

Conclusion

As the project was in the third year, the evacuees' needs for support were changing. In addition, the attributes of the target populations were diversified compared to the first year. For example, some evacuees were interviewed for the first time in the second year and then they received the health interview again in the third year. Some evacuees newly moved to Iwaki City this year and the project targeted them for the first time in the third year. From the interview results, the evacuees interviewed were categorized as A+, A, B or C at a joint meeting between the JRCS and the Namie Municipal Government. During the third year of this project, the ratio of the evacuees that were judged to need assistance was 9.8%. That means that the project was able to refer about 10% of the evacuees to medical care or welfare services that they needed. The cases of Category A⁺ were referred to support services by the public authorities. The cases of Category A were re-visited by the Red Cross staff or nurses to support them. The staff of the JRCS Public Health Room for Namie have shared the recognition that the JRCS needs to strengthen assistance to such cases as its own activities.

Salon activities for mothers and children have been more actively held. There have been activities which meet their needs more. In the future, we hope to evaluate these activities based on the evacuees' needs and try to flexibly modify the salon activity programs.

The relations between various organizations have been established. Relevant meetings with other organizations and the liaison meeting between the Namie Municipal Government and the JRCS have been regularly held once a month. These monthly meetings allow the relevant personnel to discuss issues on that occasion and how to respond to the issues. This makes it possible to operate the JRCS Public Health Room for Namie in a stable way.

Problems with the staff allocation and organizational management have occurred occasionally; for example, ensuring the local staff and organizational management. However, discussions among the JRCCN staff, the office management staff and the JRCS HQ have been held depending on the situations and the problems have been solved.

JRCS nurses were dispatched from JRC hospitals throughout Japan and involved in this project. They usually provided nursing care at their hospitals, but during their duty period here in Fukushima, they provided community care as part of the mid- and long-term assistance after the disaster.

The cooperation by the nurses has helped the purpose of this project to be fulfilled, which was to prevent the evacuees' health conditions from worsening and continue to provide early support for them. Four years have passed since the earthquake and tsunami, but the prospects for the evacuees' livelihoods are still not in sight. There are still many evacuees from Namie Town who are concerned about their livelihoods and health. The project realized these concerns from their narratives during the health interviews. The project members hope to ask the relevant parties to continue the project activities for the evacuees.