

Is Assistance Delivered at a Bad Timing?

Assistance needs change from moment to moment. What was in short supply immediately after the disaster may be available in sufficient quantities a few days later when it is delivered as relief items or sold at local stores that have reopened for business. On the other hand, there are some needs that go unnoticed and remain lacking for a long period of time.

To deliver the right assistance at the right time, it is important to anticipate in advance the ever-changing needs after a disaster, as well as to confirm needs based on reliable sources of information after a disaster.

Newspaper headlines read “Economy class syndrome” and “More cases among the elderly and women: Earthquake-related deaths in cars, evacuation shelters, and facilities.” Evacuees are at higher risk for the economy class syndrome (deep vein thrombosis). At an early stage of evacuation, this shelter had installed cardboard cots and distributed medical socks, both hoped to be effective in preventing this disease. [Kumamoto Nichinichi Shimbun, April 21, 2016]



Typical Example of How the Quality of Assistance Worsens

Aid arriving too late



We've got enough water already.



When preparing relief supplies, be sure to confirm the quantity and timing of arrival. If items arrive at a bad timing, not only will they be wasted but will also place a heavy burden at the aid site.

Check List

- ✓ Are the responders providing timely assistance based on up-to-date information on changing situations and needs?
- ✓ Understanding the needs among some disaster survivors – such as children and non-Japanese speakers – will require expertise and experience, especially if they have difficulties signaling for help or have troubles they hesitate to express openly. Do the responders have such expertise and experience?

Best Practice Cases

Kumamoto Earthquake

Early Detection and Intervention of Diseases to Save Lives

Emergency Phase

Humanitarian Medical Assistance (HuMA)



Doctors and nurses checking lower limbs during traveling clinic ©HuMA

When disaster strikes, it is difficult to maintain good health and there is increased risk of chronic illnesses aggravating and infectious diseases spreading. To maintain disaster survivors' health, Humanitarian Medical Assistance (HuMA) doctors and nurses held traveling clinics for evacuees staying in their cars or at home, where aid is difficult to reach, in addition to densely populated evacuation shelters. They prescribed medication to those who had not been able to continue taking it for pre-existing conditions, such as high blood pressure, and to those suspected of having infectious diseases.

Also, the risk of economy class syndrome (deep vein thrombosis) had increased among people sleeping in their cars, which was a common form of evacuation after the Kumamoto Earthquake. So, HuMA made efforts to raise awareness of how this can be prevented through conducting ultrasound exams and distributing and teaching how to use compression stockings correctly.

Responders' Wisdom

- After the distribution of compression stockings, HuMA continued to visit evacuation shelters to conduct ultrasound and other tests. Patients suspected of having blood clots were referred to healthcare facilities for further tests, leading to early detection and treatment even during a disaster.

Kumamoto Earthquake

Anticipating Needs and Installing PCs in Evacuation Centers

Emergency Phase

BHN Association (BHN)



Equipment being used in evacuation shelter ©JPF

In an evacuation shelter, BHN set up two sets of ICT (information and communication technology) equipment – one for all disaster survivors and the other for the neighborhood association officers – that included computers, printers, Wi-Fi, ink, and paper to be used freely among the people staying there. Using the equipment, people collected information, prepared documents to be submitted to the local government, and made flyers for events in the evacuation shelters, all on their own while teaching each other. This had a positive effect on building up a sense of community starting in the evacuation shelter phase.

After the evacuation shelter closed, the equipment was promptly moved to a temporary housing complex meeting place to maintain the ICT environment. Computer training sessions and equipment maintenance were continued with local partners to build a sustainable support system for the disaster survivors.

Responders' Wisdom

- By cooperating with local aid providers with ICT expertise, long-term equipment maintenance and consultations for a wide range of use became possible.
- To find out in advance when evacuation shelters close, where temporary housing complexes will be, and when people will be moving in, communication with the local government was carefully maintained.