies.



3.6. Evaluation

Disaster Response Scheme

Korea's humanitarian assistance is approximately 2% of the gross bilateral ODA whereas the average of the DAC members is 7-8%. It is recommended that Korea increase humanitarian aid spending as the overall ODA volume grows. As for modes of funding, KOICA uses its emergency relief budget for relief operations while using the development budget of the relevant sector for recovery and reconstruction projects. It appears that the annual budget system and limited range of funding sources leaves little room for flexibility and speed of the responses.

The legislative framework is the basis for increasing efficiency at the policy and implementation levels. The *Overseas Emergency Relief Act* enacted in 2007 provides

a legal ground for the coordination mechanism among relevant government ministries, public agencies and other actors and the dispatch of Overseas Emergency Relief Team. Nevertheless the division of labor in disaster response is still weak. The coordination role of MOFAT and KOICA is recognized in principle yet not strongly in practice. It appears that MOFAT and KOICA have a somewhat limited control power and level of expertise over other ministries and agencies such as the Ministry of Defense, NEMA and National Healthcare Center. A majority of Korea's humanitarian assistance is focused on responding to damage and loss after the disaster, not on disaster preparedness and risk reduction.

The partnership with civil society also remains weak. There is no framework for coordination and communication between KOICA and NGOs for needs assessment, information gathering and sharing during onset of sudden crises. The support to civil society is restrained to funding on a proposal basis. Further engagement of NGO partners would enhance the nation's capacity to respond rapidly and efficiently.

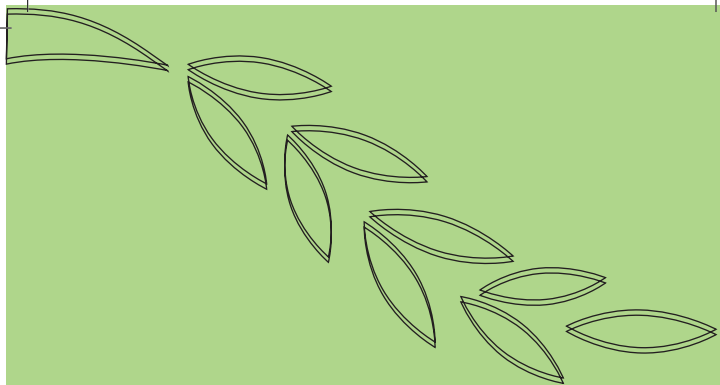
There is a restriction on the level of in-country cooperation with other donors, multilateral and UN agencies. By joining the division of labor in the international community, KOICA should avoid the risk of overlapping operations and maximize results. To avoid stand-alone operations, a thorough needs assessment of affected country and region should take place and step-by-step procedure should be included in operation manuals. In order to enhance the capacity of relief workers in public and private sector, a national-level training program open to various actors must be developed. Korea's UNDAC trainees are not having their capabilities fully utilized due to lack of fast-track decision making and support system in their affiliated organizations that would enable them to actively participate in overseas emergency relief missions.

Operations Manual

There is a need to clarify for whom and what *Overseas Emergency Relief Operations Manual* and the *Overseas Emergency Relief Plan* are designed for. Despite the slightly different focus, both the Manual and the Plan contains comprehensive guidelines which are too general to be used as an operations handbook and too detailed to be used as a principle guideline. The Manual needs to be revised into an easy-to-carry, yet detailed field operations handbook designed as a step-by-step reference material for dispatched personnel. On the other hand, the Plan will have to be revised into a

guideline that provides principles and coordination scheme of disaster relief for all actors involved.

The current manual provides guidelines for a rescue team, medical team and administrative staff. However, in the longer term, separate manuals on rescue operations, medical services and administrative work could be developed. Specialization of the work scopes of the involved staff from different agencies should be clearly stated for effective communication and division of labor. It is noted that the Manual and the Plan do not give specific considerations for vulnerable groups such as women, children and the disabled during humanitarian action. For instance, the lack of specific guidelines toward female victims of violence and human trafficking after disasters such as the 2004 tsunami can result in inefficient and inappropriate relief operations for people with special needs. In spite of growing number of complex emergencies in the world, the Manual and the Plan do not specifically provide operational guidelines for complex emergencies. Due to the conflict between the Free Aceh Movement (Gerakan Aceh Merdeka: GAM) and the Government of Indonesia, the Indonesian tsunami took on distinctive characteristics of a complex humanitarian emergency. Korea needs to incorporate appropriate measures for complex emergencies in the operation manual as well as budget accounts.



KOICA'S RELIEF AND RECONSTRUCTION ASSISTANCE

4.1. Emergency Relief

Overview

After the tsunami, KOICA pledged a total of 17.2 million dollars in humanitarian assistance to Indonesia for four years (December 2004 - April 2008), of which 1.3 million dollars (8% of the total pledged) was allocated for emergency relief including relief funds and goods. KOICA also dispatched volunteers and rescue teams to Medan and Aceh to conduct relief activities like medical treatment, epidemic prevention, relief goods distribution, media relations and other administrative tasks.

Evaluation by Criteria

Relevance

Choosing Banda Aceh, close to the 'ground zero' of earthquake and tsunami damage, as the target assistance area was valid. Emergency relief funds were pledged and relief goods were supplied to severely damaged regions. Overall, the composition of assistance such as volunteers, relief goods and medical treatments was adequate in addressing the immediate needs at the disaster scene.

Efficiency

Emergency relief unit composed of eleven staff members provided two weeks of medical care to 1,090 people in a short period of time. Although the provision of services for epidemic prevention by the medical staff was very efficient, along with medical examination to compensate for poor local conditions, the number of volunteers was relatively small relative to the size of the damage.

Effectiveness

The intended objective of addressing the immediate needs of the afflicted area was achieved through distribution of relief funds, dispatch of volunteers and relief goods. However, distribution and delivery of goods were challenged due to insufficient information on local demands in the early phase of the assistance.

Impact

The medical staff contributed to the improvement of the health and medical condition of the people affected by providing medical assistance, epidemic prevention and distributing basic living commodities.

Sustainability

KOICA strengthened the regional health and medical infrastructure in the Aceh region through continued reconstruction projects such as *Korea-Indonesia Friendship Hospital* which was proposed after the joint public research and locally produced reports. KOICA assistance coordination team for the recovery project was established in February 2005 and prepared the assistance proposal in March 2005 based on the joint government-led research. Six reconstruction projects were signed after the establishment of the BRR and these reconstruction projects promised the continuation of reconstruction projects after the completion of emergency relief activities.

Consistency

The assistance framework was established for the purpose of policy consistency with international humanitarian assistance schemes. Although assistance operations faced difficulties from anti-government movements in Aceh, they later reached a mutual agreement with the government.

Safety

Volunteers dispatched to Indonesia immediately after the tsunami focused on ensuring the safety of the staff while conducting emergency relief and reconstruction activities.

Scope

There were no significant issues of political exclusion or internal displacement as the peace treaty was signed between the Indonesian government and the armed anti-government organization, Free Aceh Movement (*GAM*) at the outbreak of the tsunami of 2004.

4.2. Korea-Indonesia Friendship Hospital

4.2.1. Overview

The *Korea-Indonesia Friendship Hospital* project was jointly undertaken by KOICA and the BRR with Sammi Construction as a contractor, Shinwha Engineering for design and supervision and EcoMedi for medical supplies. KOICA Indonesia Office was in charge of monitoring the overall implementation of the project. The objective of the project was to (i) improve the health sector in Aceh, (ii) enhance the quality of medical service in Aceh by transferring advanced medical techniques and (iii) improve the overall health conditions in the project area.

Along with the construction of the hospital, training programs were conducted for staff from the BRR, local health offices and hospital staff for 2-4 weeks in November 2007. The course was designed in two tracks of “Health Policy and Hospital Administration” and the “Capacity Building for Medical Professionals.” A team of Korean medical experts was also dispatched to transfer advanced medical knowledge and techniques to the region.

Table 4-1. Timeline for Korea-Indonesia Friendship Hospital

Jan. 2005	Korean Government committed to pledge total \$50 million of assistance for 2 yrs. ('05-'07) at ASEAN Summit
Jul. 12 th , 2005	Reached tentative mutual agreement on the direction of reconstruction project with BRR & Aceh Government personnel
Sept. 7 th , 2005	MOU contract notice and request for dispatch of project-related personnel to Banda Aceh
Oct. 10 th , 2005	Proposal for project area
Nov. 20 th -27 th , 2005	Dispatch of KOICA assessment team to Aceh Province

Dec. 13 th , 2005	Established project basic framework
Dec. 21 st , 2005	Reached R/D consensus
Jan. 11 th , 2006	Creation of project implementation plan
Apr. 17 th , 2006	Exchange of agreement from both governments
Apr. 17 th , 2006	Signing of contract for supervision on architectural plan
Oct. 24 th , 2006	Signing of contract for building construction
Oct. 18 th , 2007	Signing of contract for medical supplies
Nov. 1 st -21 st , 2007	Invitation of 16 trainees
Apr. 30 th , 2008	Installation of medical equipments
May. 22 nd , 2008	Held ceremony for building completion
Feb. 27 th , 2009	Executed project completion assessment
Mar. 2 nd -13 th , 2009	KOICA team visits the project area for completion assessment
Apr. 15 th , 2009	Report made on project completion assessment

4.2.2. Criteria

In addition to the five DAC evaluation criterias, the evaluation was also based on the indicators taking into account the distinctiveness of the hospital project (Table 4-2). The *hospital-specific* evaluation criteria have been developed based on the evaluation guide for hospitals generally used in Korea with advice from medical professionals in Korea. The select indicators are mostly related to the original purpose of the evaluation to assess the performance of KOICA projects, rather than the performance of the hospital itself.

Table 4-2. Evaluation Criteria for Friendship Hospital

Criteria		Key Indicators
DAC Evaluation Criteria	Relevance	- Recipient country's development policy - MDG - Project target area - Health needs of target area
	Efficiency	- Project duration - Project cost - Procurement and project implementation process
	Effectiveness	- Project outputs - Project management
	Impact	- Socioeconomic impact - Technical transfer

Criteria		Key Indicators
	Sustainability	<ul style="list-style-type: none"> - Operation and maintenance system of the hospital - Prospects for local health needs - Financial, human resource, and administrative support
	Relevance and Coordination	<ul style="list-style-type: none"> - Linkage between Relief, Reconstruction and Development - Cooperation and coordination mechanism among stakeholders, project duplications
Specific Criteria for Hospital Project	Quality of Medical Service	<ul style="list-style-type: none"> - Patients' safety and convenience - Infection management - Medical facility management - Medical treatment
	Human Resource Management	<ul style="list-style-type: none"> - Human resource sufficiency - Staffs training
	Hospital Operation	<ul style="list-style-type: none"> - Business management - Facilities and environment management - Medical treatment results

4.2.3. Evaluation by Criteria

Relevance

The project was in line with local health needs, national development policies and MDGs. The project is highly relevant to the priorities of Indonesian development policies and the post-tsunami reconstruction plan. According to the 'Master Plan for the Rehabilitation and Reconstruction' that the Indonesian government set up in April 2005,⁵ the objectives in health sector are as the following: training of medical personnel, restoring and rebuilding medical facilities, preventing epidemics and improving nutrition.

It is not appropriate, time wise, to judge the relevance of the project to KOICA's Country Assistance Strategy to Indonesia (CAS), as the CAS was established after the initiation of the project in 2007. After its revision in 2008, KOICA's objectives for development and cooperation in Indonesia are: i) building socioeconomic infrastructure, ii) human resource development and capacity building, and iii) environmental protection and sustainable development, for poverty alleviation through sustainable economic growth in the country.

⁵ The full name is 'Master Plan for the Rehabilitation and Reconstruction of the Regions and Communities of the Province of Mangrove Aceh, Darussalam and the Islands of Nias Province of North Sumatra'.

The project also reflects well the health-related MDGs. Despite some progress, medical services in remote areas remain poor due to difficulties in transportation, payment, and accessibility. Although the target area has not been affected directly by the tsunami, the project was highly relevant to the needs of the project area where no general hospitals was available.

Table 4-3. Medical Infrastructure in Aceh Barat Daya

	Medical Facilities (number)	Medical Staffs (persons)
2004	47	59
	Public Health Center (14)	Doctors (7)
	Public Health Sub-center (27)	Dentists (2)
	Mobile Facilities (6)	Nurses (50)
2007	318	208
	Hospital (1)	Doctors (6)
	Public Health Center (22)	Pharmacists (10)
	Public Health Sub-center (28)	Nurses (127)
	Integrated Service Health Center (204)	Midwives (64)
Mobile Facilities (63)	Pharmaceutical Chemist (1)	

Source: Aceh Daya Barat, 2005, 2008

The selection of the project area was also valid considering the relatively low level of foreign assistance to the region. Furthermore, the region had insufficient medical facilities and the hospital construction project initiated by the local government was suspended due to lack of funds in the budget. Although various health projects were carried out in Aceh Barat Daya by the United States, France, International Red Cross and other foreign NGOs, construction of a general hospital had not hitherto been undertaken.

should carefully consider qualifications of bidders aside from price competitiveness, due to the possible secondary risks involved. In this regard, untied portion of procurement should be expanded and participation of experts during the process is highly recommended.

In terms of training program and dispatch of experts, they were conducted independently although the contents were very similar. Each program needs to be designed and sequenced to increase synergy and linkage, avoiding duplication of contents to increase the efficiency. For example, the health experts dispatched provided detailed observation and analysis of the health and medical service of the local community, which served as de facto pre-and post-evaluation of the project. Also, switching the project implementation sequence might increase the efficiency by designing the contents of the training program after prior research and analysis by the experts.

Effectiveness

The project was relatively effective considering the achievement of the intended objectives: the establishment of the hospital building with 100 beds, a nurse dormitory, doctors' residence, medical facilities and supplies, training programs and dispatch of experts.

According to results of the survey conducted by the evaluation team, participants from the training programs expressed overall satisfaction with the training courses, save for a few areas needing improvement such as cultural consideration in arranging such programs. In terms of medical supplies, despite the high standard of the equipments supplied, careful consideration of local needs and capability to use and maintain them is necessary in future assistance. The hospital currently operates departments in surgery, internal medicine, OB/GYN, and pediatrics; this composition of departments is able to deal with most of the major diseases of the region according to the hospital staff. The hospital also improved the health care environment in the local community by extending the accessibility of medical service.

More improvement in the quality of medical services are needed to ensure patient convenience, safety, infection management, facilities, number of doctors to patients, waiting time and medical service standards. For example, there were several

equipments not functioning or improperly installed which could threaten the safety and well-being of patients and staff such as central oxygen supply equipment, drainage, water supply, sterilization devices, radiation protection wall, emergency exits, etc.

Impact

Overall, the project led to a high level of socioeconomic impact. As the project was completed in 2008, it may be more appropriate to suggest future prospects based on data and interviews than to evaluate the mid-to-long term impact at the time of evaluation.

The Friendship Hospital is the first general hospital in the west Aceh region with modern facilities and it has great potential for growth as the region's key medical center. Even greater impact is expected since the local government is putting in efforts to improve the quality of the medical service and personnel through the hospital and to expand access to medical services beyond existing clinics with limited service capacity. Utilization of local labor and building materials during the construction of the hospital created a direct economic impact by increasing employment and income generated. However, there was limited impact in terms of technology and knowledge transfer due to the lack of participation from the local architectural, supervision and construction firms during the project. Increasing the involvement of the local community is suggested in the area of architectural designs, reflecting the local culture and demand, which can provide disaster proof designs for easy maintenance. This would lead to positive impact for the local community while practicing an approach that ensures local participation.

Sustainability

The project showed relatively low level of sustainability assessed in terms of regional demand for medical treatments, management system finance, administration and human resources factors.

The rising demand for medical service is expected to sustain or even expand the hospital, presently the only clinical facility with modern treatment capability in the neighborhood. However, the lack of supply side capacity due to insufficient number of doctors to provide quality service is a concern. It is the principal cause of low quality of medical service and long waiting times for patients and increases the burden on

doctors; four doctors examine an average of 120-200 patients per day and each doctor performs more than 100 surgeries in a year. Despite efforts to provide sufficient human resources and administrative support from the local government, this issue has been remained without much progress. Currently, four doctors are stationed under a temporary contract, and recruitment of nurses and administrative staff is relatively easy. There were plans to dispatch units of KOICA volunteers for the hospital, in acknowledgement of the shortage of medical specialists, but it was postponed due to local safety issues.

The breakdown of a number of medical supplies/equipments, problems with the building exterior and local maintenance constraints are other reasons negatively affecting the sustainability of the project hospital.⁶ Many of the hospital's equipments were left idle due to lack of knowledge and experience in operating them. Although basic education on their operation was performed by the experts dispatched, it was found that adequate transference of the knowledge to the hospital staff did not take place, and regular education and in-house training of the equipment use were nonexistent. In terms of conditions of buildings, there needs to be an improvement in safety such as creation of emergency exits, protective measures for radioactive rays, and fire alarms, etc. KOICA headquarters and Indonesia office have been working to resolve these issues.

To ensure the continued operation of the hospital, there needs to be a long-term investment on capacity-building in health and medical sector, to compensate for the insufficient national and local budgets, knowledge and experience in regards to hospital management framework. Temporary in-house educational courses for the staff must be initiated, combined with a long-term dispatch of medical experts for the assistance of the hospital management as well as assistance to setup a medical service delivery framework and plans.

Linkage and Coordination

The purpose of the reconstruction and development assistance is to build capacity for sustainable livelihood, and increase the level of resilience against and the ability to respond to future disasters after emergency relief stage. However, in KOICA's case, there is little connection between emergency relief and reconstruction assistance due

⁶ For the detailed operational conditions of medical equipments, refer to the report of medical specialists dispatched to the hospital.

to lack of assistance strategy prepared in advance. To ensure the linkage of relief, reconstruction and development phases (LRRD), it is advised that the assistance to the various regions be extended by setting up longer term assistance strategy and programs/projects to subsequently strengthen local capacity. To do so, technical assistance for human resource building, medical knowledge transfer, and strengthening of regional health and medical service capacities are recommended. The notion of LRRD is not a simple transition from emergency relief to reconstruction assistance but more of transferring development ownership from the assistance provider to local people and authorities, which require local participation and regional capacity building.

4.2.4. Evaluation Summary

Though the Friendship Hospital project needed improvement in several areas, but the overall performance of the project was judged to be superb in terms of relevance, efficiency, effectiveness, and impact. Concurrently, improvement in terms of sustainability is necessary by securing subsequent assistance based on LRRD and ensuring relevance between projects.

Table 4-4. Evaluation Summary: Friendship Hospital Project

Criteria	Evaluation outcome
Relevance	The project adequately reflected the local demand and conditions considering the recipient country's development policies, MDGs and target area environment.
Efficiency	The project was efficiently implemented considering the project duration and financial resources but procurement process needs improvement.
Effectiveness	The project achieved its intended objectives of hospital construction, provision of medical equipments as well as knowledge and techniques.
Impact	The project had a strong socioeconomic and political impact, and in terms of knowledge transfer to the local community.
Sustainability	The level of prospective sustainability for the project was low, considering extant maintenance and operational needs, local supply capacity of medical service and financial, administration and human resources.
Linkage and Coordination	Further efforts for active coordination and cooperation with development partners are needed, and long-term assistance to strengthen the local capacity for better medical service delivery is necessary to enhance synergy effect between emergency relief-reconstruction-development.



4.3. Aceh Model School Project

4.3.1. Overview

The *Aceh Model School* project was implemented by KOICA and the BRR with Sammi Construction as a contractor, Shinwha Engineering for design and supervision and Ginus for educational supplies. KOICA Indonesia Office was in charge of the overall monitoring and inspection of the project implementation.

The project aims to strengthen human resources through education and improvement of educational environment through construction of a modern school facility. The output of the project so far includes the construction of four school buildings at Naga Raya regions (1 kindergarten, 1 elementary school, 1 middle school, 1 high school), three school buildings in Aceh Barat Daya (1 elementary school, 1 middle school, 1 high school) as well as furnishing them with school furniture and education supplies.

Table 4-5. Timeline for Aceh Model School Project

Jan. 2005	Korean government makes commitment for total assistance of \$50 million for two years (2005-2007) to disaster-stricken countries at ASEAN summit
Jul. 12 th , 2005	Initial agreement on the reconstruction project selection and direction with BRR and Aceh Government officials
Sept. 7 th , 2005	MOU signed and project correspondence from headquarter requested.
Oct. 10 th , 2005	Nominates project areas
Nov. 20 th -27 th , 2005	Dispatch of KOICA feasibility study team to Aceh
Dec. 13 th , 2005	Base plan for project set up
Dec. 21 st , 2005	R/D signed
Jan. 11 th , 2006	Establishment of project implementation plan
Apr. 17 th , 2006	Agreements exchanged between the two governments
Apr. 17 th , 2006	Signing of contract for project supervision
Oct. 24 th , 2006	Signing of construction contract
Oct. 18 th , 2007	Contract for provision of supplies and equipments signed
Nov. 1 st -21 st , 2007	16 trainees for education invited
Apr. 30 th , 2008	School supplies installed
May. 22 nd , 2008	Building completion ceremony held
Feb. 27 th , 2009	Project completion assessment executed
Mar. 2 nd -13 th , 2009	KOICA assessment team visited the project site
Apr. 15 th , 2009	Project assessment report released

4.3.2. Criteria

Table 4-6. Aceh Model School Evaluation Criteria

Criteria	Key Indicators
Relevance	<ul style="list-style-type: none"> - Recipient country's development policy - MDGs - Project target area - Education needs of target area
Efficiency	<ul style="list-style-type: none"> - Project duration - Project cost - Procurement and project implementation process
Effectiveness	<ul style="list-style-type: none"> - Project output - Project management
Impact	<ul style="list-style-type: none"> - Socioeconomic impact - Technical transfer
Sustainability	<ul style="list-style-type: none"> - Operation and maintenance system of the hospital - Local health needs prospect - Financial, human resource, and administrative support
Relevance and Coordination	<ul style="list-style-type: none"> - Linkage between Relief, Reconstruction and Development - Cooperation and coordination mechanism among stakeholders, project duplications

4.3.3. Evaluation by Criteria

Relevance

The project responded appropriately to local educational needs and national development policies and MDGs. The project was consistent with the priorities of Indonesia's development policies and tsunami reconstruction plan. The Medium-term Development Plan for 2005-2009 of Indonesia specifies the objective as increasing human resources through education. The tsunami reconstruction master-plan, established in 2005, set the objective for education reconstruction as follows: i) to provide equal opportunity through rebuilding educational facilities, ii) to improve quality of education and iii) to reconstruct educational sector through educational institutions and budget management.

The project reflected the third objective of the MDGs which is universal primary education. Despite some progress with primary education enrollment, Indonesia has

been witnessing a wide gap between the primary and middle school enrollment rate as well as high rate of drop-out, repetition rate and educational gap among different income levels.

The selection of project area was adequate and reflected local conditions and demands through the assessment on the BRR requests and other donors' assistance status.⁷ Being far removed from the tsunami affected area, the project site was not geographically appropriate, as most reconstruction projects were centered in Banda Aceh. However, there was a need to select relatively isolated regions as a project site in consideration of aid effectiveness and coordination with other donors. Furthermore, since the local government requested a school construction in Aceh Barat Daya, KOICA's decision was relevant to the regional education needs at that time.

Efficiency

Considering the duration and cost, the project appeared to be efficiently implemented despite a few areas where improvement on procurement process was necessary, similar to the hospital project. In case of the reconstruction project, a different procurement arrangement is suggested to assure the quality of contractors; the bidding process based on the low price and tied aid may increase the risk and quality problems with the projects' final outcome. It is thus desirable to tighten the quality assessment for bidders to minimize secondary risks. Expanding the portion of untied aid is also recommended to increase the efficiency and effectiveness of the project.

Effectiveness

The completion of school buildings represented success of the initial plan and the project in achieving its objective for improving the educational environment through construction of school facilities. The project was judged to be effective, based on the findings on the status of school operations and facilities utilization. Although the expected number of beneficiaries from the project was 1,940 students per year, the school operation reports show that the number of enrolled students is much lower, the total being 439 (234 in Aceh Barat Daya and 205 in Nagan Raya). This is partly due to the difficulties with attracting qualified teachers in the region where living

⁷ The assessment team composed of two educational experts was dispatched from in November 2005 to perform studies on project feasibility, local conditions and other basic information on project implementation.

conditions and other infrastructures are not favorable compared to bigger cities. The long commuting hours and lack of dormitory facilities in the school complex also hinder efforts to recruit more qualified students.

In terms of educational facilities, basic facilities with some advanced language lab equipments were provided. Teachers and parents also showed strong interest in the school, which was better equipped than local educational facilities. However, some of the equipments were left uninstalled or broken at the time of evaluation team's visit and KOICA has been communicating with the contractors for maintenance arrangements. The interview with the participants of training program conducted in Korea showed overall satisfaction with the content, methods and applicability of training courses on educational system and Korean education policy and practice; while the lack of consideration on cultural differences manifested in absence of prayer rooms, as well as food and cold weather were pointed out as difficulties.

Table 4-7. Education Status of Project Area

Region	Total Population	Education Beneficiaries	Facilities
Darul Makmur town, Nagan Raya district	46,000	Total 19,000 (8,000 was not able to receive education)	<u>Total 46 schools with 10,729 students</u> 35 primary schools 7 middle schools 3 high schools 1 technical school
Susoh town, Barat District	18,000	Total 4,593 students	19 primary schools 4 middle schools 1 high school 1 Islam dormitory school

Impact

The impact of the project was found to be high. The local government demonstrated a strong and express intention to develop the school as a model elite school of the region; to improve the educational environment and quality, regional authorities took several initiatives such as recruiting of talented students and teachers as well as building dormitories with its own budget to attract additional numbers of talented students and teachers.

Economic impact was generated through the employment of local labor and purchasing

of building materials locally during the construction. Due to limited local participation and engagement throughout the project, the impact of technological and knowledge transfer was minimal. Assuring more local participation is necessary to incorporate local input for culturally sensitive project design and safety measures in disaster-prone areas.

Sustainability

Based on the standards of project framework, management and sustenance status, educational demand, financial, administration, and human resource factors; sustainability was deemed low. One issue is under-supply of students compared to the accommodation capacity of the schools; the number of students enrolled is 439, much lower than the initial goal of 1,940. The school is experiencing difficulties in attracting qualified teachers due to the insufficient budget and poor local living conditions. The school's location in a remote area, one hour away from the nearest urban residential area, remains the main obstacle for attracting students (especially primary school students) and Nagan Raya is in the process of building a school dormitory with the province's own financial resources to address this issue.

The school is experiencing challenges in terms of financial and human resources after completion of the project. KOICA had planned to dispatch teaching volunteers for Korean language, computer and Taekwondo education; but it was postponed due to worsening of the safety situation without clear time plan for resumption. As the region is a disaster-prone area with frequent earthquakes, this constant risk was reflected in the building design for long-term operation of the school. The school is one-story building with its ground floor raised 1 meter to prevent submersion in case of flooding. Despite these considerations, there still remains a long-term maintenance issue with the buildings and equipments; the local authority should take up responsibility in managing and using the facilities, while regular monitoring on the status of facilities falls on KOICA and its contractors.

Coherence and Coordination

The composition of the project was similar to the *Friendship Hospital* and there was no serious duplication in its assistance with other donor countries and NGOs in terms of assistance coordination between stakeholders. However, there was insufficient cooperation with the Aceh provincial government, donors on project planning,

preparation, and monitoring. As the BRR took the initiative of the project selection and implementation amid post-disaster emergency, active communication with local government was limited. Furthermore, feedback at each phase including design, implementation, monitoring and completion was lacking; due to limited interaction and communication between KOICA and the local authorities.

4.3.4. Evaluation Summary

Despite a few aspects that need to be improved, the *Aceh Model School* project displayed outstanding performance in relevance, efficiency, effectiveness and impact. Some improvements need to be made concerning sustainability of the project and continuation into the next phase of development projects needs to be ensured.

Table 4-8. Aceh Model School Project Evaluation Summary

Criteria	Evaluation Outcome
Relevance	The project reflected the local demand and conditions adequately, meeting national development policies of Indonesia, MDGs, relevance and local needs.
Efficiency	The project was judged efficient, considering the implementation period and use of financial resources; some improvements need to be made in procurement procedure.
Effectiveness	The project achieved its intended goal of improving the educational environment through modern school construction.
Impact	The project resulted in a high level of socioeconomic impact.
Sustainability	Based on school management, prospects for educational demands, financial, administration, and human resources factors, it showed low sustainability.
Coherence and Coordination	Next phase of development project for educational capacity building to strengthen the linkage between relief- reconstruction and development is necessary. Better coordination and cooperation with the recipient country is also advised.



4.4. Other KOICA Projects related to Tsunami

Mangrove Forest Rehabilitation Project

KOICA and the Korea Forestry Service jointly engaged in the mangrove forest restoration project in Aceh during 2006-2008. The project area covered a total of 550 hectares in 5 regions and the project cost \$1.8 million. In addition to forest rehabilitation,

KOICA provided educational facilities to government officials through the establishment of the Mangrove Information Center. KOICA jointly with JICA provided trainings in human resource management, forest maintenance and mangrove forest management methods to local farmers. The mangrove ecosystem constitutes a vital and indispensable part of life to people living in Indonesia's coastlines. Mangrove works as a buffer in case of a tsunami, reducing the damage from the waves and it provides a habitat for various fauna and flora. It also contributes to the local economy and environment by providing livelihoods through agro-forestry and timber. Given that reforestation project requires a long period (10-15 years) for monitoring and maintenance, continued and sustained assistance is advised for success of the projects.

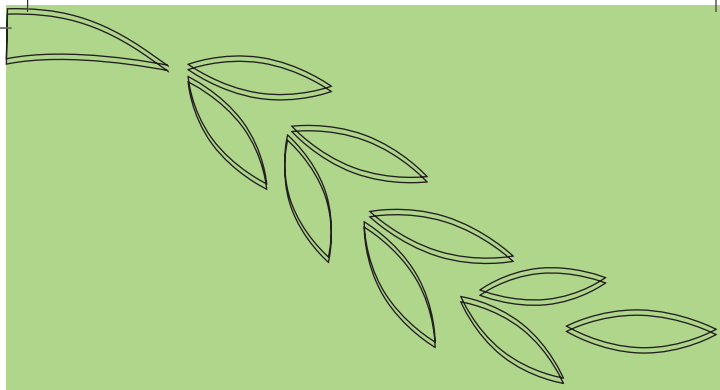
NGO assistance

KOICA cooperated with civil societies through various NGO assistance projects such as school and house construction, provision of drinking water, and others. For tsunami reconstruction, KOICA assisted seven Korean NGOs in various areas including health, education and housing, etc. The total disbursement for the NGOs reached US\$888,000.

Table 4-9. NGO Assistance for Tsunami Reconstruction

Organization (assistance period)	Project type
Global Care (Sept. '05 - Jun. '08)	Health and education
Good Neighbors (Aug. '06 - Aug. '08)	Vocational training program
Global Care (Jul. '06 - Feb. '08)	Health and education
Korea Food for the Hungry International (Jun. '06 - Oct. '07)	Vocational training program
Save the Children Korea (Sept. '05 - Dec. '06)	School reconstruction
Plan Korea (May '06 - Feb. '07)	Home reconstruction
Team & Team Indonesia (Jan. '08 - Dec.'08)	Rain water gathering system (schools & health clinics)

Source: KOICA in Aceh & Nias pamphlets (KOICA Jakarta office)



LESSONS LEARNED AND RECOMMENDATIONS

5.1. Emergency Relief

Enhancing the role of KOICA as coordinator

For emergency relief operations, qualified experts with many years of experience are essential in order to ensure effectiveness and professionalism. For this, it is necessary for KOICA to decide on whether to focus on its implementation role or its coordination role. Regarding the role of KOICA, it would be preferable for KOICA to focus on the coordination role and transfer its implementation role to disaster relief agencies such as the Korea Red Cross and NGOs. However, as there are few relief NGOs in Korea, and even those who are active in humanitarian assistance do not have sufficient level of expertise and experience. Thus, it is important for KOICA to assist these organizations in enhancing their capacities. Most Korean relief NGOs are small in size and lack human resources and funding. Until the capacity of the civil society is sufficiently strengthened, KOICA needs to continue to perform and implement emergency relief activities and at the same time strengthen its own coordination capacity.

In the mid-to-long term, KOICA should provide pre-accreditation for a number of qualified NGOs and have them apply for funding through simplified procedures in the event of crises in order to ensure a rapid and flexible emergency response. The Japan Platform model could be taken into consideration as a public-private partnership among government, civil society and the private sector. In accordance with a plan to *increase the ratio of ODA/GNI* to 0.15% by 2012, and 0.25% by 2015, GOK needs to consider expanding its humanitarian aid while diversifying funding methods.

Coordination, needs assessment and information sharing

At an outbreak of a disaster, gathering necessary information on the disaster site can

be highly challenging. Thus, it is essential to actively participate in the UN-led international coordination system within the affected country. By sharing information with other donors through coordination mechanisms such as the UN OSOCC, KOICA can quickly identify disaster-affected areas, and the magnitude of damage and loss more quickly and efficiently. At the early stage of relief, it is important to dispatch a needs assessment team prior to the actual operations so that they can collect crucial on-site information. While closely cooperating with the government of the affected country and international agencies and other donors, KOICA should promptly disseminate on-site information to NGOs. Information sharing at the early stages of the operation will lead to improved division of labor and coordination between public and private sectors.

Linkage to recovery and development

More measures should be undertaken to provide humanitarian assistance in ways that are supportive of recovery and long-term development. From the outset, aid to the affected country must be provided with longer-term engagement in mind. Key sectors that Korea is active in during the period of relief efforts should be aligned with plans for rehabilitation and reconstruction. Furthermore, in case of disaster-prone countries like Indonesia, the humanitarian assistance strategy must be incorporated into the long term development plan outlined in KOICA's Country Assistance Strategy.

In order to improve the linkage between relief, recovery and development, Korea needs to plan ahead based on the results of needs assessment, and dialogue with central and local government of the affected country. It is recommended that an in-depth feasibility studies to be carried out to identify the reconstruction and development needs at the earlier stage of assistance. That way, Korea can design relief, recovery and reconstruction plan suited to the needs of the affected region and people.

Furthermore, KOICA should strengthen and integrate disaster risk reduction process into humanitarian assistance in disaster-prone countries. Rather than focusing narrowly on post-disaster assistance, KOICA should invest more efforts on measures to prevent or minimize the effect of disasters and associated risks, prepare for the disaster and build capacities of local government and people.

Cross-cutting issues

There should be stronger recognition of cross-cutting issues such as children, older people, disabled people, gender, environment and HIV/AIDS. They have to be incorporated into planning, implementation, monitoring and evaluation phase of all operations. It is important to consider the vulnerability of specific groups in the affected country and region and design an appropriate assistance for them.

5.2. Recovery and Reconstruction

Enhancing local participation and focusing on the needs of affected people

Program efficiency must be achieved through participatory approach. Specific needs and priorities of the affected region must be fully discussed with the recipients before implementing the programs. For example, providing appropriate medical equipments for the region with accessible component parts is one of the many issues that need careful consideration. To ensure local participation, capacity-building in local communities should be accompanied especially for health and education work that requires long-term commitment and investment before any results can be achieved. Technical assistance programs to transfer knowledge and know-how to local communities combined with creation of proper infrastructure is recommended.

Improving maintenance systems and expanding local purchase

It is important to reduce the burden of maintenance and repair of equipments provided and to encourage the local procurement. Secondary risks arising from the misuse or malfunctioning of equipments, especially in case of medical equipments, may be reduced through this process. After the sale, a service contract could be agreed between the recipient country and the equipment provider if the equipment provided and the parts are difficult to purchase/use in the region. When constructing a building, local companies should be encouraged to participate in order to reflect the social and cultural characteristics and to promote technology transfer.

Considering the special circumstances of post-disaster reconstruction, it is important

to strengthen the selection criteria beyond bidding price of companies that implement the projects. In some countries including Indonesia, where risks of natural disasters such as earthquakes are high, selection of qualified contractors who have sufficient experience and knowledge in disaster-prone areas is important.

Strengthening project monitoring and post-completion management

Provision of supplies and equipments must be followed by installation, operation test, user training, and provision of local language manuals. Submission of final reports is necessary when a project is completed to ensure good performance of the project. In many cases, this requirement is specified in the contract as terms of payment but not fully observed. As for monitoring and evaluation, experts from relevant sectors including local consultants should be invited to participate. Currently, sector specialists are involved in feasibility studies for some projects and their role could be expanded to other phases of project implementation.

Strengthening sustainability and developing follow-up operations

It is necessary to build a long-term and multi-sector assistance strategy beyond individual project level to enhance the sustainability of reconstruction projects. For example, building schools combined with public-health education facilities or educational institutions could bring about synergistic effects for both sectors. Regular and comprehensive training programs for the longer term, such as scholarship programs instead of sporadic courses, could contribute to long-term development of local capacity.

KOICA needs to strengthen coordination with the central and regional governments as well as multilateral organizations to understand the specific local needs prior to developing and launching its future projects. As the Aceh region is suffering from high unemployment rates and difficulty of livelihood stemming from a very limited number of industries, it is recommended that this situation be addressed by implementing livelihood projects such as fish farming or woodcraft. In terms of assistance methods, KOICA should consider promoting its efficiency by cooperating with NGOs who have competitiveness in such areas.

Strengthening cooperation with partners

It is necessary for KOICA to strengthen the cooperation with the local project management agencies. Communication is not only important with local people and authorities but with various actors such as contractors, equipment providers or other service providers to promote the effectiveness and sustainability of projects. Partnership with NGOs that have abundant knowledge and experience in local community is also valuable for efficient mobilization of resources for project planning, implementation and monitoring. The role of the private sector through public-private partnership should be more emphasized to increase the level of expertise, technology as well as financial resources.



5.3. Operation Manuals

Categorization of emergencies and levels of response

The Manual needs to provide clear categorization of emergencies and levels of response. *Overseas Emergency Relief Operations Manual* and *Overseas Emergency Relief Plan* lack differentiation between natural and man-made disasters. In the Overseas Emergency Relief Act, overseas disaster is defined as “physical or property injury caused by natural disaster or large-scale accidents occurring outside the Korean territory.” This definition does not clearly distinguish between natural, man-made and complex disasters. Considering Korea’s increasing engagement in conflict areas such as Iraq, Afghanistan, and Sudan; more detailed categorization of disasters and the level and scope of response must be outlined in the Manual and the Plan.

Furthermore, the Act, the Plan and the Manual categorize disasters as either small or large. The Overseas Emergency Relief Team is supposed to be dispatched only to “large disasters” upon the request of the affected country or international agencies, and when it is decided that Korea’s assistance is necessary. There needs to be a more specific emergency classification and response level. Without clear definition of an emergency, it is hard to design appropriate responses.

More specific and detailed guidelines

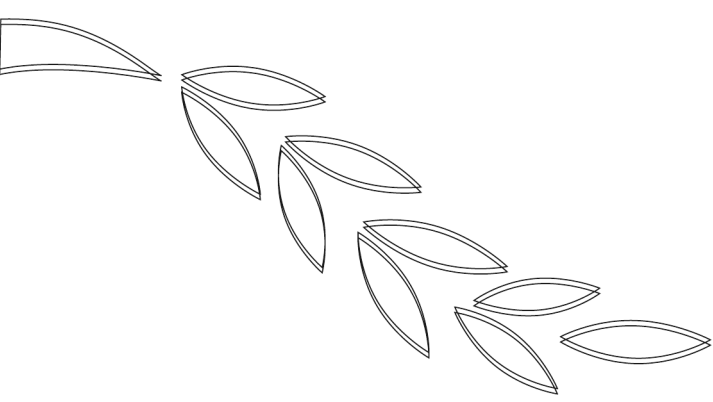
Overseas Emergency Relief Operations Manual and *Overseas Emergency Relief Plan* contain an overview of emergency response systems and a general operational guideline. A field operation manual should provide more detailed, precise, step-by-step guideline for groups of different roles and scopes. It is recommended that separate manuals be developed for rescue teams, medical teams and administrative staff in accordance to their specific mandate. The manual should also indicate different types and levels of assistance depending on the category of emergency, as outlined above.

The modified Logical Framework (LogFrame) for use in emergencies needs to be developed and included in the manual. The standard Logframe is not an appropriate planning and management tool in emergency settings because it lacks the requisite flexibility. Monitoring and evaluation must be carried out based on the modified LogFrame. It is necessary to set goals, objectives and indicators that are appropriate for monitoring and evaluating emergency relief, recovery and reconstruction.

Dealing with civil society partnership

There is little recognition or explanation on the partnership with civil society in the current Manual and Plan. Specific guidelines on the on-site coordination mechanism between KOICA and civil society should be provided in the Manual and the Plan. Through the Korea NGO Council for Overseas Cooperation, the civil society umbrella group, KOICA needs to strengthen cooperation with NGOs by sharing information before, during and after emergency response and carrying out the joint training program on emergency operations.

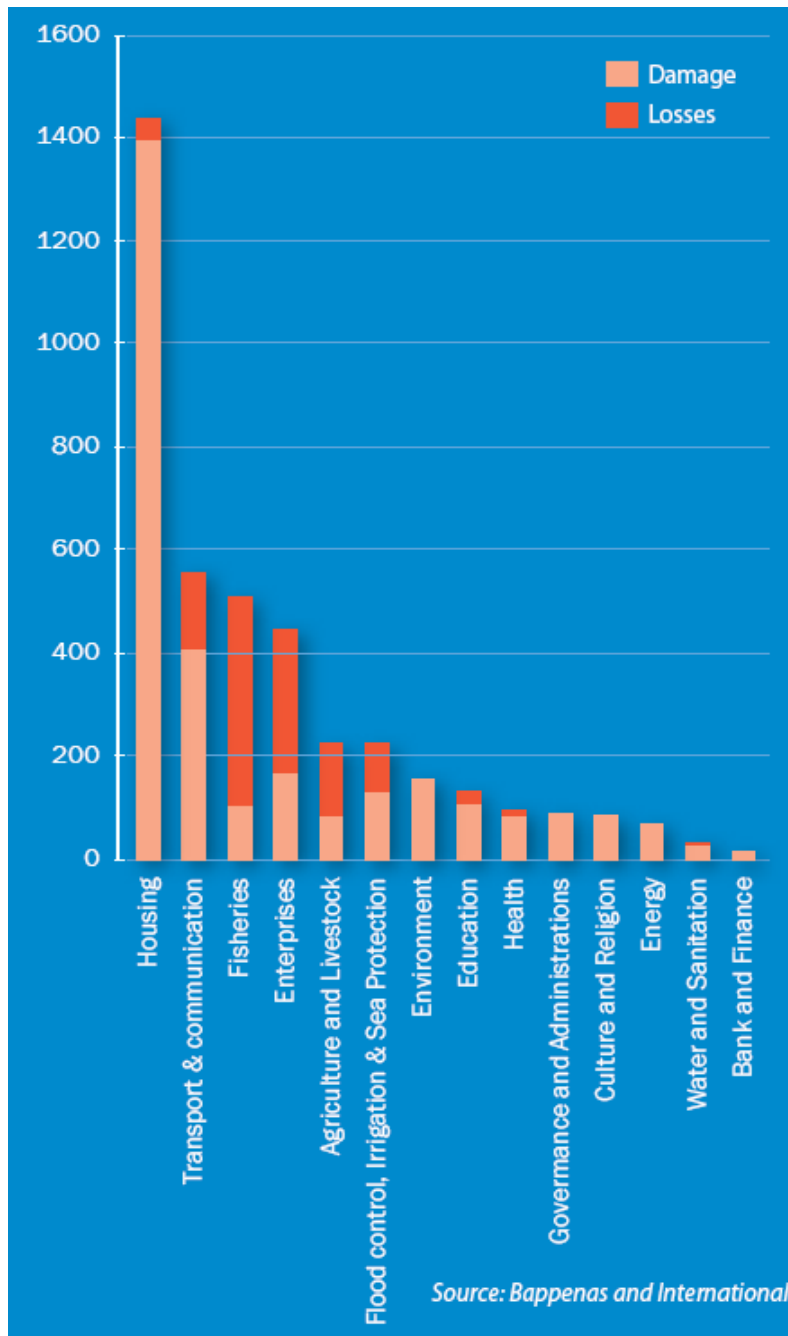
It is important to identify qualified relief agencies so that KOICA can pre-accredit those who can quickly and efficiently deployed during the onset of emergency. At the relief phase, the overseas emergency relief team can cooperate with NGO experts and volunteers. The division of labor at the initial stage can enhance the effectiveness and coherence of assistance. The strength of civil society lies in its capacity to reach out to vulnerable populations at the grassroots level in a participatory manner. The constraints of government agencies in reaching the local people can be addressed through close partnership with civil society. Thus, for recovery and reconstruction as well, it is recommendable to engage civil society in project identification, preparation, implementation, monitoring and evaluation.



ANNEXES

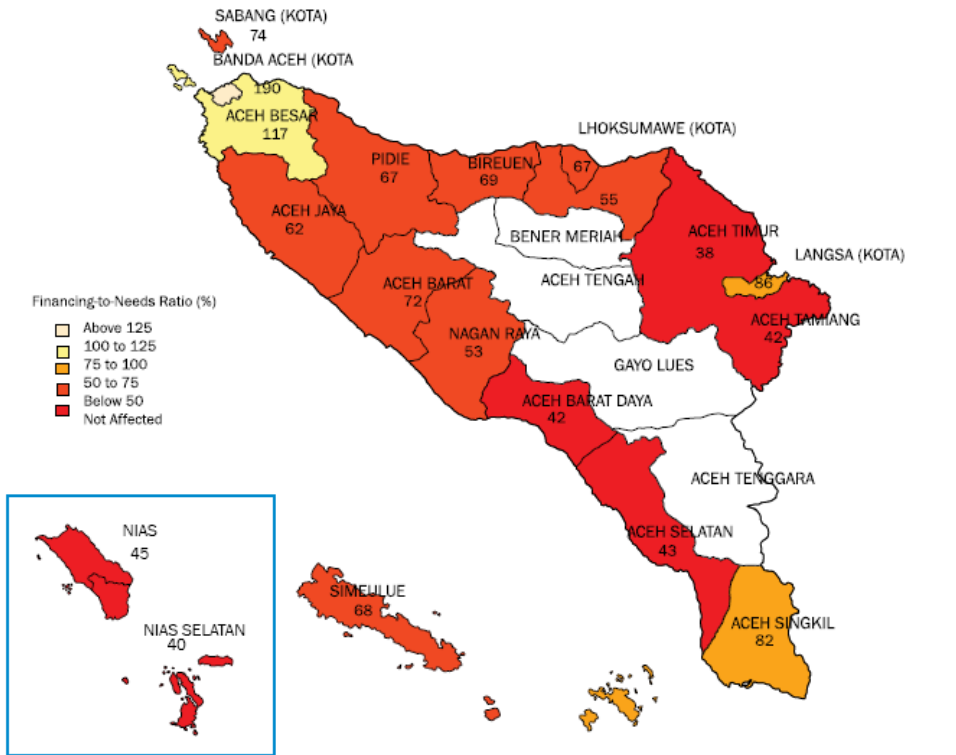
Annex A. Relief and Reconstruction Needs in Indonesia after the Tsunami 2004

Figure A-1. Damage and Loss Assessment by sector (2005)



Source: BRR (2009), Finance

Figure A-2. Regional Gaps in Financing (2005)



(Source: BRR and Partners 2005)

Source: BRR (2009), Finance

Annex B. Comparison of Emergency Relief Scheme and Manual

Table B-1. Comparison of Emergency Relief Scheme: Korea, Japan, Australia and U.S.

	Korea	Japan	Australia	U.S.
Aid Volume for the Indonesian Tsunami	\$17.2 million	\$260 million	\$190 million	\$400 million
Legal framework	Overseas Emergency Relief Act	JDR Law	Humanitarian Action policy	Foreign Assistance Act, Chapter 9
Implementing Agency	-KOICA -National Emergency Management Agency -National Health Center	-JDR Secretariat/ JICA -National Police Agency -Fire and Disaster Management Agency -Japan Coast Guard	-Ausaid/ Africa, Humanitarian and Peace Building(AHPB) Branch -Emergency Management Australia (EMA) -IFRC, accredited NGOs	-USAID/ Office of US -Foreign Disaster Assistance -Food for Peace/USAID -Ministry of Defense
Manuals	-Overseas Emergency Relief Operations Manual -Overseas Emergency Relief Plan	-JDR Operation Manual for Medical Team -JDR Operation Manual for Rescue Team	-Various EMA operation manuals -Emergency Response Resource Manual(Ausaid Jakarta)	-OFDA Field Operation Guide
LRRD	-Limited level of needs assessment through bilateral government discussions	-Needs assessment and project formulation studies at early phase of relief by JDR expert team -Various risk management and capacity building projects through DRR	-Integration of humanitarian action into country program for disaster-prone partner countries -Various funding modalities	-OFDA transition template with guidelines on transition from emergency assistance to longer term development goals -Cash-for-work program at relief phase
Civil Society Partnership	-Lack of coordination with civil society and private sector -Summoning the Public-private joint committee on Overseas Emergency Relief in case of large-scale emergencies	-Japan Platform: a triilateral cooperation system among NGOs, government and business for emergency relief	-Periodic Funding Agreements with pre-accredited NGO partners -Promotion of private sector engagement through Public-private partnership programs	-Close collaboration btw USAID and InterAction, the largest coalition of U.S.-based international NGOs through meetings, information sharing and training
Coordination with International Community	-Active engagement in international policy dialogue for disaster response -Recently joined GHD -Limited coordination with international community at the field level	-Active engagement in international policy dialogue for disaster response -Not participating in GHD -Large financial contribution to international effort	-Leading the international policy dialogue for disaster response -Active participation in GHD -Dispatching qualified relief personnel to UN agencies through collaboration with RedR	-Financial contribution to GHD, co-chairing with Sweden -As the member of UNDAC advisory board, provides funding and supplies upon the team deployment
Key Features	-The 2004 Tsunami momentum for establishing a systematic disaster management scheme -Strong government leadership -Lack of LRRD	-Efficient DRR scheme and strong expertise based on the in-country disaster management experience -Enhancing LRRD via rapid and in-depth needs assessment	-Ausaid focusing on coordination, information management and funding -Increasing coherence and predictability of assistance through various funding modalities and longer-term approach	-Strong field operation mechanism -Deploying USAID Disaster Assistance Response Team faster than UN at the earlier phase of the 2004 Tsunami

Table B-2. Comparison of Emergency Relief Manuals: Korea, Other Donors, International Manuals

	Korea : Relief Manual & Plan	Sphere Project	UNDAC Handbook	USAID Field Operation Guide	JDR Handbook
By Whom	KOICA, Ministry of Foreign Affairs & Trade	About 400 agencies including IFRC and humanitarian NGOs	OCHA and UNDAC system members	USAID/OFDA	JICA/JDR Secretariat
For Whom	All actors in overseas emergency relief and individuals sent to disaster sites	All actors in overseas emergency relief	UNDAC members	DART members and individuals sent to disaster sites for assessments	Individuals sent to disaster sites as JDR team
Main Purpose	Outline Korea's emergency relief scheme and offer field operation guideline	Offer a set of minimum standards and key indicators in humanitarian action	Share and learn lessons from the previous UNDAC activities	Offer useful information for undertaking relief operations at different situations	Offer detailed yet comprehensive information and guidance necessary for field operation of JDR team
Key Features	Comprehensive but lack of detailed and procedural guidance to be referred as field operation manual	Principles and general statements applicable in a range of situations and not a practical guideline	Detailed guidance on disaster assessments with field coordination technique	Compact and easy-to-carry yet detailed enough to be referred as field operation manual	Compact and easy-to-carry manuals specifically designed for each JDR sub-team

Annex C. Evaluation Matrixes for KOICA Reconstruction Projects in Indonesia

Table C-1. Evaluation Matrix for Korea-Indonesia Friendship Hospital Project

Criteria	Evaluation Questions	Data Sources	Interviewees
Relevance	<ul style="list-style-type: none"> -Has the project reflected the national development strategy, health sector policy and local needs of Indonesia? -Was the project relevant to KOICA's reconstruction plan? -Is the project relevant to MDGs? -Were the project site, timing, scale and sector relevant to local health needs, conditions, scope of damage and other donors' assistance? 	<ul style="list-style-type: none"> -Master plan for Rehabilitation and Reconstruction -Midterm National Development Strategy of Indonesia -Country Assistance Strategy to Indonesia -Indonesia MDG progress report -KOICA reports related to internal projects and etc. 	<ul style="list-style-type: none"> -KOICA Indonesia office -Contractors (construction, supervision and equipments provision) -BKRA officials -Local health officials -Hospital staff -Dispatched experts
Efficiency	<ul style="list-style-type: none"> -Have the project activities been undertaken in a timely manner? -To what extent were resources used economically to deliver the project? -What is the relative efficiency of the project strategy compared to other strategies pursued by other players to achieve the same outcomes? -Was the project strategy the most efficient way to achieve the intended results? 	<ul style="list-style-type: none"> -Project completion report -Project supervision report 	
Effectiveness	<ul style="list-style-type: none"> -Has the project contributed to expanding medical services to local community according to its initial plan? -Has the project achieved increased accessibility to better medical service for local people? -To what extent did the project achieve its intended outputs? -Has the project contributed to strengthening local capacity in the health sector 	<ul style="list-style-type: none"> -Project site monitoring reports -Budget reports -Procurement plans 	
Impact	<ul style="list-style-type: none"> -Has there been a positive or negative impact as a result of the project that was initially intended or unintended? -What was the extent of socio-economic, environmental and technological impact of the project on the local community? 	<ul style="list-style-type: none"> -Experts report -Trainees program report 	
Sustainability, LRRD	<ul style="list-style-type: none"> -What is the likelihood of project results being sustainable and replicated in the longer term independent of KOICA assistance? -Is the Hospital supported by local administration in terms of finance and human resource development? -To what extent is the Hospital able to manage the quality of medical service? -To what extent can medical materials, facilities and equipments be utilized and maintained? -Is the hospital prepared for future disasters? 	<ul style="list-style-type: none"> -KOICA project plans in Indonesia -Budget support report from local government -Human resource management report in the hospital -Hospital operations and maintenance report 	
Coordination	<ul style="list-style-type: none"> -Was there any duplication of the project in a similar sector with other donors? -How well is the project coordinated with other stakeholders throughout the project implementation cycle? 	<ul style="list-style-type: none"> -Project monitoring report -Project site report 	

Table C-2. Evaluation Matrix for Aceh Model School Project

Criteria	Evaluation Questions	Data Sources	Interviewees
Relevance	<ul style="list-style-type: none"> -Has the project reflected the national development strategy, education sector policies and local needs of Indonesia? -Has the project been relevant to KOICA's reconstruction plan? -Is the project relevant to MDGs? -Were the project site, timing, scale and sector relevant to local educational needs, conditions, scope of damage and other donors' assistance? 	<ul style="list-style-type: none"> -Master plan for the Rehabilitation and Reconstruction -Midterm National Development Strategy of Indonesia -Country Assistance Strategy to Indonesia -Indonesia MDG progress report -KOICA internal project related reports etc. 	<ul style="list-style-type: none"> -KOICA Indonesia office -Contractors (construction, supervision and equipments provision) -BKRA officials -Local education officials -School staff -Experts dispatched
Efficiency	<ul style="list-style-type: none"> -Were project activities undertaken in a timely manner? -To what extent were resources used economically to deliver the project? -What is the relative efficiency of the project strategy compared to other strategies pursued by other players to achieve the same outcomes? -Was the project strategy the most efficient way to achieve the intended results? 	<ul style="list-style-type: none"> -Project completion report -Project supervision report 	
Effectiveness	<ul style="list-style-type: none"> -Has the project contributed to expanding educational opportunities for the local community according to its initial plan? -Has the project achieved increased accessibility to better educational service for the local people? -To what extent did the project achieve its intended output? -Has the project contributed to strengthening local capacity in the education sector? 	<ul style="list-style-type: none"> -Project site monitoring reports -Budget reports -Procurement plans 	
Impact	<ul style="list-style-type: none"> -Has there been a positive or negative impact as a result of the project that was initially intended or unintended? -What was the extent of socio-economic, environmental and technological impact of the project on the local community? 	<ul style="list-style-type: none"> -Experts report -Trainees program report 	
Sustainability, LRRD	<ul style="list-style-type: none"> -What is the likelihood of project results being sustained and replicated in the longer term independent of KOICA assistance? -Is the model school supported by local administration in terms of finance and human resource development? -To what extent can the schools manage the quality of educational service? -To what extent are educational materials, facilities and equipments being utilized and maintained? -Are the school buildings prepared for future disasters? 	<ul style="list-style-type: none"> -KOICA project plans in Indonesia -Budget support report from local government -Human resource management report in the school -School operations and maintenance report 	
Coordination	<ul style="list-style-type: none"> -Was there any duplication of the project in a similar sector with other donors? -How well the project coordinated with other stakeholders throughout the project implementation cycle? 	<ul style="list-style-type: none"> -Project monitoring report -Project site report 	

Annex D. Field Mission to Indonesia

Table D-1. The Mission's Itinerary

Date	Schedule
Aug 30, Sun	Team travels to Jakarta
Aug 31, Mon	<u>Jakarta</u> 1. Meeting with KOICA Jakarta Staff 2. Meeting with Ausaid Staff 3. Meeting with a BAPPENAS official
Sep 1, Tue	<u>Jakarta</u> 1. Meeting with JICA Staff 2. Fly to Medan
Sep 2, Wed	<u>Aceh Barat Daya</u> 1. Field visit to Korea-Indonesia friendship hospital project Site - Meetings with the Head of District, Director of Regional Public Hospital, a doctor specialist, nurses and hospital administration staff 2. Field visit to Aceh Model School Project Site (Aceh Barat Daya Complex) - Meetings with the Head of Education Service Office, heads of senior high school, junior high school and elementary school
Sep 3, Thur	<u>Nagan Raya</u> 1. Field visit to Aceh Model School Project Site (Nagan Raya Complex) - Meetings with the Head of Education Service Office, heads of senior high school, junior high school and elementary school - Meetings with the Head of Education Service Office and school staff
Sep 4, Fri	Fly to Medan, from Medan to Banda Aceh
Sep 4, Sat	<u>Banda Aceh</u> 1. Field visit to Mangrove Forest Rehabilitation Project - Visit Mangrove Information Center and rehabilitation sites - Meetings with BPDAS (Watershed management service) and BKRA staff
Sep 6, Sun	<u>Banda Aceh</u> 1. Meeting with the Frontiers staff
Sep 7, Mon	<u>Banda Aceh</u> 1. Meeting with BKRA staff 2. Meeting with UNDP Banda Aceh staff
Sep 8, Tue	<u>Banda Aceh</u> 1. Meeting with World Bank Banda Aceh staff 2. Meeting with Care Indonesia staff
Sep 9, Wed	Team returns to Seoul

Annex E. Local Consultant Analysis on KOICA Reconstruction Projects in Aceh (by Mr. Muzailin Affan)

■ Hospital in Abdya

Korean assistance to build a community hospital in particular in Abdya and for west coast of Aceh in general is a form of assistance that is very effective. In terms of the urgency need of a hospital in Abdya and in the South West Aceh, the presence of this hospital is very appropriate considering the geographic distance between the existing hospitals in Banda Aceh is very far away. Moreover, there is no general hospital in Abdya district, so the establishment of new hospital in this district is as the dream comes true for the people of Abdya.

As stated by vice Bupati of Abdya, Mr. Syamsul Rizal, that the KOREAN-that is the name for common people- hospital proudly to be the referenced hospital for west south coast of Aceh. The local government of Abdya is paying much attention to develop the hospital so that it can serve the people of Abdya in particular and the people of West south coast Aceh in general.

Equipment

The equipment in Abdya general hospital is enough in terms of quantity and quality. The equipment donated by Korean government is very good and modern compare to the equipment in other hospital in the west coast area of Aceh province. Dr. Fauzi, one of the specialist doctors in the hospital, said that many of the equipment in the hospital is very good with high and modern specifications, but some of them are could not be used because of some part was missing or not properly installed. Some equipment even very high tech compared to the level of the hospital as a district hospital, the equipment is same as that is in the famous hospital in Jakarta.

For example, there is a big Uninterrupted Power Supply (UPS) provided by KOICA, but this UPS is not used by the hospital because no training on how to operate and maintain it. Same like other equipments, because no training was provided specifically for each item of equipments, so that the equipment could not be operated and left there unused and become broken.

Hospital Building

The building of the Abdya hospital physically is good. More detail that the building room is not properly set up for specific use. For example the room for roentgen is not protected for x-ray radiation. It is very dangerous for the people outside the room where the radiation could affect. The quality of the room is also not sufficient for the use of the radiology equipment.

Another problem for the room is the operation room that is not properly prepared for an operation room. The room is attached with window where the common operation room is to be isolated and silent enough. The drainage system and toilet facilities are also have some problems. It seems that the contractor did not fully follow the design and specifications set up in the building design. The design of building and equipment seems not conducted by the same consultant or there was not coordination between the building design and the design of equipment needed. It could be seen from the room provided for radiology room and operation room. The hospital is considered as the specific facility compared to the school or other common infrastructure where the room space is not very critical with the equipment. A hospital needs specific rooms with specific specifications for a specific equipment to be installed.

Medical and administration staff

Based on the data from management of hospital, the number of doctor is far from enough. The hospital only has four contract based doctors specialist. The doctors are come from other province outside Aceh. The situation make contracted doctor could not stay very long in Abdya, considered Abdya as the small city with no facility and entertainment. The Abdya government is now preparing the doctors for the hospital by sending some local doctor to study for their specialist. It is hoped that by 2010 there will be nine doctors specialist graduated and work at the hospital. The hospital management explained that gradually Abdya will increase the number of administration and medical staffs.

Maintenance

The maintenance for the hospital is supported by local government of Abdya. Some budget is allocated annually for operational and maintenance cost. Even though the budget is not enough to cover all of operational and maintenance cost. This situation

make the hospital is difficult to maintain its operation and maintenance cost. It still needs support from the provincial government and from external sources or donor if possible.

It is hoped that the hospital could earn some income from the people to increase its operational and maintenance budget. It is possible to implement if all of the equipment can operate properly and the medical staffs especially doctors specialist enough to serve all demand from the people. Due to some equipment and tools can not used, the hospital could not serve the patient with special problems or need specific operation. In that case the patients then referred to Banda Aceh. Abdya is still as new district in Aceh province. It is newly established from older district Aceh Selatan and they are preparing itself to be a more independent district in the future. Gradually Abdya will increase the budget for maintenance and operation of its general hospital.

■ School Complex in Abdya

Building and infrastructure

The school complex of Abdya in terms of school buildings is inadequate and where the building is quite good and already consists of the study room, laboratory and library facilities. In this school complex there is also a field for sports.

Laboratory and Equipment

The equipment in the school complex is already adequate and even laboratory equipment already using the latest technology in teaching and learning process. For example, computer laboratories are equipped with new PCs, language laboratory is also equipped with sophisticated equipment, and there is TV in an integrated facility.

The problem arises now is that some equipment could not function because the equipment is not completed installed by the contractor. The language laboratory is still empty and not installed with the equipment provided. The other equipments also have some problems because of uncommon brand of the equipment for the local people. In Indonesia, most of the electronic equipment used is Japanese brand because of the easy to get the spare parts and service maintenance. It is found that most of the equipment is Korean brand. It is a little bit difficult to find the spare parts and service centre for Korean brand in Aceh.

Teacher and Administration staff

The number of teacher is enough compare to number of students already registered in the school. The local government of Abdya will gradually increase the number of teachers based on the number of students. The administration staffs seem not enough yet and need some recruitment by local government. The existing administration staffs are not permanent and based on contract.

■ School Complex in Nagan raya

The school complex in Nagan Raya is mostly the same as it is in Abdya. The buildings and the equipment are almost same. The problems arise are almost same as in Abdya. Some equipment for laboratory were not installed and not been used. In terms of school level, in Nagan Raya is more complete. It is start from Kindergarten and up to senior high school in one complex. Nagan Raya is also same as Abdya, a newly established district. There is no sufficient infrastructure to support the school and the budget of local government is very limited. It needs longer time to expand the school facilities if only depend on the local budget.

■ Recommendations

Generally, the Korean government has supported the victim of tsunami in Aceh by providing a good and complete set of a General hospital in Abdya district and two school complexes in Abdya and Nagan Raya districts of Aceh province. The assistance support to build a hospital is very good because such a public facility that is urgently needed by the people of Aceh and people of Abdya in particular. This hospital has made the symbol of Korean government in Acehnese people image.

Same as Abdya hospital, the school complexes in Abdya and Nagan Raya are also built in a complete set of assistance in the form of buildings, equipments, school buses and trainings in one package. This is also has become the symbol of modern education facility in the districts. The people have known those schools as Korean School because all support is come from the Korean Government. These facilities have become the symbol of Korean government in Aceh.

Knowing that situation, therefore, it is very important politically for Korean government to see that those assistance to be very benefit to the people of Aceh. Some minor

problems and uncompleted works should be done quickly to ensure the facilities already donated and supported can work properly and giving significant benefit and contribution to the people of Abdya and Nagan Raya in particular and Acehese people in general. Based on the site visit and interviews with the management of Hospital and school complexes, some recommendations as the follow up of the fact findings and as well as the suggestions for the problems are as follow:

Hospital in Abdya

In order to be able to provide a good service in health to the people of Abdya, it is recommended that all equipment and tools to be operated and used properly. For some equipments that badly needed by the patients, it is recommended that KOICA should support to some budget for operating the equipment and provide special training on how to use and maintain the equipment.

It seems that there is serious problem in drainage system and toilet. It is recommended that KOICA through its contractor to fix the problems. KOICA necessary to consider the brand of the equipment provided, it needs the survey of a particular brand of equipment to be provided, so that the maintenance of equipment will be more easily carried out by the beneficiaries. For example, the copy machine, it is seen that the use of photocopy brand in Indonesia is more dominant to the Japanese brands, such as Canon, Fuji and others. For brands that are commonly used in Indonesia will make it easier in finding spare parts and replacement equipment and services which would be cheaper on operational and maintenance cost.

The equipment provided should be installed properly and the operator or the user can actually perform all the functions available on the equipment. In other words the training for the use of these equipment and tools is to be implemented as soon as possible. If possible KOICA should consider support the training for the equipment that already provided and installed. For the equipment that not yet installed it shall be rechecked and installed appropriately. The inappropriate rooms for Rongent and operation room, it is recommended that the rooms to be renovated and protected from effect of x-ray radiation. To run and functioning the existing equipment, it should be checked the equipment one by one in detail, and then it shall be categorized into urgent, medium and low priority. For equipment that are urgently needed by the patient, it is recommended that KOICA to support to function, while the equipment in low priority

can be included in hospital budgets to be repaired.

In the future, it is hoped that all equipment provided to be function properly; it is suggested that to be able to share portions of the provision of equipment and the maintenance. For example, 20% of the total amount of funds allocated to purchase to be allocated for the installation, training and short-term maintenance for 6 months or 1 year. This is important so that the users who are not familiar with the new equipment they need some time to properly uses the equipment and until they will be able to provide the operational funds by beneficiaries.

School Complex in Abdya

The school complex in Abdya shall quickly to function as a Language Laboratory. The laboratory as the important tools for the students to learn foreign language especially English. The integrated TV facility for teaching activity is also needed to be operated soon. This method of teaching and learning activity is very new and good to enhance the knowledge and experiences of the students to learn the IT technology.

It is recommended KOICA to support the installation of the laboratory equipment. Mean time it is difficult for the school to allocate some budget to fix and install the equipment because this district has been destroyed by disaster and the local government is preparing the budget for other infrastructure.

It is recommended that a student dormitory should be build inside the school complex. The dormitory will benefit the students who live far away from the school and also to make students live in the academic environment.

School Complex in Nagan Raya

For the school complex in Nagan Raya, it is same as the school complex in Abdya, where the school needs to activate some laboratory equipment. Particularly the language laboratory which is until now not yet installed. The installation needs to be done urgently in the language laboratory. The training on how to use the equipment to teachers and school administrators is also urgently needed.

If we see the location of the school complex, it is located far away from the settlement areas, therefore it is recommended to provide a dormitory for students. The dormitory

will contribute to the more time for students living in the academic atmosphere, rather than if the students live in their family where their environment is not focus on the education. About the number of teacher and administrator, it is also recommended to increase the number of teachers and administrator in the future gradually.