

# Relief Efforts in Japan One Year Later: Reflections and Lessons Learned

## An Expert Interview with Sumie Ishii

By Brian Hutchinson and Erin Schneider  
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**J**apan's devastating earthquake and tsunami on March 11, 2011 created one of the largest public health crises in Japanese history. Thousands of people were left homeless and in critical need of food, clothing, clean water, and medical care. In addition, many faced the threat of radiation from the Fukushima nuclear power plant meltdown, which is estimated to be the largest nuclear disaster since Chernobyl in 1986.

*At the one-year anniversary of this disaster, NBR spoke with Sumie Ishii, Managing Director of the Japanese Organization for International Cooperation in Family Planning (JOICFP), about the short- and long-term health impacts of the earthquake and tsunami, particularly on women and mothers, and the current state of relief efforts in Japan today.*

**Q. After the earthquake and tsunami, JOICFP coordinated a relief fund designed to assist pregnant woman in the affected prefectures of Iwate, Miyagi, and Fukushima. Why is it particularly important to focus on women and children in a disaster such as this?**

For 43 years, JOICFP has focused its work in developing countries. The earthquake and tsunami was a unique situation for us, because it was the first domestic emergency relief operation that we had ever conducted. Our experience with international relief efforts, however, showed us that women and mothers in disaster situations have special needs that are often overlooked or inadequately addressed, and this was true in the Japan crisis as well.



**Sumie Ishii** is the Managing Director of JOICFP, where she has worked since 1975. During her time at JOICFP she has created and led numerous development projects in low-income countries, including community-based integrated family planning and

reproductive health programs in Bhutan, Laos, Thailand, and Vietnam. From 1997 to 2002, Ms. Ishii was the team leader of the JICA Rural Health Project in the Nghe An Province of Vietnam, and she currently sits on the Steering Committee of the Civil Society Organization (CSO) Network Japan.

In Japan, women, expecting mothers, and children were among the first ones to leave the relief evacuation centers. Within one week of the disaster, most of them were gone, and the local government could not trace their locations. Eventually, it was determined that some of them had returned to their homes, even though they were in disrepair, and others had traveled to close family or friends' homes.

The primary reason for the women's premature departure from the evacuation centers was that the centers were not well-suited to meet their needs. In the large, one-roomed gymnasiums that housed evacuees, everyone was forced to sleep together in a common area; there were not separate areas for women, men, or children. If a baby woke up and started to cry, the women had no place to take the babies

except for outside, and it is very cold in the wintertime. Additionally, breastfeeding presented another significant challenge, as there was no designated space for mothers to give breast milk or for women to change their clothes. These kinds of female considerations were completely neglected.

In times of emergency, other specific needs—including commodities like diapers, sanitary napkins, wet tissues to wipe babies' bodies, or even basic toiletries such as hand, face, and lip creams—are considered luxuries. Despite the importance of such items, Japanese women, in the affected areas in particular, overwhelmingly felt that to request such things during a state of emergency was selfish, as the primary concern at that time was survival. Water and food always come first in disaster situations; special needs for women are always secondary and usually aren't addressed. When we devise disaster preparedness plans, it is crucial to think from a gender perspective, and to identify the critical needs of specific demographics.

**Q. What is the current state of women's and children's health in the disaster-affected areas one year later?**

The first stage of disaster relief is over. The women and children have either gone back to their homes or have moved from their hometowns and are living with relatives or friends. Additionally, a government-run, temporary housing scheme has been provided for those whose houses were washed away, and this program will be in place for about three years.

This does not mean that our struggles are over. According to a very recent report issued by the Ministry of Internal Affairs and Communications, the largest portion of the population that was displaced from their original homes was children between ages 0–4. The second largest displaced demographic was women between the ages of 40–44. This demographic shift presents significant challenges to families that have become separated as a result of the disaster. Husbands and fathers tend to stay in their original home areas to continue to work and earn income for their families, while mothers and children have moved to safer locations. In situations such as this, the father often visits every weekend. This dynamic creates both an economic and social burden, as families are divided into separate locations.

In addition to the emotional and economic burdens placed on families in which women relocate away from the affected areas, women who remain within the affected prefectures, especially those who have small children or babies, are under very severe stress during their everyday lives. One major

concern was the quality of breast milk. A case that illustrates this clearly is that of a mother who delivered a baby and had sufficient breast milk. However, she sought out a midwife to ask her how to stop breastfeeding and switch to bottled milk out of fear that her milk would be harmful to her baby due to exposure to radiation. Fear over the safety of breast milk is both economically challenging and psychologically difficult for mothers.

In addition, there is still great concern regarding ground contamination. Children are unable to play freely, as no one can assure that the affected areas are safe with 100% certainty. Even those who are able to relocate to a safer space have lost their sense of community. Mothers and children have to build a new life from the beginning.

**Q. Is there still sufficient NGO presence on the ground to address the health needs of people in the affected prefectures?**

There are many NGOs, non-profits, and private sector groups, small and large, that are still working in the affected prefectures today. But if we compare the number of workers and volunteers to a year ago, it has declined significantly. To address this issue, those involved in the reconstruction efforts have tried to design a one-year anniversary event to revitalize relief efforts for those still impacted by the disaster.

Some groups are organizing big and small charity events in the affected areas, as well as workshops and seminars to exchange and share experiences and lessons learned. Others are organizing meetings to address the unmet needs of the affected people and are continuing to work on reconstruction plans. The media are also focusing their programs on March 2011 follow-ups, shedding light on the current state of recovery efforts and lessons from the disaster that we must not forget.

Continued NGO presence in Japan's relief operations is critical, as people in the affected areas continue to struggle with personal security, job security, food security, and safety from radiation. Because so many people were forced to leave from their communities, reconstruction of these communities will be a long process.

**Q. In what key areas do you see a continued need to drive change?**

From our perspective as an international organization, we worry that the Japanese people are becoming too inward-looking. Japan was the biggest recipient of international aid last year; I don't think anyone would have predicted this. We

must now decide the extent to which we should focus on our own domestic challenges versus assisting developing countries, as we had prior to March 11. At the moment, we tend to think that because we have so many difficulties in our own country, there is neither time nor energy to devote to assisting developing countries in need. This is a hurdle and perspective that we have to challenge. Developing countries supported us during our crisis, and we must continue to recognize the needs of other countries while we simultaneously work to rebuild our most heavily hit communities.

Another area deserving of continued effort and change is including the gender perspective into rules and regulations regarding disaster relief protocol. For our disaster preparedness plans to effectively address the needs of our population, we have to develop approaches that are more gender-sensitive. We have assembled a few NGOs that are working toward this, and we have been providing them with feedback about our experiences and lessons learned through this crisis.

In addition to developing gender-sensitive approaches, we must also adjust our perspective of women's roles in society. In Japan and throughout the world, women are often not simply recipients of aid, but serve as breadwinners for their families. We would like better acknowledgement that, from the economic and social perspectives, women are a strong force for reconstruction. There are many small NPOs for women and children that are trying to support women to become more economically independent. Women must be enabled as an economic force. It seems simple, but it remains to be seen whether this shift in thinking can be achieved.

**Q. In the year since the earthquake and tsunami, how have Japan's civil society and public sector worked to reform or improve disaster-preparedness systems?**

There were large numbers of volunteers, young people in particular, who were very keen to come to the affected prefectures to offer support. There were also many small nonprofit organizations (NPOs) that came to offer assistance. Through our experience, we learned that there is a strong need for NGOs and NPOs to coordinate among themselves to ensure that work is not being duplicated and that relief programs are operating as efficiently as possible. This also prevents the local, regional, or national government administrations from becoming burdened with trying to coordinate efforts among NGOs, freeing them to focus their attention on critical government relief efforts.

Overall, NGOs on the ground in Japan were very effective at coordinating with each other. They represented one united

voice that was able to work efficiently with corporate and government agencies. The ability of the NGO community to coordinate efforts among themselves represents a significant change in Japanese relief efforts; such coordination was not as strong in previous disaster situations. This is one very critical lesson that we learned and applied this time.

International NGOs are still working in the affected communities today, and one significant role that international NGOs with domestic members in Japan have to play is bridging the gap between the global community and the local people in affected prefectures. We have the obligation to inform our global friends around the world of our progress, the key issues we are facing, and the lessons we have learned, and to ask how we can reciprocate.

From a government perspective, there is also room for improvement; however, change has moved rather slowly. But in February 2012, the government officially enacted a new Reconstruction Agency for a period of ten years, in an effort to streamline the reconstruction of affected areas.<sup>1</sup>

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<sup>1</sup> The Reconstruction Agency was inaugurated on February 10, 2012. Focusing on policymaking and fund management, it will be the lead body in reconstruction efforts, especially in regard to rebuilding physical infrastructure. A temporary agency, its jurisdiction over the recovery process will last until late March 2021, a decade after the 2011 earthquake and tsunami.

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**Q. JOICFP's relief program for women and children required extensive coordination efforts between many actors and diverse sectors. What were the primary challenges that your organization faced when implementing the program, and how did you address these challenges?**

In the tsunami-affected areas, few cities and towns had doctors nearby. This was the case even before the disaster. Thus, to deliver their babies and receive health check-ups, women had to travel to very big hospitals that were located many miles away. Under normal circumstances, they would use their own cars or public transportation to make the trip, but damaged infrastructure made this impossible after March 11, and many of them lost their cars as well in the disaster.

Instead of creating new channels of health delivery, we identified and cooperated with existing systems in order to develop the capacity for sustainability. To reach pregnant and lactating mothers, we realized that local health professionals were our answer. Because our staff was personally limited by lack of medical training, the answer was to support existing health professionals who could travel to the women in need. Our role was to coordinate donations and provide health workers with financial and logistical support. Today, many ob-gyns and midwives continue to serve women in hard-to-reach areas, supplying contraceptives and providing other like services including care and counseling.

Our approach to relief efforts was somewhat unique because instead of focusing on one geographical area, we focused on one segment of the population. We also handled relief donations that were targeted at mothers. All over the three prefectures, mothers applied to receive these donations, and we provided for 2,400 mothers who delivered their babies

in the period from March 2011 until the end of that year. Of course, we made detailed consultations with various ministries, but instead of asking the local administrations to identify the target recipient, provide information, and provide money, we managed this ourselves.

**Q. Did your experiences coordinating relief efforts in developing countries influence your actions in Japan? How did you translate this knowledge to a developed country setting?**

Some of our relief efforts in Japan would only have been possible in developed countries. We found that every woman had a cell phone and access to the Internet through their cell phones without fail. We could get them information through the Internet, and we developed a specific page on our website that women could access through their cell phones.

At the same time, we struggled with how to balance providing support to mothers while also helping them to become independent. Previously, we had been trying to show people in developing countries how to become self-sustaining. Before we begin a project in a developing country, we have to be very sure that we effectively communicate with the local people and always start with a strategy that includes a clear time frame, identifiable goal markers, and a defined exit strategy. However, we tended to forget this when it came to our own domestic efforts after March 11. Recently, we have adjusted it to focus on an exit strategy. Of course, we can't just stay for one year—we will need several years at least to rebuild. ☹️