

Chapter 4 Support for Disaster Victims

Section 2 Medical, Nursing, and Welfare

The Great East Japan Earthquake severely damaged medical facilities in the disaster-affected areas. In order to support the early recovery and reconstruction of disaster-stricken medical facilities, the Regional Medical Care Revitalization Fund was expanded in each disaster-stricken prefecture (a total of approximately 209.5 billion yen was granted as of the end of October 2022), and in each disaster-stricken prefecture, various projects were implemented based on the Regional Medical Care Revitalization Plan and the Medical Care Revitalization Plan, and efforts were made to rebuild the medical care provision system.

The Basic Guidelines (2016) for Reconstruction in Response to the Great East Japan Earthquake From the “Reconstruction / Revitalization Period” states, “Under the leadership of the national government, we will provide detailed support to meet regional needs in cooperation with prefectures and municipalities for the development and resumption of medical, nursing, and welfare facilities and the securing of human resources for specialists.” In the Basic Guidelines (2019) for Reconstruction in Response to the Great East Japan Earthquake after the “Reconstruction / Revitalization Period,” “The government will promote the development and resumption of medical, nursing, and welfare facilities, the securing of regional medical care systems such as the Futaba Medical Center Hospital in Fukushima Prefecture, the securing of functions necessary for the region such as the shortage of medical courses, the securing of the management of medical and nursing facilities after resumption, and the securing of medical and nursing care workers, and will provide detailed support that meets the needs of the region in cooperation with prefectures and municipalities,” as a particular measure to support securing secondary medical care for the Futaba District. These efforts continue.

As a result, as of the end of September 2022, 98% of hospitals (179/182, excluding hospitals located in areas under evacuation orders in Fukushima Prefecture and closed hospitals) that had difficulty accepting inpatients due to the earthquake were able to provide the same inpatient medical care as before the earthquake, and the reconstruction of the medical care provision system proceeded.

Nursing care facilities and facilities for the disabled were also severely damaged. For this reason, expenses for the restoration of facilities (Subsidy for Disaster Restoration of Social Welfare Facilities, etc.) were secured and efforts were being made to rebuild the nursing care and welfare provision system. As a result, as of January 2023, 98% (501/512) of care facilities requiring restoration had been restored, and 97% (301/311) of facilities for persons with disabilities had been restored.

There is still a shortage of nursing care and welfare personnel in each of the affected prefectures. For this reason, in addition to efforts to recall nursing care workers who left their jobs, efforts to secure nursing care workers from a long-term perspective, such as holding job fairs, conducting career development training for nursing care workers, and operating in-facility childcare facilities, are supported in accordance with the actual circumstances of the region, utilizing the Comprehensive Regional Medical and Long-Term Care Fund.

In addition, the Comprehensive Regional Medical and Long-Term Care Fund supports the efforts of municipalities to enhance home medical and long-term care services so that municipalities can build integrated community care systems that provide medical care, long-term care, and housing in an integrated manner according to the characteristics of the region.

With regard to future issues such as medical care, nursing care, and welfare, it is necessary to continue to provide efficient and effective support in cooperation with related organizations to secure systems for providing medical care and nursing care services. In particular, in areas under evacuation orders due to the nuclear disaster, it is particularly difficult to reopen medical institutions and continue services, so it is necessary to continue to provide intensive support.

1. Securing systems for providing medical and nursing care services

(1) Medical services, etc.

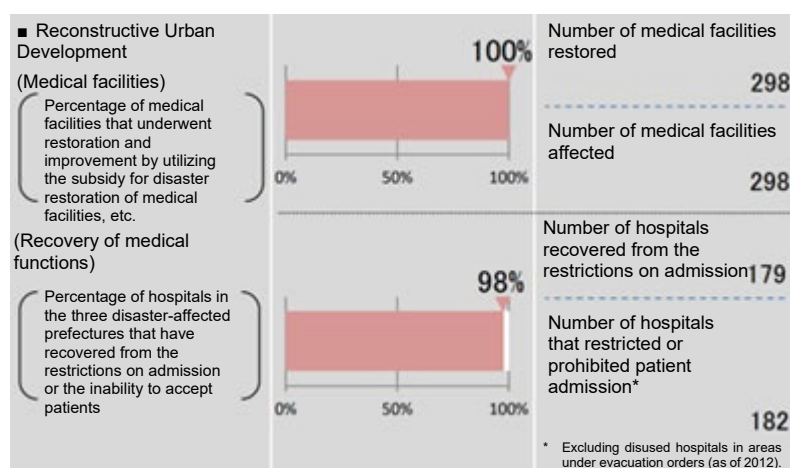
1) Support for revitalization of community medical care in disaster-affected areas

a. Status of reopening of medical institutions

As many as 298 medical facilities were restored using the Subsidy for Disaster Restoration of Medical Facilities, and the restoration work was completed in June 2015.

In addition, inpatient function of 182 hospitals in three prefectures were affected by the earthquake, but 90% of them had been restored by March 2016. Furthermore, as of the end of September 2022, 98% had been restored, and reconstruction of the medical system was progressing.

Figure 4-2-1 Status of reopening of medical institutions (end of March 2021)



Source) The Reconstruction Agency, “Progress in Full Recovery and Reconstruction of Public Infrastructure (as of March 31, 2021),” P.4

https://www.reconstruction.go.jp/topics/main-cat1/sub-cat1-2/210622_FukkoShihyo.pdf

(browsed July 25, 2023)

b. Handling of the emergency response phase

In order to implement restoration projects for damaged medical facilities, a total of 16.2 billion yen was provided for the Subsidy for Disaster Restoration of Medical Facilities, consisting of 3.6 billion yen in the first supplementary budget for FY 2011 and 12.6 billion yen in the third supplementary budget. In addition, this subsidy was expanded to include core hospitals, pediatric emergency medical core hospitals, and home dental clinics.

c. Regional Medical Care Revitalization Fund

In order to support the revitalization of regional medical care in the disaster-affected areas, the Regional Medical Care Revitalization Fund provided ① support for the development and operation of facilities and equipment for medical institutions that were reopened or newly established, ② support for the system of providing medical care in evacuation areas, and ③ support for securing medical workers.

This fund had been established in each prefecture before the earthquake to solve the issues of regional medical care, and in response to the earthquake, the Regional Medical Care Revitalization Fund in the disaster-stricken prefectures was increased in FY 2011, and the number of subsidized facilities was expanded. From FY 2017, the expansion of the fund was focused on Fukushima Prefecture, with support for securing medical care needed in the

Futaba District, efforts to secure and enhance the medical provision system in cooperation with medical facilities in neighboring areas, and implementation of projects such as supporting the operation of the Futaba Medical Center Hospital in Fukushima Prefecture.

By June 2015, 100% of the 298 medical facilities affected by the disaster had been restored, except for areas under evacuation orders in Fukushima Prefecture.

d. Increases of the Regional Medical Care Revitalization Fund

- FY 2011 supplementary budget: 72 billion yen (Iwate, Miyagi and Fukushima Prefectures)
- FY 2012 contingency fund: 38 billion yen (Iwate, Miyagi, Fukushima and Ibaraki Prefectures)
- FY 2015 initial 17.2 billion yen (Iwate, Miyagi, Fukushima and Ibaraki Prefectures)
- FY 2017 initial 23.6 billion yen (Fukushima Prefecture)
- FY 2021 initial 5.4 billion yen (Fukushima Prefecture)
- FY 2022 initial 2.9 billion yen (Fukushima Prefecture)

e. Securing a system for providing medical care in Fukushima Prefecture

In FY 2017, the Regional Medical Care Revitalization Fund was increased by 23.6 billion yen, and efforts were made to support the securing of medical care needed in the Futaba District and to secure and enhance the medical care provision system in cooperation with medical facilities in neighboring areas.

In April 2018, the Fukushima Futaba Medical Center Hospital was opened as a secondary emergency medical institution. In October of the same year, the operation of multipurpose medical helicopters was started to prevent patients from becoming seriously ill and further reduce their burden. However, six hospitals in the 12 municipalities in the evacuation area have yet to resume inpatient functions.

Figure 4-2-2 Fukushima Futaba Medical Center Hospital

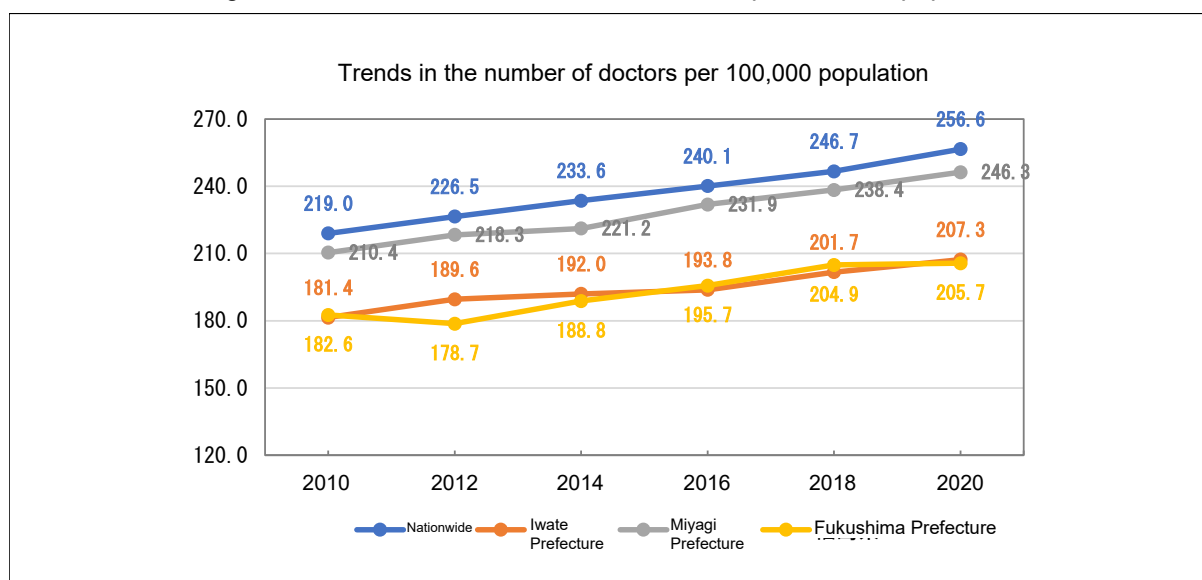


Source) Hospital pamphlet of the Futaba Medical Center, Fukushima Prefecture
<https://www.pref.fukushima.lg.jp/img/futaba/img/232018.pdf> (browsed July 25, 2023)

f. Securing doctors, nurses, and other healthcare professionals

Support is provided for efforts to develop and secure human resources by lending funds for schooling, creating an environment for securing nursing staff, improving the quality of staff, and inviting and dispatching doctors. The number of doctors per 100,000 population working in medical facilities is on the increase nationwide and in all three prefectures, but in the Soso region the number of doctors is lower than before the earthquake.

Figure 4-2-3 Trends in the number of doctors per 100,000 population



Source) “Trends in the Number of Doctors Working at Medical Facilities in Fukushima Prefecture (By Secondary Medical Care Area)” on the website of Fukushima Prefecture

Compiled by the Reconstruction Agency from <https://www.pref.fukushima.lg.jp/uploaded/attachment/515726.pdf> (browsed July 25, 2023) “Number of Doctors, Dentists, and Pharmacists per Population of 100,000: Prefecture by Type of Facility/Work, Gender, and Place of Employment - Designated Cities, Special Wards and Core Cities (Reprinted)”

2010 _ Statistical Table 17

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.mhlw.go.jp%2Ftoukei%2Fsaikin%2Fhw%2Ffishi%2F10%2Fxls%2Ftoukeihyo.xls&wdOrigin=BROWSELINK> (browsed July 25, 2023)

2012 _ Statistical Table 17-1

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.mhlw.go.jp%2Ftoukei%2Fsaikin%2Fhw%2Ffishi%2F12%2Fxls%2Ftoukeihyo.xls&wdOrigin=BROWSELINK> (browsed July 25, 2023)

2014 _ Statistical Table 15-1

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.mhlw.go.jp%2Ftoukei%2Fsaikin%2Fhw%2Ffishi%2F14%2Fxls%2Ftoukeihyo_H26.xls&wdOrigin=BROWSELINK (browsed July 25, 2023)

2016 _ Statistical Table 15-1

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.mhlw.go.jp%2Ftoukei%2Fsaikin%2Fhw%2Ffishi%2F16%2Fxls%2Ftoukeihyo_H28.xls&wdOrigin=BROWSELINK (browsed July 25, 2023)

2018 _ Statistical Table 15-1

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.mhlw.go.jp%2Ftoukei%2Fsaikin%2Fhw%2Ffishi%2F18%2Fxls%2Ftoukeihyo_H30.xls&wdOrigin=BROWSELINK (browsed July 25, 2023)

2020 _ Statistical Table 15 (1-1)

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.mhlw.go.jp%2Ftoukei%2Fsaikin%2Fhw%2Ffishi%2F20%2Fxls%2FR02_DL-toukeihyo.xlsx&wdOrigin=BROWSELINK (browsed July 25, 2023)

g. Other

A Review Meeting on Ideal Disaster Medical Treatment was held from July to October 2011.

The requirements for designation of disaster base hospitals were reviewed in light of the points raised in the Review Board Report regarding the necessity of making disaster base hospitals earthquake-proof, securing lifelines (communications, electricity, water), stockpiling food and drinking water, developing heliports, and developing a system to accept medical teams such as DMATs in normal times.

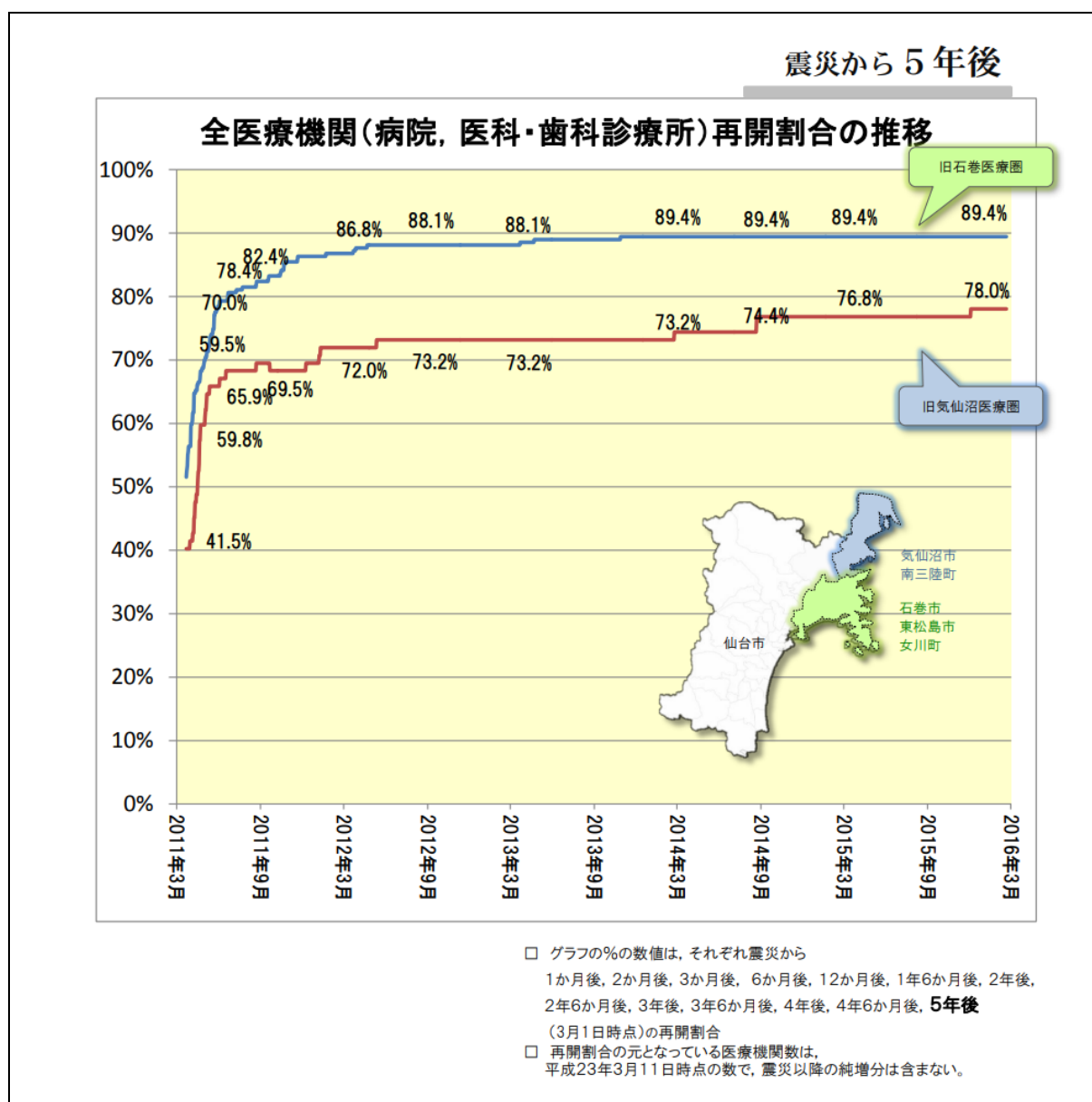
Figure 4-2-4 Status of reopening of medical institutions in 12 Fukushima municipalities

R5.2.1現在									
市町村名	区分	H23.3.1 (震災の発生時)	H31.4.1	R2.4.1	R3.4.1	R4.1.1	R4.4.1	R4.8.1	R5.2.1
田村市(都路地区) 避難指示解除準備区域を解除 H26.4.1	病院	0	0	0	0	0	0	0	0
	診療所	2	2	2	2	2	2	2	2
	歯科診療所	1	1	1	1	1	1	1	1
	薬局	0	0	0	0	0	0	0	0
川俣町(山木屋地区) ※伊達郡 避難指示解除準備 区域及び居住制限区域を解除 H29.3.31	病院	0	0	0	0	0	0	0	0
	診療所	1	1	1	1	1	1	1	1
	歯科診療所	0	0	0	0	0	0	0	0
	薬局	0	0	0	0	0	0	0	0
南相馬市(小高区) 避難指示解除準備区域及び 居住制限区域を解除 H28.7.12	診療所	8	3	4	4	5	5	5	5
	歯科診療所	5	1	1	1	1	1	1	1
	薬局	4	2	1	1	2	2	2	2
	診療所	0	0	0	0	0	0	0	0
飯館村 ※相馬郡 避難指示解除準備区域及び 居住制限区域を解除 H29.3.31	病院	0	0	0	0	0	0	0	0
	診療所	2	2	2	2	2	2	2	2
	歯科診療所	0	0	0	0	0	0	0	0
	薬局	2	0	0	0	0	0	0	0
葛尾村 避難指示解除準備区域及び 居住制限区域を解除 H28.6.12 特定復興再生拠点区域の避難 指示解除 R4.6.12	病院	0	0	0	0	0	0	0	0
	診療所	1	1	1	1	1	1	1	1
	歯科診療所	1	1	1	1	1	1	1	1
	薬局	0	0	0	0	0	0	0	0
浪江町 避難指示解除準備区域及び 居住制限区域を解除 H29.3.31	診療所	13	1	1	1	1	1	1	1
	歯科診療所	8	1	1	2	2	2	2	2
	薬局	8	0	0	0	0	0	0	0
	病院	1	0	0	0	0	0	0	0
双葉町 避難指示解除準備区域の解 除・特定復興再生拠点内一部 解除 R2.3.4 特定復興再生拠点区域の避難 指示解除 R4.8.30	診療所	5	0	0	0	0	0	0	1
	歯科診療所	5	0	0	0	0	0	0	0
	薬局	2	0	0	0	0	0	0	0
	病院	2	0	0	0	0	0	0	0
大熊町 避難指示解除準備区域及び 居住制限区域を解除 H31.4.10 特定復興再生拠点区域の 一部解除 R2.3.5 特定復興再生拠点区域の避難 指示解除 R4.6.30	診療所	5	1	1	2	2	2	2	2
	歯科診療所	4	0	0	0	0	0	0	0
	薬局	4	0	0	0	0	0	0	0
	病院	1	1	1	1	1	1	1	1
富岡町 避難指示解除準備区域及び 居住制限区域を解除 H29.4.1 特定復興再生拠点区域の 一部解除 R2.3.10	診療所	13	2	2	3	3	4	4	5
	歯科診療所	6	0	0	2	2	2	2	2
	薬局	6	0	0	0	0	0	0	0
	病院	0	0	0	0	0	0	0	0
杣町 避難指示解除準備区域を解除 H27.9.5	診療所	5	5	5	6	6	6	6	6
	歯科診療所	0	1	1	1	1	1	1	1
	薬局	3	0	0	1	1	1	1	1
	病院	0	0	0	0	0	0	0	0
川内村 避難指示解除準備区域を解除 H26.10.1、H28.6.14	診療所	1	2	2	2	2	2	2	2
	歯科診療所	0	0	0	0	0	0	0	0
	薬局	0	0	0	0	0	0	0	0
	病院	1	1	1	1	1	1	1	1
広野町 緊急時避難準備区域を解除 H23.9.30	診療所	5	3	3	3	3	3	3	3
	歯科診療所	2	1	1	1	1	1	1	1
	薬局	2	1	1	1	1	1	1	1
	病院	6	2	2	2	2	2	2	2
双葉郡 8町村 計	診療所	48	15	15	18	18	19	19	21
	歯科診療所	26	4	4	7	7	7	7	7
	薬局	25	1	1	2	2	2	2	2
	計	105	22	22	29	29	30	30	32
避難 12市町村 (対象地域) 合計	診療所	8	3	2	2	2	2	2	2
	歯科診療所	61	23	24	27	28	29	29	31
	薬局	32	6	6	9	9	9	9	9
	計	31	3	2	3	4	4	4	4
		132	35	34	41	43	44	44	46

Source) Fukushima Prefecture, “Status of Reopening of Medical Institutions in 12 Evacuation Areas” (February 1, 2023)

<https://www.pref.fukushima.lg.jp/site/portal/hinanchiiki-shinryoujissai-joukyou.html> (browsed June 8, 2023)

Figure 4-2-5 Status of reopening of medical institutions in coastal areas of Miyagi Prefecture



Source) Miyagi Prefecture, "Status of Reopening of Medical Institutions in Coastal Areas of Miyagi Prefecture", (as of March 1, 2016)
<https://www.pref.miyagi.jp/documents/11346/348260.pdf> (browsed November 1, 2022)

Figure 4-2-6 Status of reopening of medical institutions in Iwate Prefecture (as of March 11, 2020)

[沿 岸] 気仙(住田町を除く)・釜石・宮古・久慈保健医療圏

		既存数	被災状況					再開状況						再開率
			全壊	大規模 半壊	半壊	一部 損壊	合計	継続・再開			再開 見込	廃止 (見込 否)	未定	
								自院	仮設	計				
病院	公的	10	3	0	0	5	8	8	0	8	0	0	0	100.0
	民間	9	0	0	0	5	5	5	0	5	0	0	0	100.0
	小計	19	3	0	0	10	13	13	0	13	0	0	0	100.0
診療所	公的	15	1	1	0	3	5	5	0	5	0	0	0	100.0
	民間	97	29	4	6	10	49	35	1	36	0	13	0	86.6
	小計	112	30	5	6	13	54	40	1	41	0	13	0	88.4
歯科診療所	公的	6	0	0	0	1	1	1	0	1	0	0	0	100.0
	民間	103	37	9	2	11	59	47	1	48	0	11	0	89.3
	小計	109	37	9	2	12	60	48	1	49	0	11	0	89.9
病院・ 診療所 (医科・歯科)計	公的	31	4	1	0	9	14	14	0	14	0	0	0	100.0
	民間	209	66	13	8	26	113	87	2	89	0	24	0	88.5
	小計	240	70	14	8	35	127	101	2	103	0	24	0	90.0
薬局	公的	0	0	0	0	0	0	0	0	0	0	0	0	0
	民間	100	37	5	9	2	53	37	0	37	0	16	0	84.0
	小計	100	37	5	9	2	53	37	0	37	0	16	0	84.0
合計		340	107	19	17	37	180	138	2	140	0	40	0	88.2

[内 陸] 盛岡・岩手中部・胆江・両磐・二戸保健医療圏、住田町(気仙保健医療圏)

		既存数	被災状況					再開状況						再開率
			全壊	大規模 半壊	半壊	一部 損壊	合計	継続・再開			再開 見込	廃止 (見込 否)	未定	
								自院	仮設	計				
病院	公的	27	0	1	0	19	20	20	0	20	0	0	0	100.0
	民間	48	0	0	0	30	30	30	0	30	0	0	0	100.0
	小計	75	0	1	0	49	50	50	0	50	0	0	0	100.0
診療所	公的	25	0	0	0	7	7	7	0	7	0	0	0	100.0
	民間	617	2	1	2	84	89	87	0	87	0	2	0	99.7
	小計	642	2	1	2	91	96	94	0	94	0	2	0	99.7
歯科診療所	公的	5	0	0	0	2	2	2	0	2	0	0	0	100.0
	民間	499	0	0	0	79	79	79	0	79	0	0	0	100.0
	小計	504	0	0	0	81	81	81	0	81	0	0	0	100.0
病院・ 診療所 (医科・歯科)計	公的	57	0	1	0	28	29	29	0	29	0	0	0	100.0
	民間	1,164	2	1	2	193	198	196	0	196	0	2	0	99.8
	小計	1,221	2	2	2	221	227	225	0	225	0	2	0	99.8
薬局	公的	0	0	0	0	0	0	0	0	0	0	0	0	0
	民間	476	0	0	0	11	11	11	0	11	0	0	0	100.0
	小計	476	0	0	0	11	11	11	0	11	0	0	0	100.0
合計		1,697	2	2	2	232	238	236	0	236	0	2	0	99.9

Source) "Damage to Medical Facilities in Iwate Prefecture and Status of Reopening as of March 11, 2020," Iwate Prefecture website, P.2
https://www.pref.iwate.jp/_res/projects/default_project/_page_001/028/197/05_r020311zenken.pdf (browsed November 29, 2022)

2) Efforts to secure public health nurses in disaster-affected municipalities

As the evacuation of the disaster victims is expected to be prolonged, there are concerns about the effects on the health of the disaster victims (sedentary lifestyle, worsening of underlying diseases, alcohol-related problems, etc.), and requests have been received from the affected municipalities to secure public health nurses to work as staff.

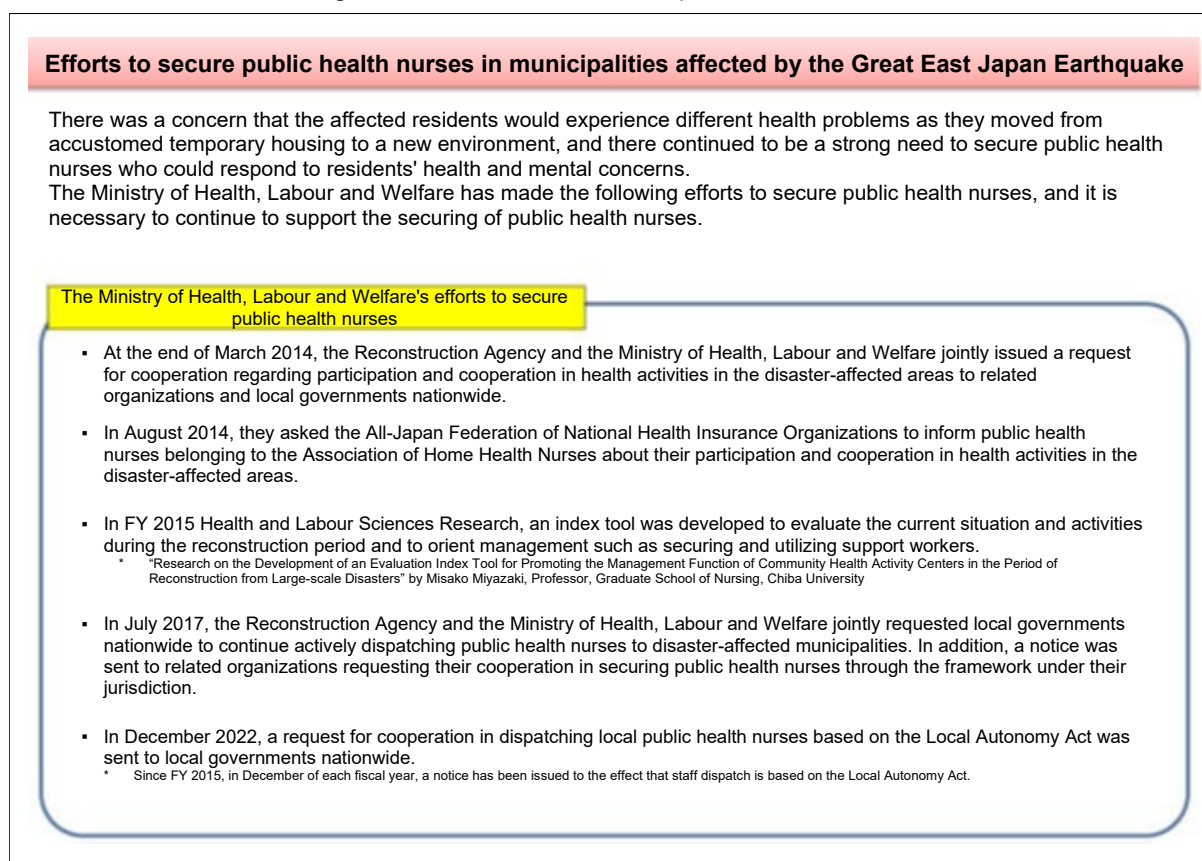
In light of this situation, in order to further strengthen efforts to secure public health nurses, on March 31, 2014, the Reconstruction Agency and the Ministry of Health, Labour and Welfare issued a joint notice asking related organizations (the Japanese Nursing Association, Japan Association of Public Health Nurse Directors, and Japan Association of Nursing Programs in Universities) and local governments (prefectures, cities with public health centers, and special wards) to participate in and cooperate with support for health activities in disaster-affected areas.

Since a certain number of public health nurses were expected to be dispatched from the affected municipalities, on December 4, 2014, December 3, 2015, and December 7, 2016, the Ministry of Health, Labour and Welfare, the Reconstruction Agency, and the Ministry of Internal Affairs and Communications requested the prefectures and designated cities to cooperate in providing personnel support to the affected municipalities.

At this time, there was a concern that the affected residents in the disaster-affected areas would experience different health problems as they moved from temporary housing to a new environment, and there continued to be a strong need to secure public health nurses who could respond to residents' health and mental concerns. In light of this situation, on July 20, 2017, the Reconstruction Agency and the Ministry of Health, Labour and Welfare jointly requested related organizations (the Japanese Nursing Association, All-Japan federation of National Health Insurance Organizations, and Japan Association of Public Health Nurse Educational Institutions) and local governments (prefectures, cities with public health centers, and special wards) to cooperate in securing public health nurses in local governments in disaster-affected areas.

Subsequently, in FY 2018, FY 2019, FY 2020, FY 2021, and FY 2022, the Ministry of Health, Labour and Welfare, the Reconstruction Agency, and the Ministry of Internal Affairs and Communications asked prefectures and designated cities to cooperate in providing personnel support to affected municipalities.

Figure 4-2-7 Efforts to secure public health nurses

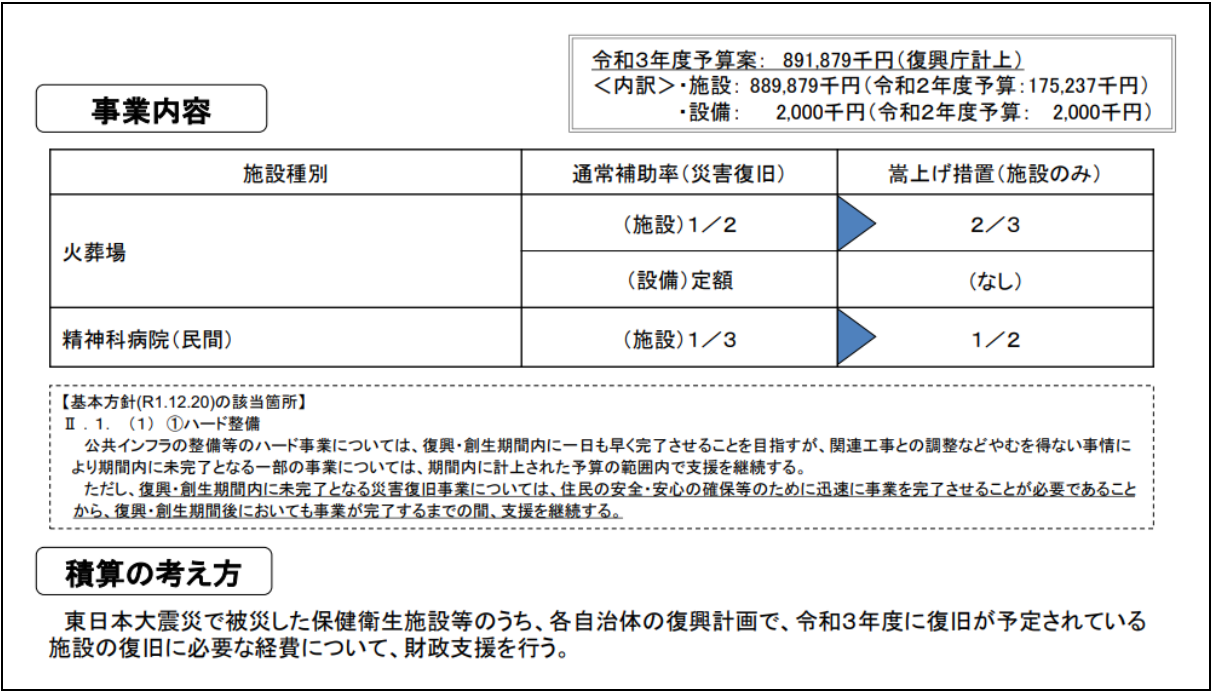


Source) Reconstruction Agency materials

3) Subsidy for Disaster Recovery of Health and Sanitation Facilities

In order to support the restoration of public health facilities such as health centers, crematoria, and psychiatric hospitals that were damaged by the disaster, and to ensure public health such as the health of local residents and the prevention of diseases, a part of the expenses necessary for the restoration of facilities and equipment was subsidized. The project started in FY 2013, and 236 facilities had been restored by the end of FY 2021.

Figure 4-2-8 Subsidy for Disaster Recovery of Health and Sanitation Facilities



Source) The Ministry of Health, Labour and Welfare materials

(2) Nursing and welfare services

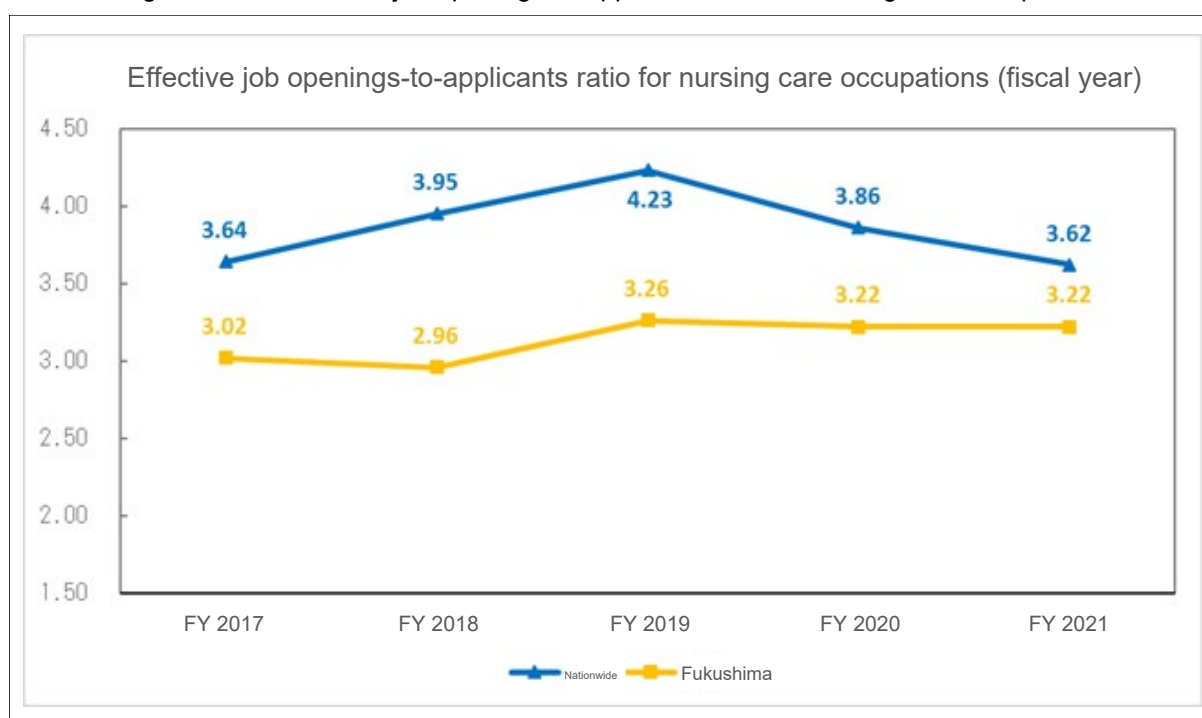
1) Securing human resources

a. Project to Secure Human Resources for Welfare and Nursing Care in Disaster-Affected Areas

In order to secure long-term care workers over a wide area in the Soso region of Fukushima Prefecture, where it had become extremely difficult to secure long-term care workers, support was provided for those who wished to work at long-term care facilities in the region, such as the provision of training fees and loan of employment reserves. The project started in FY 2014, and 184 loan decisions were made by the end of FY 2021.

With regard to securing human resources for welfare and nursing care, until FY 2017, in order to secure human resources to work in Fukushima Prefecture over a wide area, the government provided loans, such as for training fees and employment reserves, which were exempted from repayment, to people from outside Fukushima Prefecture who wished to work in nursing care facilities in the Soso area, etc., as well as support for securing housing, etc., which were exempted from refunding if they worked at the facilities for a certain period of time; in FY 2018, however, the government raised the loan limit (from 300,000 yen to 500,000 yen) and made people who returned from Fukushima Prefecture eligible for loans. In addition, as support for securing support staff to be transferred to nursing care facilities, etc., in areas with a lifting of evacuation orders, subsidies were provided for the difference in salary between the current company and the company to which they were transferred and for expenses related to their assignment in the field.

Figure 4-2-9 Effective job openings-to-applicants ratio for nursing care occupations



Source) Compiled by the Reconstruction Agency

Figure 4-2-10 Project to Secure Human Resources for Welfare and Nursing Care in Disaster-Affected Areas



Source) “The Ministry of Health, Labour and Welfare’s Response to Reconstruction from the Great East Japan Earthquake,” the Ministry of Health, Labour and Welfare Reconstruction Headquarters, January 2021
<https://www.mhlw.go.jp/content/10200000/000724199.pdf> (browsed November 25, 2022)

Figure 4-2-11 Poster for securing human resources

介護の未来に
あなたの力が
必要です

福島県相双地域等(浜通り)で
介護職員として働きませんか
福島県外在住者向け 就職準備金等の貸付制度 返還免除付き

研修受講料 15万円以内
就職準備金 50万円以内

社会福祉法人 福島県社会福祉協議会
〒960-8141 福島県福島市富利字七丁目11番地
TEL 024-526-0045

介護福祉士の
資格を
お持ちの方!

応援介護職員
募集中

福島県

被災地介護施設再開等支援事業

震災後、避難指示が解除された区域で再開している介護施設は、復旧・復興が進んでいるものの、介護職員が確保できず職員不足により定員まで入居を受け入れることができない状況にあります。
福島県老健協では、福島県の被災地にある介護施設において、入居者の受け入れ促進と職員の教育体制の充実を図るため、介護福祉士の資格をお持ちの応援介護職員を全県の社会福祉法人等から募集しています。

事業内容

- 応援期間は1人3ヶ月から可能
- 事前見学・兼任・兼任・兼務等の旅費を補助
- 引っ越し費用を補助
- 応援期間中の代勤職員の求人活動費を補助
- 応援期間中の給与等は応援先施設より支給
- PCR検査費用も負担します。内訳の詳細は下記までお問い合わせください。

平成30年度より、
全部から33名の介護職員に
ご支援いただきました。

年度	人数
平成30年度	12名
平成31年度	13名
令和元年度	7名
令和2年度	1名

一般社団法人 福島県老人福祉施設協議会
TEL 024-572-3654 FAX 024-572-3654
E-mail: fukushima@fukushima-kyo.or.jp
HP: <https://f-roushikyo.or.jp/>

Source) “Project to Secure Human Resources for Welfare and Nursing Care in Disaster-Affected Areas” on the Ministry of Health, Labour and Welfare website
<https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000058089.html> (browsed November 25, 2022)

2) Nursing care services

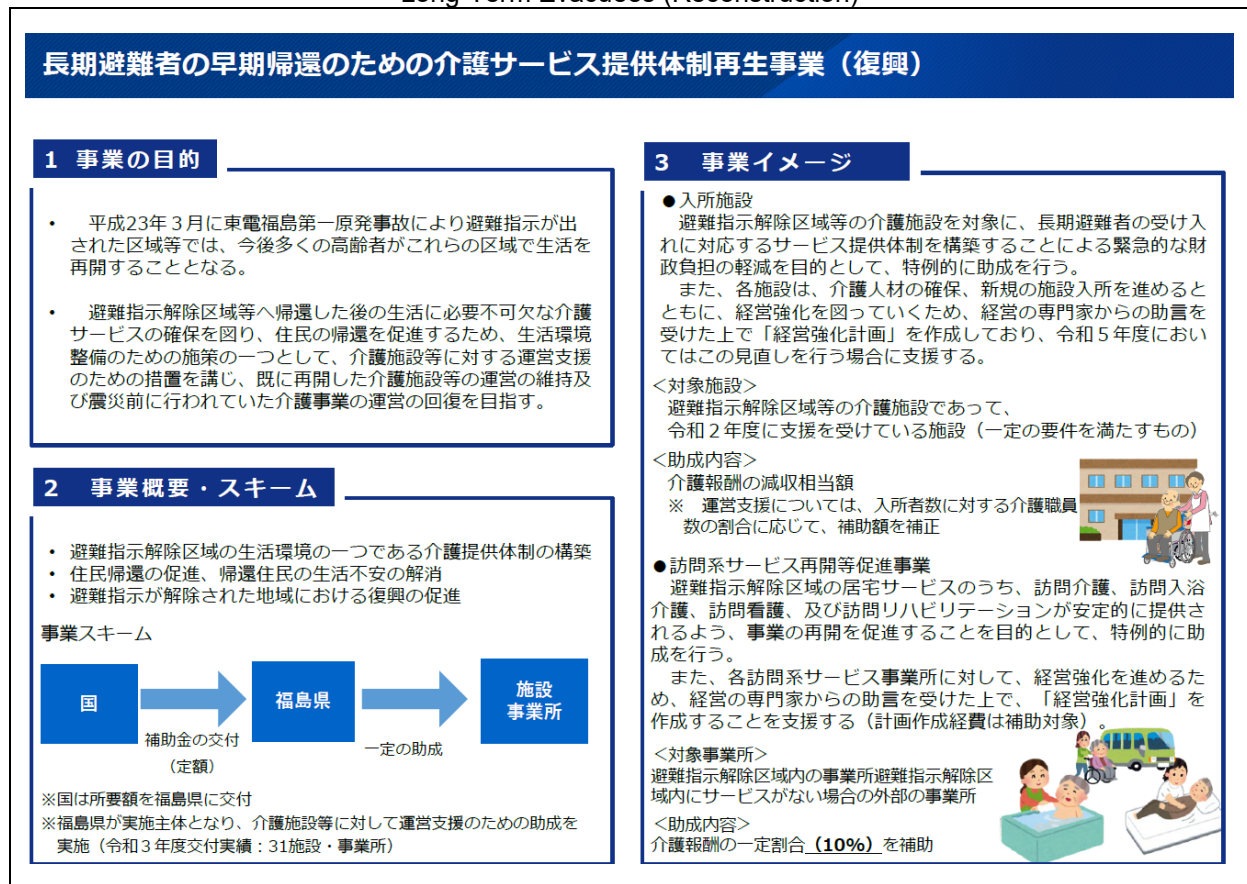
a. Project to Revitalize the Long-Term Care Service Provision System for Early Return of Long-Term Evacuees

In order to secure nursing care services that are essential for people's lives after returning to areas with a lifting of evacuation orders in Fukushima Prefecture and to promote the return of residents, administrative support was provided to nursing care facilities, etc., with the aim of maintaining the operation of nursing care facilities, etc., that had already resumed operations and restoring the operation of nursing care services that were conducted before the earthquake.

The project started in FY 2018, and by the end of FY 2020, three residential facilities had been supported; in addition, a total of 88 home-visit service providers had been supported: 23 in FY 2018, 30 in FY 2019, and 35 in FY 2020.

Although the project was originally scheduled to end in FY 2020, it was decided to continue the project in FY 2021 and beyond after some review in light of the situation where new facilities were not being established, and a total of 128 facilities were supported by FY 2021.

Figure 4-2-12 Project to Revitalize the Long-Term Care Service Provision System for Early Return of Long-Term Evacuees (Reconstruction)



(Source) The Ministry of Health, Labour and Welfare materials

b. Support for the Livelihoods of Disaster Victims

In order to support livelihoods and reconstruction for returnees (elderly people, etc.) in municipalities in areas where evacuation orders had been lifted in Fukushima Prefecture, financial support was provided for the operating costs of support bases (bases with comprehensive functions such as general counseling, livelihood support, and community exchange) established to support returnees in need of assistance living at home. Since FY 2017, the program has been implemented as the Fukushima Revitalization Acceleration Grant Program; in FY 2022, support was provided at six locations in Fukushima Prefecture (Tomioka-cho, two locations in Namie-cho, Katsurao-mura, Iitate-mura, and Okuma-cho).

Figure 4-2-13 Support for the Livelihoods of Disaster Victims

被災者生活支援事業

東日本大震災の避難指示・解除区域における帰還者の生活支援や復興支援のため、援護を要する帰還者の在宅生活を支援するために設置される「サポート拠点」(総合相談、生活支援等)の運営費用等について財政支援を行う。

○ 実施主体 : 福島県又は避難指示・解除区域市町村等

○ 事業内容

避難指示・解除区域における高齢者等の安心した生活を支援するため、総合相談支援、居宅介護サービス、生活支援サービス、地域交流等の総合的な機能を有する拠点として、「サポート拠点」の運営を推進する。

(取組例)

- ・ 要介護高齢者、障害者(児)等に対する介護支援専門員、保健師、社会福祉士、相談支援専門員等の専門職種の者によるニーズの把握等の必要な情報収集
- ・ 障害者(児)に対する精神保健福祉士、職業指導員、児童指導員及び手話通訳者等の専門職種の者による生活支援情報の収集や情報支援
- ・ 特段の配慮を要する高齢者(認知症高齢者や重度の要介護者等)に対する専門医や介護福祉士、社会福祉士等の専門職種の者による相談・援助
- ・ 高齢者世帯等への訪問相談援助活動
- ・ 高齢者等の健康、生きがいづくりや社会参加を支援する事業
- ・ 心の健康を保持するための臨床心理士等による相談活動

Source) The Ministry of Health, Labour and Welfare materials

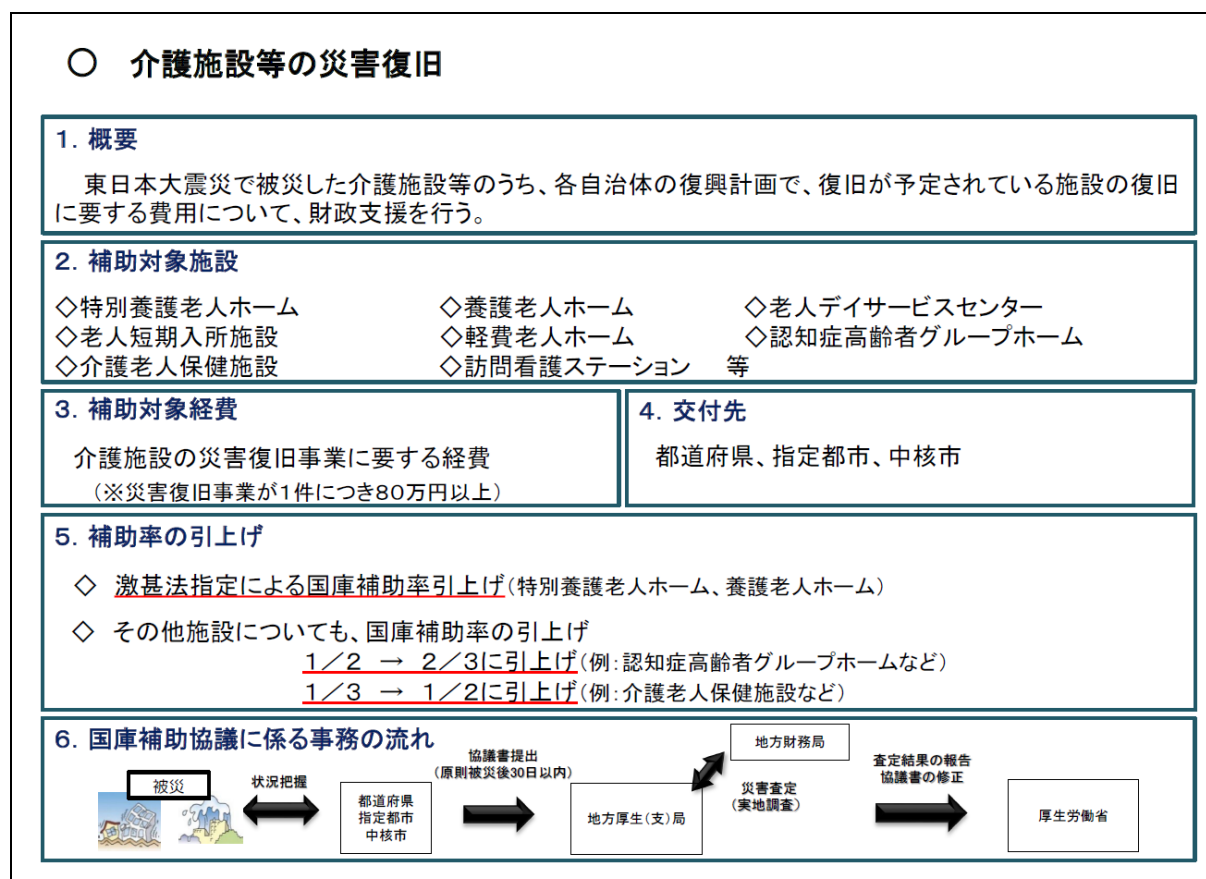
c. Disaster recovery of nursing facilities, etc.

Financial support (an increase in the subsidy rate) was provided for the restoration of damaged nursing facilities (nursing homes, day service centers, group homes, home nursing stations, etc.). Restoration was completed in 501 out of 512 facilities intended for reconstruction from the start of the project in FY 2011 to January 2023.

Projects were sometimes delayed due to the review of reconstruction plans by local governments, but they were executed in cooperation with local governments in response to requests.

Regarding the Subsidy for Disaster Restoration of Social Welfare Facilities, consultations were held to simplify assessment for each disaster so that assessment could be simplified more than usual in the event of a large-scale disaster.

Figure 4-2-14 Disaster recovery of nursing facilities, etc.



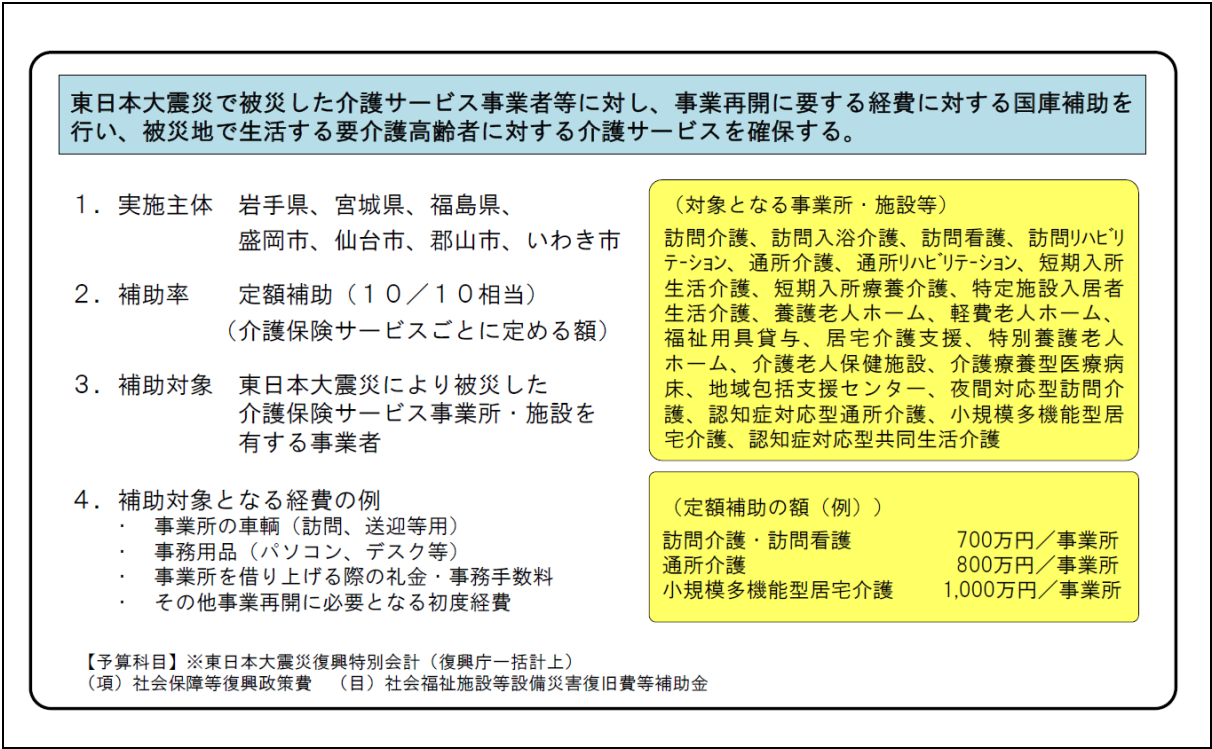
Source) “The Ministry of Health, Labour and Welfare’s Response to Reconstruction from the Great East Japan Earthquake,” the Ministry of Health, Labour and Welfare Reconstruction Headquarters (January 17, 2020)
https://www.mhlw.go.jp/topics/2020/01/dl/18_daijinsoumu-01.pdf (browsed November 1, 2022)

d. Support for the restoration of nursing care facilities

Subsidies were provided to nursing care service establishments and others affected by the disaster for the costs required for business resumption (costs for purchasing vehicles, office supplies such as PCs, and initial contract fees required for leasing business offices). Since the start of the project in FY 2011, the grant has been issued to all facilities that applied for the grant.

As a measure devised in disasters after the Great East Japan Earthquake, the General Account also provided subsidies for restoration of social welfare facilities and other facilities when large-scale disasters occurred.

Figure 4-2-15 Support for the restoration of nursing care facilities



3) Welfare for the disabled

a. Disaster recovery of facilities for the disabled, etc.

Financial support was provided for the cost of restoration of facilities for the disabled (welfare service offices for persons with disabilities, support facilities for persons with disabilities, group homes, etc.) that were damaged by the Great East Japan Earthquake in order to ensure prompt restoration and the welfare of the residents. As of March 2021, 301 of the 311 facilities requiring restoration had been restored since the start of the project in FY 2013.

Projects were sometimes delayed due to the review of reconstruction plans by local governments, but they were executed in cooperation with local governments.

As a measure devised in disasters after the Great East Japan Earthquake, the government established a subsidy outline for each disaster so that subsidies could be provided at a higher subsidy rate than usual in the case of a large-scale disaster.

b. Improvement of facilities for business restoration of facilities for the disabled

Since FY 2013, subsidies have been provided to support facilities, etc., for persons with disabilities that were damaged by the earthquake, in addition to the restoration projects of the facilities, for the expenses required for business restoration (costs for purchasing vehicles, office supplies such as PCs, and initial contract fees required for leasing business offices).

As a measure devised in disasters after the Great East Japan Earthquake, the General Account also provided subsidies for restoration of social welfare facilities and other facilities when large-scale disasters occurred.

c. Support for resumption of welfare services for persons with disabilities

Since FY 2013, in order to enable business establishments in disaster-affected areas that suffered extensive damage to operate stably during the period of reconstruction, support bases for reconstruction of disaster-affected welfare services were established in each disaster-affected welfare zone. Subsidies were provided for the expenses necessary to establish a system to smoothly provide welfare services for disabled persons (disabled children) in the disaster-affected areas by supporting the manpower of welfare personnel, supporting the activities of employment support offices for disabled persons, and accepting consultations from offices in the region.

4) Child welfare

a. Restoration of facilities such as child welfare facilities

Financial support was provided to disaster-affected child welfare facilities, etc. (child care facilities, midwifery facilities, child consultation centers, day care centers, etc.), to cover the expenses required for disaster recovery projects based on reconstruction plans of local governments. Restoration was completed by March 2022 at 660 facilities intended for reconstruction after the start of the project in FY 2011.

b. Equipment restoration at child welfare facilities

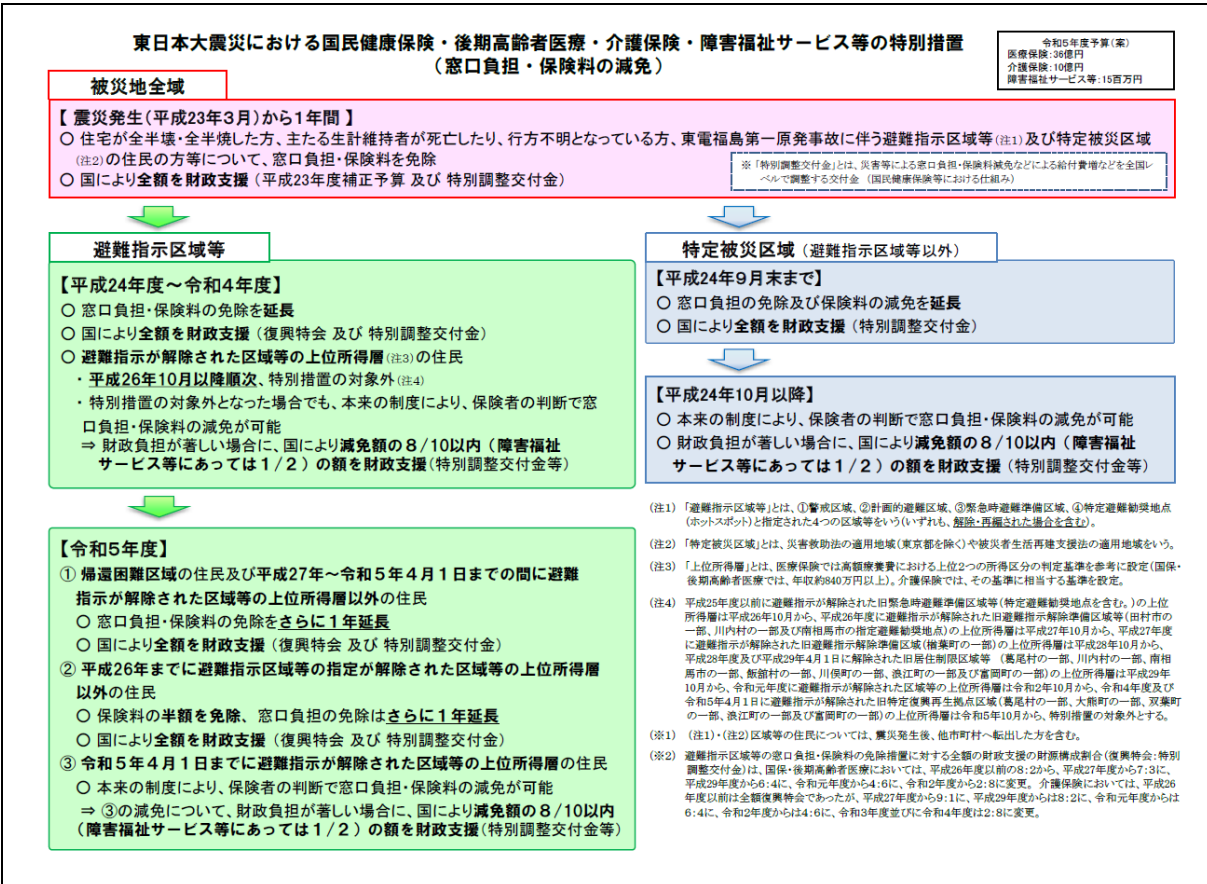
Since FY 2011, subsidies have been provided to child welfare facilities, etc. (foster homes, midwifery facilities, day care centers, etc.), that were damaged by the earthquake, for the costs required for resuming their operations (costs for purchasing vehicles, office supplies such as PCs, and initial contract fees required for leasing business offices) along with the restoration work of the facilities.

2. Reduction and exemption of medical and long-term care insurance premiums and payments at the counter

(1) Special measures such as national health insurance, medical care for the elderly, long-term care insurance, and welfare services for persons with disabilities (reduction and exemption of insurance premiums and payments at the counter)

For one year after the occurrence of the earthquake, the government provided full financial support to insurance policyholders, etc., and those whose houses were completely or partially destroyed or completely burned down, families whose main providers were deceased or missing, and residents in areas under evacuation orders and specified disaster areas due to the nuclear power station accident (areas covered by the Disaster Relief Act and areas covered by the Act on Support for Reconstructing Livelihoods of Disaster Victims) by exempting them from payments at the counter and insurance premiums. Full financial support from the national government ended at the end of September 2012 for residents of the specified disaster-affected areas; however, for residents of areas under evacuation orders, etc., high-income earners in areas where evacuation orders were lifted were excluded from the measures, and other residents continue to receive full financial support from the national government.

Figure 4-2-16 Special measures such as national health insurance, medical care for the elderly, long-term care insurance, and disability welfare services



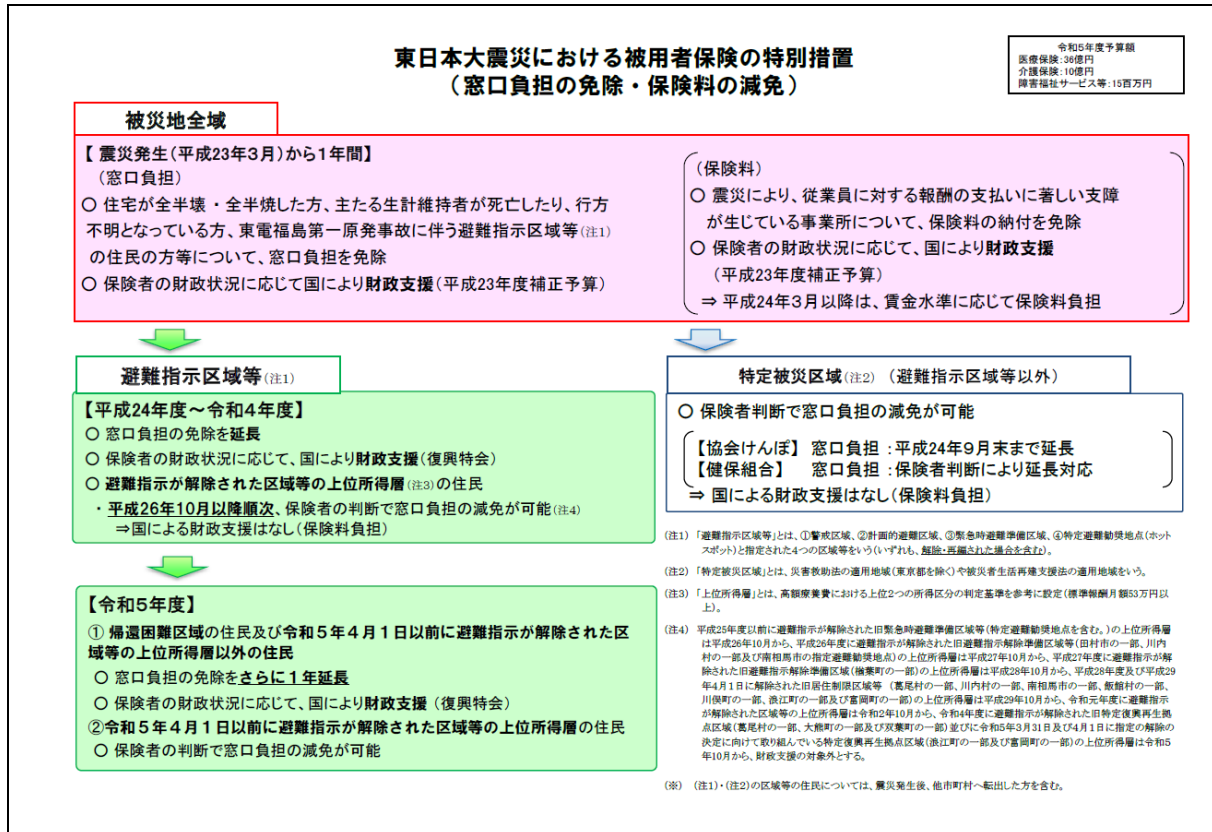
Source) The Ministry of Health, Labour and Welfare materials

(2) Special measures for employee insurance (exemption from payments at the counter and reduction or exemption of insurance premiums)

During the first year after the earthquake, the government provided financial support according to the insurance policyholder's financial situation: ① Those whose houses were completely or partially destroyed or completely burned down, families whose main providers were deceased or missing, and those who lived in areas under evacuation orders due to the nuclear power station accident were exempted from payments at the counter; and ② business establishments that experienced significant difficulties in paying employees' compensation were exempted

from paying premiums. The exemption of insurance premiums was completed in one year; however, as for the exemption from payments at the counter, residents of specified disaster-affected areas and residents of areas under evacuation orders, etc., with high income in areas where evacuation orders were lifted are excluded from the measures, and other residents of areas under evacuation orders, etc., were still eligible for financial support from the government according to the financial situation of the insurance policyholder as of the end of FY 2022.

Figure 4-2-17 Special measures for employee insurance (exemption from payments at the counter and reduction or exemption of insurance premiums)



Source) The Ministry of Health, Labour and Welfare materials

(3) Review of medical and long-term care insurance premium reduction and exemption measures in areas affected by the nuclear disaster

After the Great East Japan Earthquake, until September 2012, reduction and exemption measures for medical and long-term care insurance premiums and payments at the counter (user's fees) were implemented in all areas affected by the earthquake and tsunami.

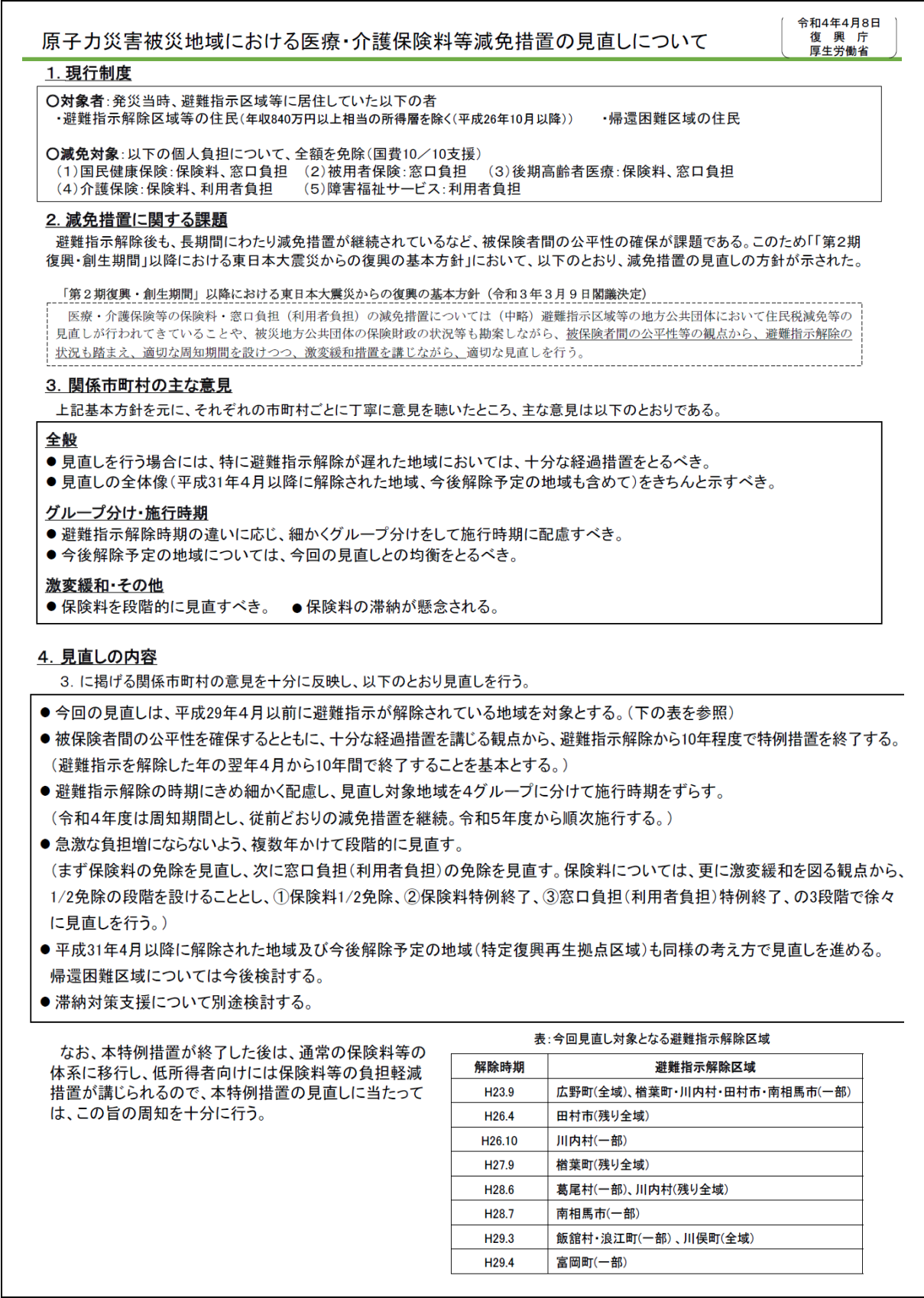
Since then, the government has continued to provide special tax reductions and exemptions only to residents who lived in areas under evacuation orders. In light of the fact that the Basic Guidelines for Reconstruction in Response to the Great East Japan Earthquake after the "Reconstruction / Revitalization Period" states that "Local governments in areas under evacuation orders have been reviewing resident tax exemptions, etc., and from the viewpoint of fairness among insurance policyholders, etc., while taking into consideration the state of insurance finances of local governments in the disaster-affected areas, these measures should be appropriately reviewed while taking measures to mitigate drastic change while providing an appropriate period of notification, taking into account the situation of the lifting of evacuation orders," the review was decided in April 2022 after careful consideration of the opinions of the local governments concerned. Specifically:

- The special measures should be terminated approximately ten years after the lifting of evacuation orders
- Careful consideration should be given to the timing of the lifting of evacuation orders, and the timing of enforcement should be delayed by dividing the target areas
- Review in stages over multiple years to avoid a sudden increase in burdens(*)

were the base policies to be reviewed sequentially from FY 2023.

* In the first year of the review, only the reduction and exemption of insurance premiums will be reduced to one-half; in the following year, the reduction and exemption of insurance premiums will be terminated (the reduction and exemption of payments at the counter will continue); in the following two years, this special measure will be terminated for both premiums and payments at the counter.

Figure 4-2-18 Review of medical and long-term care insurance premium reduction and exemption measures in areas affected by the nuclear disaster



見直しの内容									
	年度	R4	R5	R6	R7	R8	R9	R10	
【平成26年までに解除された地域】 広野、楳葉(一部)、川内(一部)、南相馬(一部)、田村	保険料	周知期間	1/2	×	特例 終了				
	窓口		○	○					
【平成27年に解除された地域】 楳葉(残り全域)	保険料		○	1/2	×	特例 終了			
	窓口		○	○	○				
【平成28年に解除された地域】 葛尾(一部)、川内(残り全域)、南相馬(一部)	保険料		○	○	1/2	×	特例 終了		
	窓口		○	○	○	○			
【平成29年に解除された地域】 飯館(一部)、浪江(一部)、川俣、富岡(一部)	保険料		○	○	○	1/2	×	特例 終了	
	窓口		○	○	○	○	○		

○: 全額免除
1/2: 1/2免除
×: 免除終了

Source) The Ministry of Health, Labour and Welfare materials