

# **Nutrition Policy in Japan to Leave No One Behind**

**-For Achieving Sustainable Societies-**

Initiatives and activities for nutritional and  
dietary support in large-scale disasters

# 2026

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## About This Report

The Japanese government hosted the Tokyo Nutrition for Growth Summit 2021 in December 2021. The year 2021 was approximately 10 years before the deadlines for achieving the global nutrition targets 2030 and the SDGs, and it was decided that further expansion and strengthening of nutrition improvement initiatives should be made to achieve these global targets and goals.

At the Summit, participants called on various stakeholders to commit to implementing activities aimed at improving nutrition, resulting in 396 commitments announced by 181 stakeholders from 78 countries. The Japanese government itself committed to further promoting the Nutrition Policy in Japan to Leave No One Behind, and to publishing its progress and achievements annually starting from FY2023.

This report is the fourth in a series of information materials, and summarizes initiatives related to nutrition and dietary support in large-scale disasters, as well as the systems and frameworks that support these efforts.

## Japan has established disaster preparedness systems that include nutrition and dietary support based on repeated experiences with disasters

- Japan has built laws, regulations, and support frameworks for disaster-affected areas as the foundation of its disaster response, based on its experience with repeated large-scale disasters and the lessons learned from them.
- “Nutrition and dietary support,” the theme of this report, is one of the key components of disaster response.
- In Japan, registered dietitians and dietitians, professionals specializing in nutrition and dietary support, work in various institutions nationwide, including local governments, medical institutions, and elderly care facilities. In the event of a disaster, registered dietitians and dietitians provide nutrition and dietary support to disaster victims at evacuation shelters and temporary housing.

## Needs-based nutrition and dietary support and the systems that support it

- In the event of a disaster, needs for nutrition and dietary support vary depending on the situation and change over time.
- Registered dietitians and dietitians conduct surveys on the operational status of evacuation shelters and meal provision, as well as nutritional assessments, to identify the needs of disaster victims. Based on these findings, they develop distribution plans for stockpiled food and plan menus for boxed meals and hot meal services.
- Disaster victims include people requiring special care, such as pregnant and lactating women, infants, elderly people, and people with chronic diseases or food allergies. Based on nutritional assessments, registered dietitians and dietitians provide tailored support to these individuals in coordination with public health nurses, physicians, and other professionals.
- To ensure the smooth implementation of nutrition and dietary support, preparedness during normal times is essential. Led by the national government, local governments, and relevant organizations, systems related to human resources, supplies, and information are being developed and strengthened.

### Nutrition and dietary support in disaster-affected areas

Examples of human resources	Examples of supplies	Examples of aggregating and sharing information
<ul style="list-style-type: none"> <li>✓ Deployment of registered dietitians and dietitians</li> <li>✓ Framework for dispatching professionals (JDA-DAT, DHEAT, Teams of public health nurses and other professionals, etc.)</li> <li>✓ Pre-service education at training schools, workplace training, etc.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Food stockpiling</li> <li>✓ Securing of special nutritional foods for people requiring special care</li> <li>✓ Provision of nutritionally balanced meals</li> </ul>	<ul style="list-style-type: none"> <li>✓ Establishment of information-sharing system</li> <li>✓ Provision of evidence-based information (nutritional reference values for evacuation shelters, a simulator for nutritional food stockpiling, etc.)</li> <li>✓ Various guidelines and manuals</li> </ul>

### Programs and systems underpinning nutrition and dietary support during disasters (main examples)

## Continuous improvement of disaster response capacity through nationwide professional training and post-qualifying education

- In Japan, training schools for registered dietitians and dietitians provide education that equips students with the knowledge and skills in nutrition and dietary support that can be applied to disaster response.
- Based on the basic knowledge and skills acquired at these training schools, registered dietitians and dietitians further enhance their capacity to respond to disasters through practical experience at local governments, medical institutions, elderly care facilities, and other such organizations.
- In addition, manuals and guidelines for disaster response are being developed across organizations in Japan. Through these efforts, knowledge and experience are passed on to the next generation, thereby strengthening disaster response capacity and enhancing the overall response capabilities of organizations.

## This report presents six case studies related to nutrition and dietary support during disasters

No.	Organization	Key point
①	Hyogo Prefecture	Long-standing efforts to strengthen disaster response since the Great Hanshin-Awaji Earthquake, followed by proactive support in disaster-affected areas
②	Iwate Prefecture	Strengthening nutrition and dietary support systems after unprecedented earthquake and tsunami Damage, and expanding activities in collaboration with private-sector operators
③	Kumamoto Prefecture	Providing support for the 2024 Noto Peninsula Earthquake based on the framework established after the 2016 Kumamoto Earthquake and lessons learned from receiving assistance
④	Ishikawa Prefecture	Supporting activities in affected municipalities by establishing information-sharing systems based on advice from dispatched registered dietitians and dietitians, and providing assistance to people requiring special care at Level 1.5 evacuation shelters*
⑤	Anamizu Town (Ishikawa Prefecture)	Providing nutrition and dietary support in cooperation with dispatched registered dietitians and dietitians, and JDA-DAT, and delivering hot meals through a central kitchen initiative in collaboration with the private sector
⑥	The Japan Dietetic Association – Disaster Assistance Team (JDA-DAT)	Leveraging a nationwide network of approximately 6,000 registered dietitians and dietitians to provide rapid, tailored support for challenges that are difficult for government assistance alone to address

\*Shelters established to support the relocation of disaster victims, including those requiring special care, from evacuation shelters and other facilities within the affected area to temporary evacuation facilities outside the disaster area, such as secondary evacuation shelters (e.g., hotels and inns)

## Strengthening disaster preparedness through the accumulation of experience by registered dietitians and dietitians

- In Japan, registered dietitians and dietitians working for local governments, as well as the Japan Dietetic Association Disaster Assistance Team (JDA-DAT), play a key role in providing nutrition and dietary support during disasters. Through a continuous cycle in which they build on past experiences to strengthen preparedness for future disasters, disaster response capacity has been steadily enhanced.
- To ensure the smooth implementation of nutrition and dietary support during a disaster, it is important for registered dietitians and dietitians working in local governments and other organizations to be involved in developing systems, including preparing manuals and strengthening relationships with multiple professions, departments, and organizations. One distinctive feature of Japan’s approach to nutrition and dietary support is the steady implementation of preparedness efforts during normal times, with disaster response clearly in mind.

## Further international contribution by sharing Japan’s knowledge with the world

- Establishing support systems to protect the health of disaster victims and addressing nutrition challenges during disasters are critical issues shared across borders. The information presented in this report, including examples of initiatives undertaken in Japan, is intended to serve as a useful reference for stakeholders in Japan and abroad who are engaged in disaster response.
- With the opportunities provided by the Tokyo Nutrition for Growth Summit 2021 and the Nutrition for Growth Summit 2025 in Paris, Japan will contribute to fostering momentum for nutrition improvement by sharing with the world the knowledge and experience gained from over 100 years of nutrition improvement initiatives, to tackle nutrition challenges as well as to achieve sustainable societies.

## Japan's strengthening of disaster preparedness through repeated disaster experiences

Japan has experienced numerous large-scale disasters, including the Great Kanto Earthquake (1923), the Great Hanshin-Awaji Earthquake (1995), and the Great East Japan Earthquake (2011). Each of these disasters threatened many lives and the foundations of people's daily lives.

In response to these experiences, Japan has drawn on the lessons of past disasters to develop a nationwide framework in which the national government, local governments, and other relevant entities formulate laws, regulations, and disaster management plans, strengthen disaster response systems during normal times, and establish mechanisms for mutual assistance across regions and organizations nationwide.

"Nutrition and dietary support," the theme of this report, is one of the key components of disaster response. In Japan, registered dietitians and dietitians specialize in nutrition and dietary support in a wide range of institutions nationwide, including local governments, medical institutions, and elderly care facilities. In the event of a disaster, registered dietitians and dietitians provide nutrition and dietary support to disaster victims at evacuation shelters and temporary housing.

To ensure the smooth implementation of nutrition and dietary support, preparedness during normal times is essential. Led by the national government, local governments and relevant organizations, systems related to human resources, supplies, and information are being developed and strengthened.

Disasters that prompted the introduction or revision of legal frameworks		Major legal frameworks for disaster management	Overview
1946	Nankai Earthquake	Disaster Relief Act	Provides the legal basis for emergency relief activities immediately after disasters
1959	Typhoon Vera (Typhoon Isewan)	Basic Act on Disaster Management	Japan's foundational law for disaster management. <ul style="list-style-type: none"> <li>Clarified responsibilities of disaster management administration</li> <li>Promoted comprehensive and systematic disaster management administration, etc.</li> </ul>
1995	Hyogo-ken Nanbu Earthquake (Great Hanshin-Awaji Earthquake)	Partial amendments of the Basic Act on Disaster Management Act on Support for Reconstructing Livelihoods of Disaster Victims, etc.	<ul style="list-style-type: none"> <li>Enhanced the environment for disaster prevention activities by volunteers and community-based disaster prevention organizations</li> <li>Relaxed requirements for establishing Headquarters for Emergency Disaster Control headed by the Prime Minister</li> <li>Codified disaster dispatch requests for self-defense forces, etc.</li> </ul>
2011	Great East Japan Earthquake	Partial amendments to the Basic Act on Disaster Management (Amended in 2012 and 2013)	<ul style="list-style-type: none"> <li>Wide-area response to large-scale disasters</li> <li>Improved local disaster prevention capabilities by passing down lessons, strengthening disaster prevention education, and having diverse stakeholders participate, etc.</li> <li>Enhanced support for disaster victims</li> <li>Ensured safe and smooth evacuation of residents</li> <li>Strengthened disaster prevention countermeasures in normal times, etc.</li> </ul>

Major legal frameworks for disaster management and the disasters that prompted their establishment  
 (Source: Appendix of White Paper on Disaster Management 2025)

## Implementing seamless, evidence-based nutrition and dietary support across all phases during a disaster

In the event of a disaster, many residents are affected. Disaster victims include people requiring special care, such as pregnant and lactating women, infants, elderly people, and people with chronic diseases or food allergies. However, in disaster-affected areas, resources such as specialists, food supplies, and cooking equipment are often insufficient relative to the number of disaster victims. As a result, it is difficult to provide tailored responses that take into account each person's health condition and living environment.

To address these challenges, it is essential to rapidly and appropriately secure resources and provide seamless, evidence-based nutrition and dietary support across all phases during a disaster, from the immediate response to the medium- and long-term recovery.

In particular, when evacuation becomes prolonged, nutrition and dietary support aimed at preventing the onset or worsening of non-communicable diseases and stabilizing both physical and mental health becomes even more important as a foundation for maintaining the health of disaster victims and the rebuilding of their lives.

To provide effective support across each phase during a disaster under conditions of limited personnel, supplies, and time, it is necessary to ensure appropriate responses for people requiring special care, establish systems for meal provision, and secure stable supplies and funding in cooperation with relevant organizations. This requires the national government, local governments, related institutions, private organizations, and others to collaborate in establishing systems during normal times.

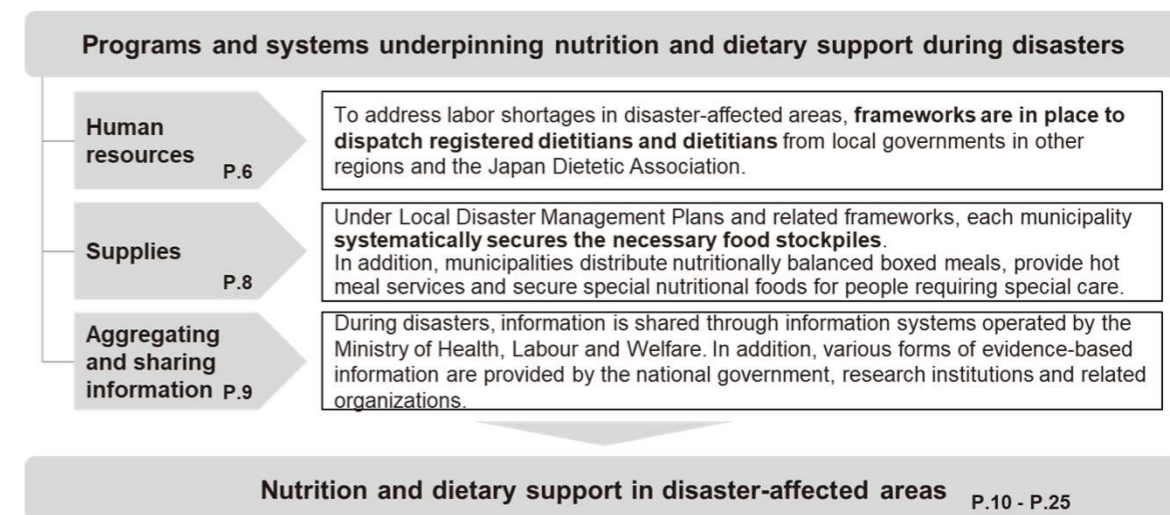
## Providing necessary support through detailed situation assessments to sustain the health of disaster victims

Since conditions in disaster-affected areas and the needs of disaster victims are constantly changing, nutrition and dietary support begins by assessing needs through reviews of the extent of damage, evacuation shelter operations, and meal provision. Based on these assessments, measures are implemented, such as planning menus for boxed meals and hot meal services and providing special nutritional foods for people requiring special care. In addition, the quality of support and the safety of daily living conditions of evacuees are continuously improved through the documentation and review of support activities and through advice and guidance on hygiene management.

Furthermore, to provide meticulous support tailored to the circumstances of each affected individual, it is essential to conduct information sharing and coordination with other professionals, such as public health nurses, physicians and related organizations. By sharing information obtained through nutritional assessments with various professionals, and implementing coordinated support, it is possible to sustain the health of disaster victims even under conditions of limited resources.

## Various systems and frameworks have been established to sustain nutrition and dietary support in large-scale disasters

To ensure the smooth implementation of nutrition and dietary support during disasters, preparedness during normal times is essential. In Japan, the national government, local governments and related organizations have taken the lead in developing and expanding various systems to secure human resources and supplies, as well as to aggregate information.



Overview of programs and systems underpinning nutrition and dietary support during disasters

## Considering nutrition and dietary support during disasters through case studies

This report presents case studies from several local governments that have experienced large-scale disasters and developed initiatives for nutrition and dietary support.

Two common characteristics emerge: (1) registered dietitians and dietitians have enhanced disaster response capacity through a continuous cycle of building on past support experiences to strengthen preparedness for future disasters; and (2) to enable rapid responses during disasters, proactive efforts are undertaken during normal times to strengthen preparedness measures, including knowledge sharing, specialist training, and relationship-building with relevant organizations.

Through these examples, this report aims to deepen understanding of Japan's experience in providing nutrition and dietary support during disasters and the diverse systems and frameworks that underpin these efforts. It is also intended to serve as a reference for considering how similar initiatives might be implemented in their respective organizations.

**Diverse Systems and Frameworks (From P.6)**

**Examples of Support During Disasters (From P.10)**

**Human Resource Development (From P.26)**

# Systems and Frameworks Underpinning Nutrition and Dietary Support During Large-Scale Disasters

To support initiatives for nutrition and dietary support during large-scale disasters, Japan has established systems and frameworks related to human resources, the securing of supplies, and the aggregation and sharing of information.

## Key systems and frameworks related to human resources

### ① Deployment of registered dietitians and dietitians to local governments, medical facilities, and other institutions nationwide, and their roles during normal times

Japan has established a system for deploying registered dietitians and dietitians across a wide range of organizations, including medical facilities and elderly care facilities. As of 2025, approximately 300,000 registered dietitian licenses had been issued in Japan, and the number of dietitian licenses had reached approximately 1.2 million as of 2024. Registered dietitians and dietitians across the country play a central role in providing nutrition and dietary support during disasters.

Registered dietitians and dietitians working in municipalities play an important role in promoting disaster preparedness among residents and fostering healthy food environments. Those working in medical facilities, elderly care facilities, and other such organizations develop business continuity plans (BCPs) and undertake other measures to ensure the continuation of operations during disasters. These initiatives during normal times enable a rapid response during disasters.

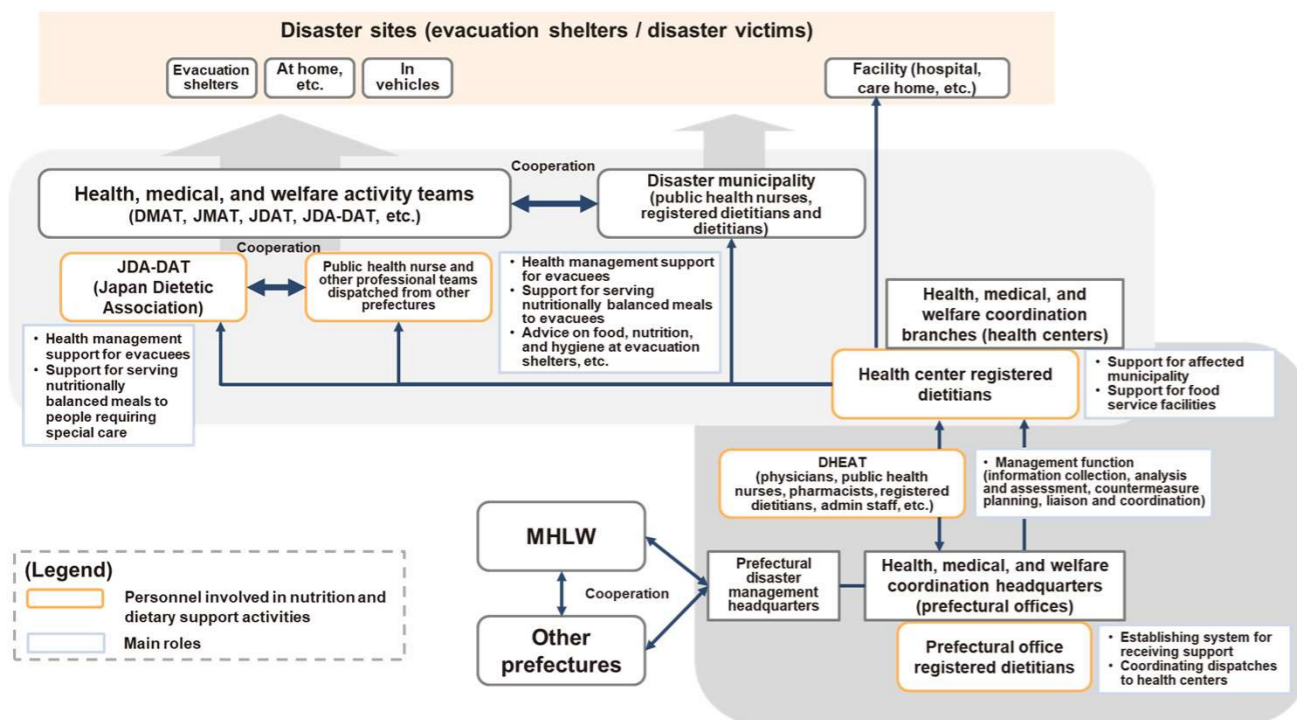
Major facilities to which registered dietitians and dietitians are deployed	Number of registered dietitians and dietitians
Local governments	Around 8,000
Medical facilities	Around 33,000
Elderly care facilities	Around 22,000
Schools	Around 14,000
Pre-schools	Around 22,000

Source: Materials prepared by the Health Division, Public Health Bureau, MHLW (as of December 2025)

### (Reference) Overview of nutrition and dietary support systems and frameworks in disaster-affected areas

Under Japan's systems and frameworks for nutrition and dietary support during disasters, affected municipalities are responsible for providing direct support. They work in cooperation with registered dietitians and dietitians dispatched from other municipalities and JDA-DAT (for details, see P.22), while receiving support from the health centers that have jurisdiction over the affected areas.

In addition, DHEAT (for details, see P.7) plays a role in supplementing the coordination functions of health centers within the region and the overall coordination functions at the prefectural level.



Overview of the support systems and frameworks in disaster-affected areas

(Created based on "The Guidelines for Nutritional and Dietary Support Activities in Large-scale Disasters" (March 2019, Japan Public Health Association))

### ② Dispatch of health, medical, and welfare activity teams composed of professionals

In the event of a disaster, systems for medical care, public health services, and welfare in affected areas become severely strained. To address this, systems have been established to dispatch professionals from across the country (see table below). These support teams are composed of professionals who have received training in disaster response during normal times. Following a disaster, they promptly enter the affected areas and provide services at evacuation shelters, medical institutions, and other locations, including medical care, the management of health and nutritional status, and support for people requiring special care.

Nutrition and dietary support is carried out under the leadership of the health, medical, and welfare coordination headquarters, established under the prefectural disaster management headquarters. Registered dietitians and dietitians from the affected municipalities work in coordination with JDA-DAT (for details, see P.22), other support teams, and relevant organizations. To minimize secondary health impacts, local governments and professional associations have concluded agreements to establish support systems and facilitate the smooth sharing of information and coordination of personnel dispatch. Through these efforts, systems have been established to effectively utilize limited personnel and supplies to support the health of disaster victims and the rebuilding of their lives.

Examples of health, medical, and welfare activity teams	
Disaster Medical Assistance Team	DMAT
Japanese Red Cross Society	–
Japan Medical Association Team	JMAT
Disaster Psychiatric Assistance Team	DPAT
Disaster Infection Control Team	DICT
Japan Disaster Rehabilitation Assistance Team	JRAT
The Japan Dietetic Association – Disaster Assistance Team	JDA-DAT
Japan Dental Alliance Team	JDAT
Japanese Nursing Association disaster relief nurses	–
Disaster Welfare Assistance Team	DWAT

and others

### (Reference information) Key support teams for health support

#### Disaster Health Emergency Assistance Team (DHEAT)

DHEAT is a support team dispatched at the request of a disaster-affected prefecture when a disaster reaches a certain scale. It supports the command and coordination (management) functions of the health, medical, and welfare coordination headquarters and health centers in affected areas. DHEAT consists of public health professionals – including public health physicians, dentists, nurses, pharmacists, registered dietitians, clinical laboratory technicians, and veterinarians trained in disaster response – as well as operational coordinators from prefectures or municipalities with health centers.

The primary role of DHEAT is to support command and coordination functions at the prefectural health, medical, and welfare coordination headquarters or at health centers in disaster-affected areas. This includes information collection, organization, and analysis; support for the management of coordination meeting; coordination for receiving assistance; support for additional dispatch requests and procurement of relief supplies; liaison functions; and record management.

DHEAT collaborates with staff at health centers and health, medical, and welfare coordination headquarters in disaster-affected areas, providing advice and coordination support from a broad perspective to ensure smooth information sharing and collaboration across professions and organizations.

#### Disaster Public Health Nurse and Other Professional Team

To assist health, medical, and welfare activities in disaster-affected areas during large-scale disasters, a system has been established to dispatch "Disaster Public Health Nurse and Other Professional Team" – comprising public health nurses and other local government personnel from outside the disaster area – based on requests from affected prefectures.

Under this system, when affected municipalities are unable to respond sufficiently on their own, teams composed of professionals – including public health nurses, public health doctors, and registered dietitians – are dispatched from other regions. Their activities include health management for disaster victims and hygiene measures at evacuation shelters, with the goal of maintaining health and preventing secondary health impacts and disaster-related deaths.

When a request is received from an affected prefecture, the Ministry of Health, Labour and Welfare (MHLW) coordinates with other prefectures to determine the necessary personnel, dispatch duration, and activities based on local needs and conditions. Dispatched teams operate under the command of the director of the health center in the affected prefecture or the mayors of affected municipalities. They also collaborate with other health, medical, and welfare activity teams to carry out on-site information collection, analysis of challenges, provision of specialized advice and support, and coordination with relevant organizations.

## Key systems and frameworks related to relief supplies

### ① Implementation of nationwide food stockpiling and consideration for nutritional balance in municipalities

In Japan, each municipality implements food stockpiling in preparation for disasters based on the Basic Act on Disaster Management and Local Disaster Management Plans.

Furthermore, residents are encouraged to stockpile enough food for at least three days, or seven days if possible. In practice, municipalities nationwide stockpile food and water, and systems are in place to promptly provide food to evacuation shelter users when a disaster occurs.

The main items stockpiled by each municipality include dried rice, canned goods, retort-pouch foods, and biscuits, and maintaining nutritional balance remains a challenge. In recent years, some municipalities have begun securing items such as dried vegetables, vegetable juice, nutrition supplementary food, and high-protein foods (canned fish and meat, and beans) to help replenish vitamins and minerals.

Food stockpiling policies are primarily determined by the disaster management departments of each municipality based on Local Disaster Management Plans. Building on this, when selecting food items and considering nutritional balance, collaboration with welfare and health promotion departments is essential. As a result, public health nurses, registered dietitians and dietitians are increasingly involved in providing advice during the formulation of these plans.

### ② Providing meals to people requiring special care and securing special nutritional foods

Meeting the dietary needs of people requiring special care is a critical challenge during disasters. People requiring special care often have specific needs, such as impaired swallowing function, chronic diseases, or food allergies. Relying strictly on standard hot meal services or boxed meals can pose risks such as choking, aspiration and pneumonia, or high blood pressure from excessive sodium. Furthermore, they are prone to nutritional deficiencies due to loss of appetite or dietary restrictions, which can lead to a deterioration in health.

This creates a need for meals tailored to individual needs, including soft or pureed foods and other texture-modified foods for those with swallowing difficulties, low-sodium or low-carb options for chronic conditions, and allergen-free meals for those with food allergies. To address this, local initiatives are gradually progressing to secure special nutritional foods such as allergy-friendly foods and nutritional supplement jellies\*. In addition, the Japan Dietetic Association and prefectural dietetic associations collaborate with private-sector operators during normal times to establish food distribution and stockpiling systems, ensuring that a wide range of special nutritional foods can be quickly distributed to affected areas during a disaster.

### ③ Implementing hot meal services and providing boxed meals with consideration for nutritional balance

As stays in evacuation shelters become prolonged, many facilities begin providing hot meal services or distributing boxed meals. Hot meals are prepared at shelters by local residents, volunteers, or the Self-Defense Forces, making menu planning and hygiene management critical. Boxed meals are often prepared and distributed by contractors commissioned by municipalities. These measures are essential for ensuring nutritional balance in shelters where cooking facilities are limited.

In recent years, menus have increasingly been developed using the “Nutritional Reference Values for Feeding at Evacuation Shelters” (hereinafter referred to as “Nutritional Reference Values for Evacuation Shelters”) as a guideline, with consideration given to required energy and nutrient intake. Registered dietitians and dietitians from local governments are often involved in menu formulation and dietary management. Furthermore, it is essential for registered dietitians and dietitians to provide guidance and advice on food hygiene management to prevent food poisoning.



Relief supplies for expectant and nursing mothers and infants  
(2024 Noto Peninsula Earthquake, Anamizu Town (Ishikawa Prefecture))



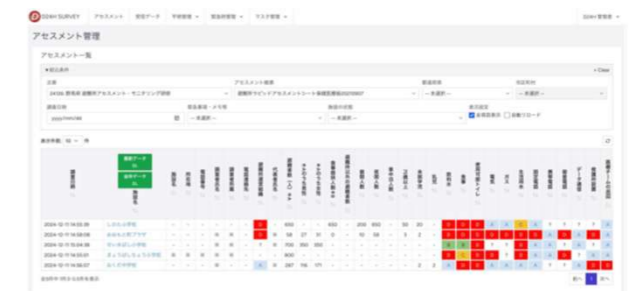
Hot meal services with consideration for food allergies  
(Training session, Iwate Prefecture)

## Key systems and frameworks related to information

### ① Aggregation and sharing of information via Disaster Digital Information System for Health and Well-being (D24H)

In Japan, the use of Disaster Digital Information System for Health and Well-being (D24H) has been in use since the 2024 Noto Peninsula Earthquake. Previously, telephone, FAX, paper forms, and on-site surveys were primarily used to track the status of medical institutions and evacuation shelters in affected areas. With D24H, information on evacuation shelters is entered based on rapid assessment sheets and visualized on a map, enabling real-time information sharing among relevant agencies. During the 2024 Noto Peninsula Earthquake, data for approximately 400 evacuation shelters was recorded. Based on this data, improvements were made to shelter hygiene and living conditions, and necessary relief supplies were distributed.

From the perspective of nutrition and dietary support, the system was used not only for information sharing about providing meals and tracking nutritional status but also for analytical and coordination support. For example, research institutions analyzed the data to identify shelters requiring additional assistance and provided this information to disaster-affected areas. The system is expected to play an important role in future disaster responses.



D24H assessment screen image  
(Source: “Disaster Health Crisis Management Training Using D24H – Earthquake Edition (Individuals)” (D24H e-learning materials))

### ② Provision of Information through “Nutritional Reference Values for Evacuation Shelters” and a Simulator for Nutritional Food Stockpiling.

Following the 2011 Great East Japan Earthquake, the MHLW provided affected municipalities with “Nutritional Reference Values to Be Used as Near-term Targets for the Planning and Assessment of Meal Provision in Evacuation Shelters” (April 2011) and “Nutritional Reference Values for Evacuation Shelters” (June 2011). These were established as guidelines for planning and evaluating meal provision at evacuation shelters, with the goal of ensuring the required nutritional intake for disaster victims for up to approximately three months after a disaster and beyond.

Purpose	Energy / Nutrients	One year old and above, per person/day
Preventing excessive or insufficient intake of energy	Energy	1,800 to 2,000 kcal
	Protein	55 g or more
Preventing nutritional deficiencies	Vitamin B <sub>1</sub>	0.9 mg or more
	Vitamin B <sub>2</sub>	1.0 mg or more
	Vitamin C	80 mg or more

\* Calculated from weighted averages based on the values for energy and various nutrients specified in the Dietary Reference Intakes for Japanese (2015 edition), using population composition by sex and age group from the 2015 National Census results

“Nutritional Reference Values for Meal Provision at Evacuation Shelters” issued following the July 2018 Heavy Rainfall Disaster  
(As of August 2018)

Based on the Dietary Reference Intakes for Japanese (2010 edition), nutrients that are prone to deficiency following a disaster were identified, and requirements for energy, protein, vitamins B<sub>1</sub> and B<sub>2</sub>, and vitamin C per adult per day were presented. In several large-scale disasters since the 2011 Great East Japan Earthquake, the MHLW and affected prefectures have provided “Nutritional Reference Values for Evacuation Shelters”, which are utilized for on-site nutritional assessments and meal planning in affected prefectures.

Furthermore, the MHLW provides a simulator (for details, see P.29) that simplifies the calculation of required nutrients based on each municipality’s population composition and assists in meal planning. In disaster areas, such tools can be utilized to implement evidence-based nutrition and dietary support.

### ③ Strengthening preparedness based on experience from past large-scale disasters

Japan has extensive experience in disaster response and has examined the challenges encountered in the process and developed measures for future disasters. These experiences and knowledge have been systematically organized. In the field of nutrition and dietary support, “The Guideline for Nutritional and Dietary Support Activities in Large-scale Disasters” (March 2019) was developed through an MHLW research project, while the Japan Dietetic Association developed the “Manual for Nutrition and Dietary Assistance during Emergencies” (July 2022, revised September 2025). By standardizing response procedures through these guidelines, even registered dietitians and dietitians with limited experience in disaster response can respond quickly when a disaster occurs.

In disaster-affected areas, support tailored to local needs is required both immediately after a disaster and over the long term. This support is provided by registered dietitians and dietitians in affected areas, in collaboration with those dispatched from other regions.

## Providing nutrition and dietary support in response to changing needs across phases

In Japan, seamless nutrition and dietary support is delivered following a disaster. As stays in evacuation shelters become prolonged, the types of needs change over time. To respond quickly to changing needs, it is essential that prefectural registered dietitians and dietitians provide logistical and coordination support, in addition to municipal registered dietitians and dietitians working on the front lines.

Frontline registered dietitians and dietitians are responsible for providing direct support, including supporting evacuation shelter operations, providing meals to disaster victims, and assisting people requiring special care. Immediately following a disaster, they handle the initial response with limited personnel. In coordination with dispatched registered dietitians and other professional support teams, they provide support tailored to on-the-ground conditions, including assessing dietary conditions, managing the distribution of special nutritional foods, and establishing meal provision systems in cooperation with local businesses.

Phase	Phase 0	Phase 1	Phase 2
	Within 24 hours of a disaster	Within 72 hours of a disaster	Prolonged evacuation phase
<b>Ideal vision (Nutrition / dietary habits)</b>	Residents have stable access to food and water during disasters (food security)	Residents have access to <u>sufficient energy intake</u>	Residents have <u>access to adequate amounts of energy and nutrients</u> Warm and varied meals are served to disaster victims, enabling them to relax and recover from the fatigue of living through a disaster
<b>Potential nutrition challenges</b>	Stress-related disorders (hyperglycemia, hypertension) Infectious diseases, food poisoning Deep Vein Thrombosis (Economy class syndrome) (insufficient fluid intake)	Loss of appetite Insufficient energy intake	Excessive energy intake Constipation, diarrhea, stomatitis Micronutrient deficiencies Alcohol dependence, inactive lifestyle
<b>Meal provision</b>	Already stockpiled food only	Stockpiled food, distributed food, relief supplies	Relief supplies, hot meal services, boxed meals
<b>Nutritional support</b>	Primarily staple dishes Energy	In addition to main dishes, ensuring sufficient protein intake Energy and protein	In addition to side dishes, ensuring sufficient vitamin intake Energy, protein, and vitamins

Phases of nutrition and dietary support following a disaster \*

\* Created based on research results from "The Guidelines for Nutritional and Dietary Support Activities in Large-scale Disasters" (March 2019) and "Research on Appropriate Meal Provision at Evacuation Shelters, etc. During Large-Scale Disasters" (March 2022).

## Support for on-site activities by prefectural registered dietitians and dietitians

Registered dietitians, dietitians, and other professionals at health centers in disaster-affected areas play a multifaceted role in supporting the activities of municipalities under their jurisdiction. Specifically, they support the collection and analysis of information on dietary conditions and nutrition challenges at evacuation shelters, and coordinate the provision of information and additional support to municipalities and related organizations. In addition, they compile and analyze challenges and needs identified by municipalities and make reports and proposals to prefectural offices and related organizations (see the case studies of Iwate (P.14) and Ishikawa prefectures (P.18)).

Registered dietitians, dietitians, and other professionals at prefectural offices play a vital role in overall coordination, including establishing support and information sharing systems, strengthening collaboration with related organizations, coordinating requests for support to the MHLW and other prefectures, and managing the acceptance of support personnel.

It is essential, particularly during wide-area disasters, that multiple municipalities and related organizations coordinate with one another. Therefore, stakeholders work with dispatched DHEAT personnel to provide support with a focus on overall optimization, such as prioritizing types of support, allocating resources, and formulating plans for dispatching professionals (see the case studies of Kumamoto Prefecture (P.16) and Ishikawa Prefecture (P.18)).

## List of case studies

This report is based on interviews with the following six local governments and related organizations to better understand the specific initiatives, features, and challenges of nutrition and dietary support during large-scale disasters.

Organization	Relevant disaster and Year of Occurrence					
	Earthquake 1995	Great Hanshin- Awaji Earthquake 2011	Great East Japan Earthquake 2016	Kumamoto Earthquake 2020	Kumamoto Heavy Rains 2024	Noto Peninsula Earthquake 2024
1 Hyogo Prefecture	●	○	○			○
2 Iwate Prefecture		●	○			○
3 Kumamoto Prefecture			●	●		○
4 Ishikawa Prefecture						●
5 Anamizu Town (Ishikawa Prefecture)						●
6 The Japan Dietetic Association – Disaster Assistance Team (JDA-DAT)			○	○		○



JDA-DAT (number 6 in the list) is organized by the Japan Dietetic Association and is composed of members from prefectural dietetic associations across Japan

\* In the table above, ● indicates a municipality affected by the disaster, while ○ indicates a municipality that provided support, such as dispatching registered dietitians and dietitians.

## Information on disasters linked to interviewed organizations

Disaster Name	Overview of the disaster and affected areas
Great Hanshin-Awaji Earthquake	<ul style="list-style-type: none"> <li>A magnitude 7.3 inland earthquake occurred in southern Hyogo Prefecture on January 17, 1995, resulting in 6,434 deaths. At its peak, there were 1,152 evacuation shelters with approximately 320,000 evacuees*. Approximately 250,000 houses were completely or partially destroyed, and urban functions were severely disrupted.</li> <li>Hyogo Prefecture, one of the primary affected local governments and a case study area in this report, carried out disaster response activities with support from personnel dispatched from many other municipalities.</li> </ul> <p>* Cabinet Office "Collection of Lessons Learned from the Great Hanshin-Awaji Earthquake"</p>
2011 Great East Japan Earthquake	<ul style="list-style-type: none"> <li>A massive magnitude 9.0 earthquake struck off the Pacific coast of the Tohoku region on March 11, 2011, resulting in 19,782 deaths and 2,550 missing persons. At its peak, approximately 2,300 evacuation shelters accommodated around 470,000 evacuees*. The tsunami devastated extensive areas along the Pacific coast, leading to widespread and prolonged displacement.</li> <li>Iwate Prefecture, one of the primary affected local governments and a case study area in this report, carried out disaster response activities. During this disaster, the importance of nutrition and dietary support in large-scale disasters was widely recognized, and for the first time, registered dietitians were dispatched and nutritional reference values for evacuation shelters were disseminated.</li> </ul> <p>* Fire and Disaster Management Agency "Report on the 2011 off the Pacific Coast of Tohoku Earthquake (165th Report)" and the "Great East Japan Earthquake Records"</p>
2016 Kumamoto Earthquake	<ul style="list-style-type: none"> <li>A series of earthquakes occurred in Kumamoto Prefecture on April 14 and 16, 2016, with the main shock registering magnitude 7.3. The disaster resulted in 273 deaths. At its peak, approximately 855 evacuation shelters accommodated around 180,000 evacuees*. Frequent aftershocks and other factors delayed improvements to shelter living conditions and the development of temporary housing.</li> <li>Kumamoto Prefecture, one of the primary affected local government and a case study in this report, carried out disaster response activities with support from personnel dispatched from other local governments under various frameworks established following the 2011 Great East Japan Earthquake.</li> </ul> <p>* Fire and Disaster Management Agency "Earthquake with Epicenter in the Kumamoto Region, Kumamoto Prefecture (121st Report)"</p>
July 2020 Heavy Rains in Kumamoto	<ul style="list-style-type: none"> <li>Record-breaking heavy rain fall in July 2020 caused severe flooding in southern Kumamoto Prefecture. The disaster resulted in 65 deaths. At its peak, approximately 150 evacuation shelters accommodated around 2,200 evacuees*. Large-scale flooding along the Kuma River basin caused extensive residential damage and numerous casualties at elderly care facilities.</li> <li>Kumamoto Prefecture, one of the primary affected local government and a case study in this report, carried out disaster response activities with support from personnel dispatched from other local governments, drawing on experience from other local governments.</li> </ul> <p>* Kumamoto Prefecture "Disaster Response Headquarters Meeting Materials for the July 2020 Heavy Rains"</p>
2024 Noto Peninsula Earthquake	<ul style="list-style-type: none"> <li>A magnitude 7.6 earthquake occurred in the Noto region of Ishikawa Prefecture on January 1, 2024, resulting in 684 deaths. At its peak, approximately 417 evacuation shelters accommodated around 45,000 evacuees*. Geographical factors and the disruption of roads to affected areas made it difficult to secure transport routes for relief supplies.</li> <li>Ishikawa Prefecture and Anamizu Town, both primary affected local governments and case studies in this report, carried out disaster response activities with support from personnel dispatched from other local governments.</li> </ul> <p>* Cabinet Office "Damage Status from the 2024 Noto Peninsula Earthquake"</p>

## Long-standing efforts to strengthen disaster response since the Great Hanshin-Awaji Earthquake, followed by proactive support in disaster-affected areas

### Key messages

- Following the extensive damage caused by the Great Hanshin-Awaji Earthquake, Hyogo Prefecture has made long-standing efforts to strengthen its disaster response. When disasters occur in other prefectures, Hyogo prefecture promptly dispatches support teams that include registered dietitians and dietitians, proactively providing meticulous support through collaboration among various professionals, including evacuation shelter assessments, nutritional counseling, and individual assistance for people requiring special care.
- Its support teams have demonstrated strong on-site leadership in supporting other regions, including during the 2016 Kumamoto Earthquake and the 2024 Noto Peninsula Earthquake. By leveraging their extensive experience and the knowledge and skills developed through it, they provide strong support to local government staff and related organizations, including proposing information-sharing systems, advising on requests for additional personnel in response to staffing shortages, and supporting the work of municipal registered dietitians and dietitians.

### Organizational Overview and Disaster Experience

Hyogo Prefecture is located in the Kinki region and has a population of approximately 5.3 million. Based on its experience of suffering extensive damage in the 1995 Great Hanshin-Awaji Earthquake (6,434 deaths, 43,792 injuries, a peak of 1,152 evacuation shelters, and approximately 316,700 evacuees; figures from the Cabinet Office), the prefecture has made long-standing efforts to strengthen its disaster preparedness system, develop specialized personnel, and pass on lessons learned. Drawing on this experience, the prefecture has dispatched personnel to provide support to numerous disaster-affected areas, including following the 2011 Great East Japan Earthquake, the 2016 Kumamoto Earthquake, and the 2024 Noto Peninsula Earthquake.

Prefecture	Hyogo Prefecture
Population	5,304,127 (as of December 2025)



### Details of Nutrition and Dietary Support During Disasters

#### Overview of Support

- Drawing on its disasters experience, the prefecture has proactively developed its support systems and established a system for rapidly dispatching personnel when disasters occur in other regions**

Following the Great Hanshin-Awaji Earthquake, Hyogo Prefecture implemented various initiatives, including conducting nutrition surveys of disaster victims, providing outreach nutritional counseling in evacuation shelters and temporary housing, and distributing relief supplies, recognizing the critical importance of diet in maintaining health and mental stability. Based on these experiences, the prefecture took the lead nationwide in formulating the Guidelines for Dietary Improvement Activities during Disasters (March 1996) and established systems enabling rapid support during disasters, as well as mechanisms for promptly dispatching personnel when disasters occur in other prefectures.

At the time of the 2011 Great East Japan Earthquake, registered dietitians and dietitians accompanied teams of public health nurses and other professionals to support disaster-affected areas, assessed nutritional status in evacuation shelters and improved meal content amid disrupted logistics and shortages of supplies. Similarly, following the 2016 Kumamoto Earthquake and the 2024 Noto Peninsula Earthquake, dispatched registered dietitians and dietitians carried out a wide range of activities in collaboration with registered dietitians and dietitians in affected municipalities, as well as JDA-DAT. These included conducting nutritional assessments at evacuation shelters, providing individualized assistance for people requiring special care, making rounds to temporary housing, and offering nutrition counseling.

In particular, following the 2024 Noto Peninsula Earthquake, they carried out support activities in Anamizu Town, Ishikawa Prefecture, providing advice on requests for additional support from the town and assisting in the implementation of new support initiatives, thereby delivering assistance that drew on knowledge and experience gained through past disaster response.

### Characteristics of Support

- Establishing systems for rapid and continuous personnel dispatch and leading on-site support**

In Hyogo Prefecture, awareness of the importance of nutrition and dietary support is shared across the organization even during normal times. Accordingly, a system has been established that allows registered dietitians and dietitians to accompany teams of public health nurses and other professionals, enabling the rapid dispatch of personnel when disasters occur in other regions. An annual survey is conducted among registered dietitians employed by the prefecture to determine the number available for dispatch in emergencies. In addition, when a disaster occurs, additional surveys are carried out in response to requests from the national government and disaster-affected areas, thereby establishing a system for rapid and long-term dispatch.

At dispatch sites, prefectural personnel draw on their extensive support experience to facilitate on-site coordination and management, and to assist municipal registered dietitians and dietitians.

At the time of the 2016 Kumamoto Earthquake, they recognized that information sharing between personnel dispatched from other prefectures and JDA-DAT was insufficient. They contributed to smoother coordination by proposing measures such as regular pre- and post-activity meetings and the use of social media for information sharing. By clarifying the division of roles among organizations and compiling lists of people requiring special care at each shelter, they ensured a shared understanding of on-site conditions and delivered comprehensive support. In addition, due to the establishment of systems enabling long-term personnel dispatch, these roles could be carried out seamlessly through to the conclusion of support activities.

At the time of the 2024 Noto Peninsula Earthquake, prefectural staff were dispatched to provide assistance in Anamizu Town, which had suffered extensive damage. They found that the town's registered dietitians were fully occupied with evacuation shelter management and that there was a shortage of personnel to provide nutrition and dietary support. They therefore advised the town to promptly request the dispatch of DHEAT and JDA-DAT teams, resulting in the swift deployment of registered dietitians and dietitians and the provision of support to disaster victims.

In addition, to deliver effective support with limited personnel, they also revised survey forms used by public health nurses during visits to temporary housing by adding food illustrations, making it easier to accurately assess meal conditions. This enabled the collection of information necessary to consider meal improvements and assess the need for additional support, even in situations where registered dietitians and dietitians could not directly gather information. Based on this information, they identified individuals at high health risks and provided individual nutritional counseling, distributed nutritional supplements, adjusted meal content, and facilitated referrals to other professionals such as physicians.

In addition, they broadly supported the work of the town's registered dietitians and dietitians, who had limited experience in disaster response, including advising on preparation and hygiene management for a newly established central kitchen initiative and developing medium- to long-term support plans for disaster victims.



Meeting between municipal registered dietitians and JDA-DAT



▲ Confirming method for outreach nutrition counseling methods (2024 Noto Peninsula Earthquake)



Nutritional counseling in temporary housing (2024 Noto Peninsula Earthquake) ▶

### Initiatives to Strengthen Disaster Response Going Forward

- Recognizing the shared challenge of strengthening systems for receiving support, the prefecture has been working to enhance coordination with relevant organizations and conduct training during normal times**

Through its extensive support experience, Hyogo Prefecture has recognized the importance of strengthening systems for receiving support and on-site management capacity.

When affected municipalities request support, they are required to provide information such as the number of personnel needed and the expected duration of support. However, training to accurately assess such information is still limited. Moreover, to enable support providers to prepare appropriate assistance, it is necessary to further develop systems that allow affected municipalities to share information in a planned manner. It is also necessary to strengthen systems for smoothly accepting large numbers of support personnel and to enhance on-site management capacity.

In response, Hyogo Prefecture has conducted training programs for multiple municipalities within the prefecture on information collection using D24H and the formulation of support plans.

In addition, recognizing that establishing effective systems for receiving support requires relationship-building and joint training with support organizations during normal times, the prefecture has been strengthening public-private collaboration with NPOs and other stakeholders, as well as building relationships based on its support experience from the 2024 Noto Peninsula Earthquake.

## Strengthening nutrition and dietary support systems after unprecedented earthquake and tsunami Damage, and expanding activities in collaboration with private-sector operators

### Key messages

- In response to the 2011 Great East Japan Earthquake, Iwate Prefecture identified nutritional challenges among disaster victims through nutritional assessments and addressed nutritional deficiencies. The prefecture also undertook new forms of support activities, such as providing boxed meals in collaboration with private-sector operators and using kitchen trucks to offer health education and opportunities for communal meals, thereby accumulating practical experience and knowledge. Such experience and expertise have been leveraged in subsequent disaster response activities, including the 2016 Kumamoto Earthquake and the 2024 Noto Peninsula Earthquake, contributing to the smooth delivery of support in affected areas.
- Based on challenges identified in assisting people requiring special care during the 2011 Great East Japan Earthquake, the prefecture has strengthened preparedness during normal times by continuously enhancing coordination with relevant organizations and incorporating lessons learned into policy measures.

## Organizational Overview and Disaster Experience

Iwate Prefecture is located in the Tohoku region and has a population of approximately 1.12 million. During the 2011 Great East Japan Earthquake, the prefecture suffered extensive damage, particularly along coastal areas struck by the tsunami. Widespread destruction, combined with significant damage to transportation networks and essential infrastructure, resulted in prolonged stays in evacuation shelters and temporary housing.

Based on this disaster experience, the importance of nutrition and dietary support, and the need for regional collaboration have been widely recognized, which has led to strengthened preparedness measures and enhanced coordination with relevant organizations during normal times.

Prefecture	Iwate Prefecture
Population	1,124,483 (as of December 2025)



## Details of Nutrition and Dietary Support During Disasters

### Overview of Support

#### Inland health centers supported coastal areas by providing logistical support and delivering continuous assistance to residents in evacuation shelters and temporary housing

At the time of the 2011 Great East Japan Earthquake, as wide areas of Iwate Prefecture were affected, inland health centers provided logistical support to coastal health centers, thereby establishing a support system for coastal areas and assisting residents in evacuation shelters and temporary housing. Registered dietitians and dietitians who were dispatched to provide support first focused on supporting the delivery of relief supplies to evacuation shelters and assessing meal conditions. They identified nutritional challenges through nutritional assessments of disaster victims. Based on these findings, they implemented a range of support measures according to the circumstances, including improvements to the content of hot meal services and boxed meals, as well as the use of kitchen trucks to provide health education.

In addition, at the time, information-sharing tools were not as developed as they are today. Consequently, reports to the prefecture from public health nurses and registered dietitians and dietitians conducting visits to evacuation shelters and temporary housing became important sources of information, while on-site information sharing among support personnel dispatched from other prefectures formed the foundation of support activities. These experiences were also shared among personnel from other prefectures and contributed to the development of post-disaster systems, including information-sharing mechanisms.

Moreover, Iwate Prefecture has collaborated with the Iwate Dietetic Association to document and disseminate experiences from the 2011 Great East Japan Earthquake. This has created an environment that facilitates the transfer of knowledge, including methods for nutritional assessment and understanding meal conditions, as well as know-how related to coordination and collaboration with private-sector operators to improve meals.

## Characteristics of Support

#### Drawing on its experience from the 2011 Great East Japan Earthquake, the prefecture provided support following the 2024 Noto Peninsula Earthquake, including coordination with private-sector operators and improvements to meal planning, enabling the smooth provision of nutrition and dietary support

In Iwate Prefecture, experience and know-how related to support gained during the 2011 Great East Japan Earthquake have been leveraged in subsequent support activities.

At the time of the 2011 Great East Japan Earthquake, it was difficult to secure volunteers to carry out hot meal services, and there was a need to reduce the burden on the people involved. As a result, about one month after the disaster, collaboration with private-sector operators began, which had not been common before. This coordination involved the provision of boxed meals by private companies and proposals from registered dietitians and dietitians to improve meal content.

In addition, as evacuation became prolonged, kitchen trucks were arranged and used to provide opportunities for health promotion activities and health education aimed at preventing inactivity-related health decline. These on-site ideas, including the establishment of continuous nutrition and dietary support systems in evacuation shelters and temporary housing as well as collaboration with private-sector operators, were accumulated within the organization as practical know-how.

Following the 2016 Kumamoto Earthquake, registered dietitians and dietitians with experience from the 2011 Great East Japan Earthquake were dispatched to disaster areas, where they provided support drawing on their experience, including distributing relief supplies, coordinating roles among support organizations, and conducting dietary surveys in evacuation shelters.

In addition, following the 2024 Noto Peninsula Earthquake, the accumulated know-how from the 2011 Great East Japan Earthquake was utilized by providing sample meal plans and educational materials used during the response, as well as assisting with coordination between affected municipalities and private-sector operators when boxed meals began to be provided in evacuation shelters.

These initiatives were underpinned by activity records from the 2011 Great East Japan Earthquake. Even during the chaotic period following the disaster, the importance of documentation was recognized, and support activities, challenges, and practical ideas were carefully recorded and organized. In later years, this knowledge was compiled into booklets to pass it on to future generations. These materials include ideas for evacuation shelter management, challenges in assisting people requiring special care, and lessons learned, and they are used as references by personnel without disaster-response experience as well as by other municipalities.

## Initiatives to Strengthen Disaster Response Going Forward

#### Recognizing the need to address food allergies identified during the 2011 Great East Japan Earthquake, the prefecture has strengthened and sustained collaboration with related organizations and reflected these efforts in prefectural policies

Following the 2011 Great East Japan Earthquake, assistance for people requiring special care during disasters, particularly individuals with food allergies, emerged as a challenge. Accordingly, Iwate Prefecture has continued to work on food allergy countermeasures during disasters.

For example, in FY2025, an evacuation shelter training exercise on food allergy response was conducted in collaboration with a parents' organization of children with food allergies, an allergy care hub hospital, the prefecture and local governments, and volunteer groups such as the Red Cross Volunteer Corps. In addition, the prefecture holds regular exchanges of views with the parents' organization and co-hosts lectures and other events on food allergies.

Through ongoing collaboration with such related organizations, the prefecture has been able to accurately identify on-site challenges and the latest situations, and to reflect this information in prefectural policies and new initiatives.

Since the 2011 Great East Japan Earthquake, coordination between the health promotion and disaster management departments has been strengthened, and the views of registered dietitians and dietitians, including the prefectural dietetic association, have been incorporated into revisions of stockpiled food supplies and updates to Local Disaster Management Plans. In particular, lessons learned from insufficient assistance for people requiring special care during past disasters led to the explicit designation of registered dietitians and dietitians as responsible for assisting them in Local Disaster Management Plans.

These efforts reflect how the importance of nutrition and dietary support has been shared based on past experience, contributing to strengthened preparedness during normal time.



Use of kitchen trucks to address undernutrition and prevent inactivity-related health decline (during the 2011 Great East Japan Earthquake)



Training on hot meal services adapted for food allergies

## Providing support for the 2024 Noto Peninsula Earthquake based on the framework established after the 2016 Kumamoto Earthquake and lessons learned from receiving assistance

### Key messages

- Drawing on its experience from multiple recent disasters, Kumamoto Prefecture has established a system for mutual staff deployment and support between health centers within the prefecture. By deepening the understanding of managerial staff and various professionals regarding nutrition and dietary support, the prefecture has developed a framework that enables rapid initial response and supports municipal activities efficiently.
- Through its extensive disaster experience, the prefecture has developed a strong understanding of the perspectives of those receiving support. When registered dietitians and dietitians are dispatched to other regions, they focus on providing advice regarding mental and physical care for local staff and preparations for receiving support. The prefecture provides meticulous support by assessing on-site workloads and challenges and adjusting work assignments to ensure that staff can get sufficient rest.

## Organizational Overview and Disaster Experience

Kumamoto Prefecture is located in the western part of the Kyushu region and has a population of approximately 1.7 million. The 2016 Kumamoto Earthquake caused extensive damage, with many evacuation shelters opened throughout the prefecture. In addition, the July 2020 Heavy Rains in Kumamoto caused significant flooding and damage in the Kuma River basin in the southern part of the prefecture. Through these experiences, the prefecture established a system in which health centers in unaffected areas support those in disaster-affected areas, thereby creating an environment in which nutrition and dietary support can be provided promptly during disasters.

Prefecture	Kumamoto Prefecture
Population	1,681,958 (as of December 2025)



## Details of Nutrition and Dietary Support During Disasters

### Overview of Support

- || **Through its experience with earthquake and heavy rain disasters, the prefecture has strengthened collaboration among health centers, building a system capable of rapidly providing continuous support to affected municipalities**

Kumamoto Prefecture has experienced multiple large-scale disasters in recent years, including the 2016 Kumamoto Earthquake and the July 2020 Heavy Rains in Kumamoto. During the 2016 Kumamoto Earthquake, while administrative functions and daily infrastructure were significantly disrupted, numerous evacuation shelters were opened across the prefecture. Under these circumstances, the prefecture established a collaborative network among health centers to support municipalities, delivering seamless nutrition and dietary support. For example, to improve meals provided at evacuation shelters, the prefecture requested cooperation from restaurants certified as "Health Promotion Support Restaurants" under a prefectural program, linking registered dietitians and dietitians in local governments with restaurant businesses to begin the distribution of boxed meals. Registered dietitians and dietitians from health centers also participated in meal plan reviews and coordination meetings, ensuring the provision of meals that accounted for nutritional balance and food allergies.

During the July 2020 Heavy Rains in Kumamoto, support personnel from other health centers were dispatched immediately to affected areas. For Kuma Village, which suffered particularly severe damage, registered dietitians from health centers were deployed to the area to assess the situation and determine necessary support. For more than six months, they provided direct support to address challenges related to evacuation shelter operations and meal provision.

In response to the 2024 Noto Peninsula Earthquake, Kumamoto Prefecture dispatched registered dietitians and dietitians as part of DHEAT, conducting meticulous activities based on past experience, such as providing advice on building systems for receiving support and supporting local staff who are often overlooked during disaster response.

## Characteristics of Support

- || **Establishing a system to support registered dietitians at affected health centers with the understanding of managerial staff and various professions. At the time of the 2024 Noto Peninsula Earthquake, experienced personnel provided unique support, including advice that took into consideration the health of personnel engaged in response activities**

In Kumamoto Prefecture, experience from the 2016 Kumamoto Earthquake led to the establishment of a system enabling health centers within the prefecture to mutually dispatch support personnel.

Following the 2016 Kumamoto Earthquake, registered dietitians were dispatched from the prefectural government and health centers in less affected areas to those more severely affected, with the support and understanding of managerial staff, thereby improving the quality of response. Building on these experiences, an initial response system was developed that enables rapid action at the onset of disasters with the understanding of health center directors and various professions.

During the July 2020 Heavy Rains in Kumamoto, support to municipalities was delivered with practical advice and assistance from registered dietitians with prior disaster response experience. Additionally, guidelines developed based on the experience and lessons learned from the 2016 Kumamoto Earthquake clarified necessary response actions, enabling less experienced personnel to provide support with confidence.

Another characteristic is a strong understanding, gained through multiple disaster experiences, of the burden on on-site personnel and the challenges faced by those receiving support. Following the 2024 Noto Peninsula Earthquake, in addition to various forms of advice and support aimed at preventing secondary health effects among disaster victims, emphasis was placed on reducing the physical and mental burden on responding personnel. This included assessing conditions through interviews with local staff and providing individualized care and guidance.

The team provided support tailored to on-site conditions, such as ensuring appropriate rest, adjusting activity hours, and identifying the most suitable activities based on the preferences of both staff and their supervisors. In addition, for local governments lacking systems for receiving support, the team contributed to streamlining nutrition and dietary support in affected areas by providing advice on workflows for receiving assistance and approaches to addressing challenges, drawing on knowledge gained from the 2016 Kumamoto Earthquake and other disasters.



Meeting among stakeholders on nutrition and dietary support (2016 Kumamoto Earthquake)

## Initiatives to Strengthen Disaster Response Going Forward

- || **Building on its experience supporting the 2024 Noto Peninsula Earthquake, the prefecture is strengthening its response for people requiring special care by developing a collaborative framework with the Kumamoto Dietetic Association**

Based on extensive experience in disaster response and accepting assistance, Kumamoto prefecture recognizes the need to strengthen systems for receiving support as a priority and is taking action.

During the 2016 Kumamoto Earthquake, the system for receiving support was underdeveloped, and the process of accepting support personnel from other prefectures was carried out largely through trial and error. Post-disaster reviews revealed that required responses differ significantly depending on the scale and scope of the disaster. As a result, it is difficult to pre-establish activity policies or plans for accepting support personnel. Additionally, during the response to the 2024 Noto Peninsula Earthquake, the prefecture encountered challenges in coordinating the dispatch of registered dietitians and dietitians and in identifying and communicating on-site needs in affected local governments. Given these experiences, the prefecture is considering establishing its own independent support system.

During the support for the 2024 Noto Peninsula Earthquake, the prefecture recognized the importance of strengthening collaboration with prefectural dietetic associations and other organizations to respond to new challenges, such as Level 1.5 evacuation shelters and meeting the needs of people requiring special care. While discussions toward strengthening collaboration had been ongoing for years, the Noto Peninsula support experience prompted information sharing with the Kumamoto Dietetic Association, fostering a common understanding of disaster response. Furthermore, as dispatching support personnel from other regions can take time, building a collaborative network with the Kumamoto Dietetic Association was recognized as critical for establishing a rapid initial response system.

Based on this background, a collaborative agreement was signed with the Kumamoto Dietetic Association at the end of June 2025. Moving forward, the prefecture plans to promote practical training for specialized personnel to ensure that staff can address new challenges under an effective and strengthened collaborative framework.

## Supporting activities in affected municipalities by establishing information-sharing systems based on advice from dispatched registered dietitians and dietitians, and providing assistance to people requiring special care at Level 1.5 evacuation shelters

### Key messages

- During the 2024 Noto Peninsula Earthquake, Level 1.5 evacuation were opened as intermediate hubs to ensure a safe living environment and facilitate wide-area evacuation to secondary evacuation shelters. Ishikawa Prefecture worked with the Ishikawa Dietetic Association and JDA-DAT to provide meals and health consultations for people requiring special care, thereby helping to protect the health of disaster victims.
- Amid limited staffing, the prefecture worked to establish a centralized system for tracking meal status and nutritional challenges by improving survey and web forms and utilizing the D24H system, based on recommendations from support personnel. The information obtained served as a foundation for support to municipalities, enabling research institutions and other organizations to promptly identify shelters facing challenges and provide necessary information.

## Organizational Overview and Disaster Experience

Ishikawa Prefecture is located in the Hokuriku region and has a population of approximately 1.1 million. The Noto Peninsula, which was hit by the earthquake, is located in the northern part of the prefecture, approximately 140 km from Kanazawa City, the prefectural center, or about two hours by car.

Furthermore, due to its peninsular geography, transportation networks are limited. The earthquake severed major roads in various locations, and port facilities were rendered unusable due to the tsunami and ground uplift. In addition, facilities where support personnel could stay were damaged and limited in number, making it difficult to secure bases for support activities. Under these severe conditions, the prefecture provided nutrition and dietary support for disaster victims through collaboration with support personnel and relevant organizations.

Prefecture	Ishikawa Prefecture
Population	1,089,190 (as of December 2025)



## Details of Nutrition and Dietary Support During Disasters

### Overview of Support

#### Establishing an information-sharing system under limited personnel and resources to support on-site nutrition and dietary activities

During the 2024 Noto Peninsula Earthquake, Ishikawa Prefecture had only one dietitian assigned to each health center, many of whom had only three to five years of work experience. Furthermore, because the disaster occurred on January 1, many staff members were away from their workplaces, making it difficult to establish an initial response system.

Under these circumstances, the prefectural office established the foundation for support activities in coordination with public health nurses and registered dietitians. This included building information-sharing systems, developing data-collection tools, allocating support personnel from other prefectures, and coordinating the delivery of relief supplies to improve evacuation shelter meals with support from the MHLW, DHEAT, and support personnel from other prefectures with disaster-response experience.

At the Noto Hokubu Health Center, which has jurisdiction over the disaster area, staff carried out information collection and dissemination, administrative support for municipalities, and consultation responses, even as their own facilities and personnel were affected. The team established a support system utilizing registered dietitians from unaffected health centers within the prefecture. They organized liaison meetings with municipal registered dietitians and dietitians to gather direct on-site feedback and identify the support that was truly needed. By sharing best practices from other local governments with municipalities across the jurisdiction, they continuously devised practical solutions to provide support that met on-site needs despite limited personnel and resources.

## Characteristics of Support

#### Provision of meals to people requiring special care at Level 1.5 evacuation shelters in cooperation with the Ishikawa Dietetic Association, and centralizing information collection and sharing through improvements to data-gathering tools

The 2024 Noto Peninsula Earthquake caused severe and widespread damage to essential lifelines. To secure safe living environments for disaster victims until they could return home or move into temporary housing, the establishment of transit hubs was necessary. These hubs were designed to facilitate smooth movement to temporary evacuation facilities outside the affected area, secondary evacuation centers such as hotels and inns, and care facilities. Because the damage was widespread and severe, it was difficult for affected municipalities to coordinate wide-area evacuation independently. In response, Ishikawa Prefecture took a proactive leadership role by establishing Level 1.5 evacuation shelters, mainly in Kanazawa City, creating a centralized support system.

At these Level 1.5 evacuation shelters, the Ishikawa Dietetic Association and JDA-DAT collaborated to provide approximately 400 meals per day for people requiring special care. In addition, an area for nutrition consultation was set up within the shelters to help alleviate health concerns among evacuees. The successful relocation of people requiring special care to Level 1.5 and secondary evacuation shelters also reduced the burden of meal provision in the affected areas.

The disaster-affected areas suffered severe damage to transportation and communication networks, which hampered even efforts to confirm the safety of residents. As the number of registered dietitians and dietitians was limited, the prefecture devised practical ways to track the situation, including creating web forms so that other professionals, such as public health nurses, could collect information including meal status and report the results during meal rounds at evacuation shelters.

Furthermore, with the cooperation of Shibaura Institute of Technology, the developer of the D24H system, it became possible to input meal status directly. As a result, the prefecture built a system to centrally track the situation. Based on this data, a framework was established under which the National Institute of Health and Nutrition compiled meal status data as logistical support and provided information on shelters facing challenges to Ishikawa Prefecture and affected municipalities.



Support for meal provision and related activities at a Level 1.5 evacuation shelter



Meeting on support for municipalities

## Initiatives to Strengthen Disaster Response Going Forward

#### Identifying operational challenges in Level 1.5 evacuation shelters management and information collection to inform future system development and strengthened collaboration

While the response to the 2024 Noto Peninsula Earthquake involved various innovative measures, it also highlighted challenges for the future.

First, in the operation of Level 1.5 evacuation shelters, contact points within the prefectural office were fragmented, making the support system complex. This created challenges in coordination with the Ishikawa Dietetic Association and JDA-DAT, which were responsible for on-site support. In particular, the burden of securing and managing personnel to provide round-the-clock meal services for people requiring special care was extremely heavy, highlighting the need to establish clear operational frameworks for Level 1.5 evacuation shelters in advance.

Additionally, while information collection systems such as D24H were established, there were challenges regarding the granularity of data required to determine the necessity and urgency of support, as well as ensuring data quality. Due to the lack of prior agreements on information collection, data on meal status collected by various professionals was sometimes limited to overly simplified reports such as "good," "bad," or "no problem." Determining the necessity of support requires consistent data on meal content and nutrient deficiencies. Therefore, the prefecture is considering pre-defining the required level of data granularity and, if necessary, using methods such as sharing photos or videos of meals to ensure data quality.

While recognizing the need to organize lessons learned for future reference, Ishikawa Prefecture has designated 2025 as the first year of reconstruction, with the Crisis Management Department leading a review of system development efforts. Regarding nutrition and dietary support, the prefecture has begun strengthening collaboration and information-sharing systems during normal times while continuing to support the recovery and reconstruction of disaster-affected areas. This includes revising disaster manuals, developing action cards, strengthening collaboration with the Ishikawa Dietetic Association, and promoting public-private partnerships.

# Anamizu Town (Ishikawa Prefecture)

Related Disasters	1995 Great Hanshin-Awaji Earthquake	2011 Great East Japan Earthquake	2016 Kumamoto Earthquake	July 2020 Heavy Rains in Kumamoto	2024 Noto Peninsula Earthquake
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**Providing nutrition and dietary support in cooperation with dispatched registered dietitians and dietitians, and JDA-DAT, and delivering hot meals through a central kitchen initiative in collaboration with the private sector**

## Key messages

- In Anamizu Town, despite limited human resources, effective nutrition and dietary support was provided through a framework based on clear role sharing that utilized the strengths of support personnel from other municipalities and JDA-DAT. This included nutritional assessments of evacuation shelters, individual consultations for people requiring special care, management and provision of special nutritional foods, and hygiene guidance.
- In addition to preventing health deterioration and related deaths among evacuees, the town spearheaded a central kitchen initiative in collaboration with restaurant associations and volunteers, aimed at providing employment support for disaster victims and ensuring the effective use of relief supplies. An operational system was established in which the town's registered dietitians and dietitians developed meal plans and local restaurant operators handled meal preparation, providing up to 500 hot, nutritionally balanced meals per day to disaster victims.

## Organizational Overview and Disaster Experience

Anamizu Town, Ishikawa Prefecture, is located in the central part of the Noto Peninsula and has a population of approximately 7 thousand, with an aging rate of 49.19% (as of the end of December 2023). During the 2024 Noto Peninsula Earthquake, up to 54 evacuation shelters were set up in the town. The number of evacuees reached 3,991, and there were 38 deaths. The entire town suffered extensive damage, requiring the construction of 532 temporary housing units.

At the time of the disaster, two registered dietitians from the town's health and welfare departments (one each from the Childcare and Health Division and Resident Welfare Division) and six public health nurses took a central role in activities to maintain the health of evacuees.

Municipality	Anamizu Town
Population	6,646 (as of December 2025)



## Details of Nutrition and Dietary Support During Disasters

### Overview of Support

- || **With limited human resources, registered dietitians collaborated with support personnel to conduct nutritional assessments at evacuation shelters, thereby supporting the health of disaster victims and assisting people requiring special care**

Internet access in Anamizu was cut off immediately following the disaster, making it a major challenge to collect information and coordinate within government agencies. In addition, damage across the entire town caused a shortage of stockpiled food at an early stage, which required agile responses such as purchasing food from nearby grocery stores and distributing it to affected residents.

The town's two registered dietitians were engaged in evacuation shelter operations immediately following the disaster, and due to their heavy workloads, it took time before they could initiate nutrition and dietary support activities. The arrival of registered dietitians and dietitians dispatched from other prefectures, such as Hyogo and Shizuoka, enabled the full-scale implementation of nutrition and dietary support activities. This included conducting nutritional assessments at evacuation shelters, providing individual consultations for people requiring special care, managing special nutritional foods, and offering hygiene guidance. Once JDA-DAT arrived on-site, it provided additional support, including visits to evacuation shelters and temporary housing, transporting and organizing special nutritional foods, and individual consultations. In addition, the town played a leading role in the central kitchen initiative, working in collaboration with restaurant associations and volunteers to provide up to 500 meals per day.

## Characteristics of Support

- || **Implementing a central kitchen initiative based on advice from support personnel, realizing the provision of hot meals in cooperation with local businesses and support organizations**

A characteristic feature of nutrition and dietary support in Anamizu Town was the launch and operation of the central kitchen initiative. Following the disaster, from the perspective of health support, such as preventing health deterioration and disaster-related deaths among evacuees, as well as from the perspectives of providing employment support for disaster victims and making effective use of relief supplies, the town collaborated with restaurant associations and volunteers to establish a system to provide up to 500 meals per day as town-led hot meal services.

At the start of this project, the town's registered dietitians built the foundation by verifying water and cooking facilities and installing large-scale refrigeration to utilize public facilities that were not originally designed for food service as kitchens. Additionally, they improved meal plans originally prepared for Self-Defense Force hot meal services based on advice from support personnel, and then requested food procurement, ordering, and cooking from restaurant associations and local restaurants. While all stakeholders were deeply committed, this led to intense discussions on reconciling competing priorities between nutritional balance and flavor. Ultimately, however, they achieved the stable provision of hot, nutritionally balanced meals and contributed significantly to meal management at evacuation shelters.

Alongside this project, a key feature of daily support was the role-sharing between administrative support personnel and JDA-DAT, each utilizing their respective strengths. While nutritional assessments at evacuation shelters and individual consultations for people requiring special care were conducted jointly, support personnel from other prefectures utilized their expertise as administrative staff to assist primarily with internal coordination and the development of support plans. Meanwhile, JDA-DAT focused primarily on community-based support, such as rounds to evacuation shelters and temporary housing, individual consultations, and the organization and distribution of special nutritional foods, leveraging their mobility with specialized vehicles. This role-sharing occurred naturally under the leadership of registered dietitians and JDA-DAT members with disaster-response experience, resulting in collaboration that maximized their respective strengths. In addition, many registered dietitians and dietitians worked collaboratively to provide multifaceted support despite limited resources. This included calculating the nutritional value of relief supplies, developing and disseminating educational materials, ensuring thorough hygiene management, conducting outreach to residents in temporary housing, and creating lists for people requiring special care.



Hot meal services at the central kitchen

Meeting among registered dietitians and dietitians

## Initiatives to Strengthen Disaster Response Going Forward

- || **Deepening understanding of the importance of nutrition and dietary support within the organization and strengthening preparedness**

Anamizu's response to the 2024 Noto Peninsula Earthquake showed that there are many situations that are difficult for individual registered dietitians and dietitians to manage on their own, highlighting the importance of strengthening collaboration with other departments during normal times. For this reason, the town is examining how to clarify the roles and other key elements of nutrition and dietary support in its revised Local Disaster Management Plan to deepen understanding among relevant parties in government agencies and other organizations of the significance and importance of the involvement of registered dietitians and dietitians in related functions.

In addition, many residents with food allergies remained in their homes or evacuated outside the town, making it difficult to reach them and provide information following the disaster. Therefore, going forward, the town plans to create and distribute educational materials, as well as raise awareness of consultation services and strengthen information provision through schools, hospitals, clinics, and other facilities during normal times.

The town has also reaffirmed the importance of strengthening preparedness during normal times, such as identifying kitchens and stockpiled food that could be used in emergencies and preparing manuals on hygiene management. Looking ahead, the town is examining ways to strengthen its emergency response capabilities in collaboration with relevant departments and local organizations to establish a system capable of rapidly supplying meals during emergencies.

**Leveraging a nationwide network of approximately 6,000 registered dietitians and dietitians to provide rapid, tailored support for challenges that are difficult for government assistance alone to address**

**Key messages**

- JDA-DAT is a disaster assistance team established by the Japan Dietetic Association. Its system enables support teams composed of members and team leaders from its nationwide network of approximately 6,000 registered dietitians and dietitians to be rapidly dispatched in response to requests from the government or disaster-affected areas. Having provided assistance at numerous disasters since its establishment in 2012, JDA-DAT leverages experience and lessons learned from these events to inform support provided during future disasters.
- JDA-DAT carries out a wide range of activities in affected areas, including accompanying medical rescue teams, visiting evacuation shelters and temporary housing, providing nutritional counseling, transporting supplies, and managing hygiene. One of its particularly important roles is providing meticulous nutrition and dietary support to people requiring special care.

**Organizational Overview and Disaster Experience**

The Japan Dietetic Association is a professional association of registered dietitians and dietitians with approximately 50,000 members. Its main activities include conducting surveys and research on nutrition and dietary habits, human resource developing for registered dietitians and dietitians, promoting public health, and enhancing the food environment.

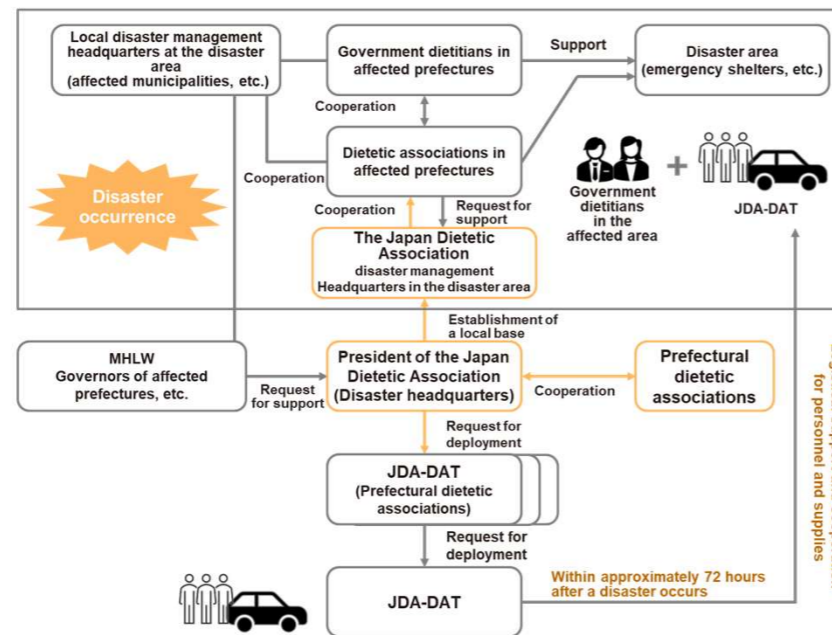
Organization	The Japan Dietetic Association
Representative	Teiji Nakamura, President
No. of Members	49,104 (as of the end of March 2025)

The Japan Dietetic Association established JDA-DAT (Japan Dietetic Association Disaster Assistance Team) in 2012 in response to the 2011 Great East Japan Earthquake, which highlighted the importance of nutrition and dietary support during disasters. JDA-DAT is a team of professionals who have undergone specialized training to acquire the knowledge and skills necessary to provide prompt and appropriate nutrition and dietary support to disaster victims at evacuation shelters, temporary housing, and related facilities during disasters within and outside Japan, and it has a nationwide network of approximately 6,000 registered dietitians and dietitians who serve as members and team leaders. Moreover, JDA-DAT is organized through prefectural dietetic association and initiates support activities in response to requests from the national government, affected prefectures, and prefectural dietetic associations.

JDA-DAT personnel dispatched to disaster areas coordinate rapidly with the affected municipality's medical, welfare, and health promotion departments and provide nutrition and dietary support suited to local conditions under the direction of the municipality's registered dietitians and dietitians.

Since its establishment in 2012, the team has deployed personnel to assist in numerous natural disasters in recent years, including the 2016 Kumamoto Earthquake, the July 2018 Heavy Rains, the 2018 Hokkaido Eastern Iburu Earthquake, and the 2024 Noto Peninsula Earthquake. The experience gained from these activities has also contributed to improved preparedness during normal times.

(For details on preparedness during normal times, see P.24.)

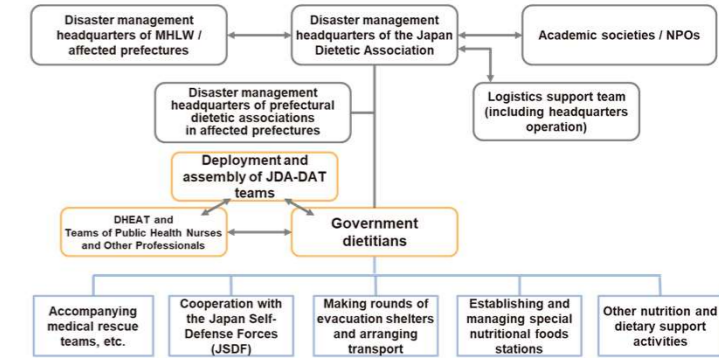


Overview of JDA-DAT

**Details of Nutrition and Dietary Support During Disasters**

**Establishing special nutritional foods stations to rapidly deliver essential items to people requiring special care**

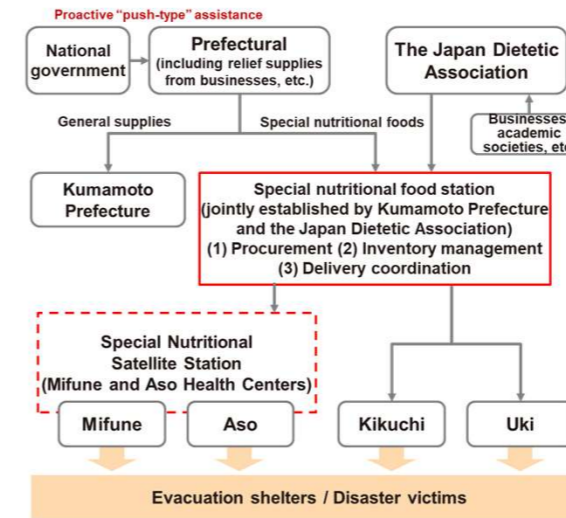
JDA-DAT carries out a wide range of activities in disaster areas, including accompanying medical rescue teams, visiting evacuation shelters and temporary housing, providing nutritional counseling, transporting supplies, and managing hygiene. These activities are carried out in collaboration with local municipalities and other professional support teams with logistical support from the Japan Dietetic Association headquarters. In this context, JDA-DAT plays a vital role in providing meticulous nutrition and dietary support, particularly for people requiring special care.



Examples of JDA-DAT Activities

Since the 2016 Kumamoto Earthquake, establishing Special Nutritional Foods Stations (centralized hubs for managing and distributing specialized nutritional foods), along with leveraging the mobility of emergency support vehicles deployed nationwide to visit evacuation shelters and provide nutritional counseling, has become a foundation of support for people requiring special care.

In past large-scale disasters, proactive "push-type" assistance enabled large quantities of relief supplies to be delivered to disaster areas. However, there have been cases in which receiving systems were insufficiently prepared, resulting in special nutritional foods being mixed with regular foods and preventing supplies from reaching those who needed them.



Special Nutritional Foods Station initiative during the 2016 Kumamoto Earthquake

During the 2016 Kumamoto Earthquake, JDA-DAT and Kumamoto Prefecture jointly established a special nutritional foods station based on these experiences. At this station, a system was developed to centrally manage a diverse range of special nutritional foods, including special meals for people with food allergies, infant formula, liquid meals, and nursing care foods, enabling centralized procurement, inventory management, and delivery coordination.

JDA-DAT visited evacuation shelters and temporary housing in specialized vehicles and provided nutritional counseling to disaster victims, then distributed special nutritious foods to those in need. By directly identifying needs and delivering supplies in person, they were able to provide a level of detailed support that is difficult to achieve through government assistance alone.

**Providing nutritional assessments and counseling at Level 1.5 evacuation shelters, and supporting the wide-area evacuation of people requiring special care**

During the 2024 Noto Peninsula Earthquake, JDA-DAT also played an important role in support at Level 1.5 evacuation shelters.

At these shelters, all evacuees were provided nutritional assessments, with the results shared with nurses and other specialists. This enabled the provision of support suited to each person's health conditions and dietary needs. Further, an area for nutritional counseling was set up within evacuation shelters to handle questions from evacuees, and, for the first time, meals were cooked and served directly. This new initiative has also revealed the challenges affecting future activities, such as securing staff and kitchen facilities for continually serving meals and enhancing hygiene management systems. JDA-DAT has begun examining ways to secure personnel and mobile kitchen facilities to address these new challenges (For details, see P.25).



Support for people requiring special care at a Level 1.5 evacuation shelter (2024 Noto Peninsula Earthquake)

## Activities During Normal Times to support JDA-DAT

To enable rapid disaster response, JDA-DAT undertakes a range of activities during normal times, including developing disaster-response specialists, facilitating their dispatch, strengthening multidisciplinary collaboration, and enhancing preparedness based on past support experience.

### Training specialists capable of responding to disasters nationwide in collaboration with prefectural dietetic associations

JDA-DAT works closely with prefectural dietetic associations throughout Japan to establish a framework for developing disaster-response specialists during normal times. The Japan Dietetic Association is responsible for formulating the overall curriculum, training and certifying leaders with advanced expertise, and operating nationwide training programs, while prefectural dietetic associations conduct staff training in their respective regions and recommend leadership candidates.

In the training of JDA-DAT staff, in addition to acquiring fundamental knowledge through classroom instruction, participants gain practical knowledge and skills through participation in local disaster drills and collaboration with local municipalities. The training curriculum covers a wide range of topics, including establishing initial response systems during disasters, nutrition management at evacuation shelters, methods of information collection and sharing, the management and provision of specialized nutrition products, individualized support for people requiring special care, mental health support, and hygiene management. In addition, practical knowledge is further accumulated and shared through activity reports from disaster sites.

Moreover, leaders recommended by prefectural dietetic associations receive further training through group and online programs conducted by the Japan Dietetic Association.

These frameworks have increased the number of specialists capable of responding rapidly to disasters nationwide, thereby enhancing organizational responsiveness and strengthening overall preparedness.



JDA-DAT training session

### Rapidly securing specialists capable of responding to on-site conditions and needs in disaster-affected areas through a specialist matching system

JDA-DAT is collaborating with prefectural dietetic associations during normal times to establish frameworks for the rapid deployment of specialists during disasters.

At the center of this system is DiMS (Dietitian Matching System), a specialist matching system that maintains a nationwide database of JDA-DAT leaders and staff. DiMS is an ICT system designed to rapidly mobilize specialists capable of carrying out on-site activities during disasters. It functions by recruiting and selecting available specialists from the database in response to requests for dispatch from prefectural dietetic associations and local municipalities.

Specifically, when municipalities or prefectural dietetic associations in affected areas require personnel, DiMS sends recruitment notifications to registered members requesting support. Once registered members input their availability and preferences, specialists who meet the dispatch criteria are selected, and their deployment to affected areas is confirmed. Dispatched members carry out activities under the direction of registered dietitians and dietitians from the affected municipalities.

Moreover, regular drills on operating DiMS and informative sharing are conducted during normal times, helping to ensure smooth operations during disasters. These frameworks enable the establishment of a dispatch system capable of rapidly and appropriately responding to the support needs of disaster-affected areas nationwide, thereby strengthening disaster response capacity.

### Enhancing collaboration with local municipalities and other health, medical, and welfare teams in preparation for emergencies

JDA-DAT continually works to enhance collaboration with local municipalities and other health, medical, and welfare teams to improve the quality and responsiveness of nutrition and dietary support during disasters.

By concluding disaster cooperation agreements with local municipalities to clarify support arrangements, establishing close working relationships, and promoting information sharing, prefectural dietetic associations have developed systems that enable rapid and smooth coordination during emergencies. The number of agreements is steadily increasing as they are concluded with prefectures, government-designated cities, special wards, and other entities. These agreements enable the further development of support systems suited to the specific circumstances of each area.

JDA-DAT is also focusing on strengthening multidisciplinary collaboration. It conducts joint training programs and disaster drills with other health, medical, and welfare teams, thereby deepening understanding of each team's roles and methods of collaboration at disaster sites. In particular, JDA-DAT leaders are dispatched to multidisciplinary training programs hosted by the Japan International Medical Technology Foundation (JIMTEF), where they gain practical knowledge alongside physicians, nurses, pharmacists, public health nurses, and other healthcare personnel on support systems, methods for information sharing, and responses for people requiring special care during emergencies. These training programs enhance collaboration among professionals and deepen understanding of role-sharing at disaster sites.

Moreover, JDA-DAT personnel actively engage in various activities during normal times to strengthen collaboration with local municipalities and other health, medical, and welfare teams, such as participating in local disaster drills and disaster prevention events, raising awareness of disaster preparedness among residents and regularly exchanging information with government officials.

These efforts during normal times have helped build collaborative relationships among various professionals, enabling coordinated support for disaster victims and improving the quality and responsiveness of nutrition and dietary support.

### Steadily implementing necessary measures based on disaster support experience to strengthen preparedness for future disasters

JDA-DAT is leveraging its past disaster assistance activities to strengthen preparedness for future disasters. The 2024 Noto Peninsula Earthquake in particular revealed challenges and emerging needs, including support at Level 1.5 evacuation shelters. Accordingly, the guidelines for nutrition and dietary support during disasters were swiftly revised based on these insights (September 2025). The latest guidelines include a large amount of practical content that addresses on-site needs in recent disaster areas, such as evacuation shelter operation, support for people requiring special care and supply management.

Since transportation is essential for supporting activities in disaster areas, JDA-DAT has promoted the nationwide deployment of disaster relief emergency vehicles. This enables flexible operations such as transporting supplies and visiting evacuation shelters. Going forward, JDA-DAT is also examining the introduction of new equipment such as mobile kitchen trailers to further strengthen meal provision systems during disasters. The aim is to enable the provision of warm meals and more meticulous support, even at emergency shelters without cooking facilities.

By learning through such experiences and building on improvements, JDA-DAT has created a system for providing effective support during disasters. It will continue to steadily strengthen disaster preparedness to protect the health and daily lives of disaster victims.



Disaster relief emergency vehicles



JDA-DAT members

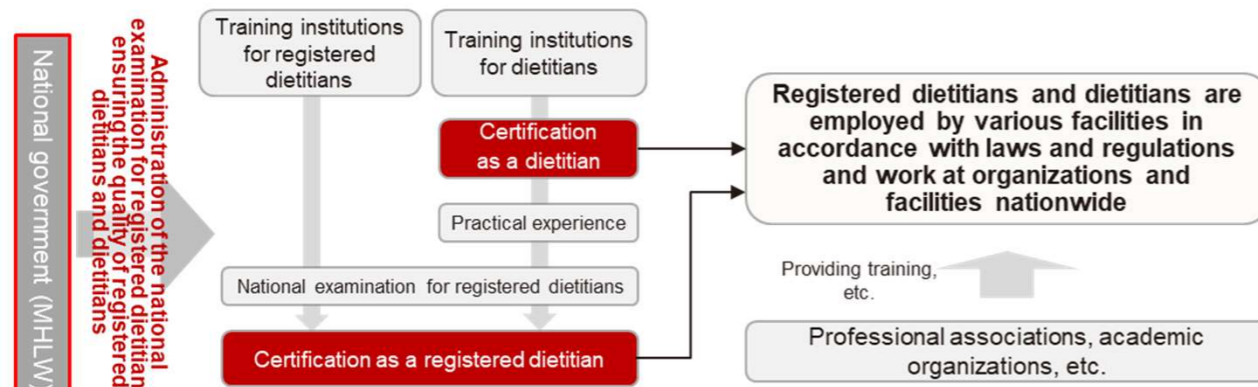
In preparation for future large-scale disasters, it is crucial to compile, systematize, and pass on knowledge and skills gained through experience in providing nutrition and dietary support during past disasters. Japan is actively working to develop specialists capable of responding to disasters through continuous training and education.

## Training programs for registered dietitians and dietitians provide foundational education for disaster responses

In Japan, training schools have been established nationwide to develop registered dietitians and dietitians as nutrition professionals. These institutions have established a framework for the systematic acquisition of knowledge and skills that serve as the foundation for disaster support activities.

Training curricula include specialized subjects such as public health, public nutrition, applied nutrition, and food service management. Under these curricula, students can learn topics directly related to disaster response, such as meal provision and hygiene management during disasters, as well as support for people requiring special care. Acquiring such knowledge and skills is also important, as they are included in the scope of the national examination for registered dietitians.

Through these educational systems, registered dietitians and dietitians develop the capacity to effectively support disaster-affected individuals in maintaining health and providing nutrition and dietary support.



(Note) Due to a partial amendment of the Dietitians Act, from April 1, 2025, graduates of training schools for registered dietitians will no longer need to hold a dietitian license as prerequisite for taking the national examination for registered dietitians.

Overview of training and deployment of registered dietitians and dietitians

## Enhancing practical disaster response capabilities through post-qualification professional development

After acquiring knowledge and skills at training schools, registered dietitians and dietitians work for organizations such as municipalities, medical institutions, and welfare facilities. Within these organizations, disaster response capabilities are further enhanced through training programs and related initiatives.

Municipalities that have experienced disasters are improving their organizational response capabilities through training programs and simulation exercises that incorporate lessons learned from past disaster responses. They are also strengthening practical disaster response capabilities through joint training at the regional level and across multiple professionals and organizations, as well as through system development. This enables rapid and seamless information sharing and coordinated support during disasters.

Registered dietitians and dietitians are also enhancing their response capabilities by actively utilizing training programs and exercises conducted by the Japan Dietetic Association and prefectural dietetic associations, and by incorporating the latest knowledge and case studies from other regions into their practices.

In addition, medical institutions, welfare facilities, and other facilities are also used as welfare evacuation shelters for elderly people in the community. Specified food service facilities within these institutions play an important role in ensuring the continued provision of meals and nutritional care and other users even after disasters. Accordingly, to ensure stable meal provision, business continuously planning (BCP) and food stockpiling are implemented, along with internal training and education to deepen understanding of the importance of nutrition and dietary support.

## Sharing knowledge through manuals based on on-site experience

In Japan, organizations are actively developing disaster response manuals and guidelines. These also play an important role in specialist development.

Municipalities are creating manuals that incorporate challenges actually encountered during disaster response efforts in each region and local characteristics while making reference to guidelines and manuals provided by the MHLW and the Japan Dietetic Association (see P.9). By clearly laying out disaster response procedures, these manuals allow even less experienced personnel to quickly acquire the required knowledge.

Documenting disaster response activities, decision-making processes, underlying rationale, and evidence obtained on-site is crucial for passing on knowledge to the next generation and strengthening organizational response capabilities. For example, in Iwate, Kumamoto, and Hyogo prefectures (presented as case studies in this report), activities have been documented and challenges systematized following disaster responses, with relevant content incorporated into manuals and action cards. These records serve as valuable resources for personnel who join later and for external support personnel deployed from other areas, enabling them to quickly understand overall disaster response frameworks and specific procedures.

Examples of initiatives by local governments	
Hyogo Prefecture	<ul style="list-style-type: none"> <li>Developed the “Guidelines for the Dietary Habits Improvement Activities during Disasters” (March 1996) based on lessons learned from the Great Hanshin-Awaji Earthquake</li> <li>The prefecture has continuously updated on-site procedures and checklists based on experience gained from subsequent disaster response activities. <b>These include providing meals at evacuation shelters, supporting people requiring special care, managing food allergies, procuring and distributing supplies, recording activities, and cooperating with related organizations</b></li> </ul>
Kumamoto Prefecture	<ul style="list-style-type: none"> <li>Developed the “Guidelines for Dietary Management during Disasters in Kumamoto Prefecture” (March 2013) based on lessons from the Great East Japan Earthquake and other disasters</li> <li>Revised the guidelines to create a unified tool that enables personnel involved in nutrition and dietary support to provide assistance smoothly, incorporating experiences from the 2016 Kumamoto Earthquake</li> </ul>
Iwate Prefecture	<ul style="list-style-type: none"> <li>Developed the “Manual of Nutrition and Dietary Support during Disasters in Iwate Prefecture” (March 2014) based on lessons from the Great East Japan Earthquake</li> <li>Compiled the response status and activities of registered dietitians and dietitians during the months following the Great East Japan Earthquake</li> </ul>

## Establishing focused support systems for less experienced personnel.

Since younger or less experienced personnel may be required to engage in frontline support activities during disasters, establishing systematic follow-up mechanisms is essential. Municipalities and related organizations support the acquisition of practical knowledge and skills through training programs and drills conducted during normal times.

For example, some municipalities have established forums that facilitate information sharing and the exchange of views between personnel with disaster response experience and those with limited experience. These initiatives enable participants to acquire knowledge while addressing anxieties and uncertainties related to support activities. Moreover, the Japan Dietetic Association and prefectural dietetic associations conduct training programs on JDA-DAT and encourage their members and JDA-DAT personnel to participate actively in disaster drills and other training opportunities, thereby enhancing their specialized knowledge and practical skills (for details, see P.24).

These frameworks enable even less experienced personnel to acquire the knowledge and skills necessary for provide effective nutrition and dietary support during disasters, thereby strengthening overall organizational disaster response capabilities.



Medical activity training at an evacuation shelter (JDA-DAT)

## Conclusion

### To advance nutrition and dietary support during disasters, it is essential for registered dietitians and dietitians to play a central role and to strengthen preparedness for future disasters.

During disasters, identifying nutritional challenges among disaster victims through situation assessments and providing needs-based support, such as improving meal provision and offering individualized assistance for people requiring special care, are indispensable for minimizing health risks.

However, in the event of large-scale disasters, registered dietitians and dietitians in affected areas alone cannot fully meet all needs related to nutrition and dietary support due to limited manpower, experience, and expertise. Therefore, in Japan, registered dietitians and dietitians from outside affected areas, together with JDA-DAT, are dispatched to disaster sites to provide nutrition and dietary support based on knowledge and experience gained from past disaster responses.

In addition, the case studies presented in this report show that, in order to ensure smooth implementation of nutrition and dietary support activities after disasters occur, registered dietitians and dietitians have been working during normal times to develop regional disaster management plans and to strengthen relationships with multiple professions, departments, and organizations.

In this way, registered dietitians and dietitians in Japan are strengthening preparedness for future disasters in nutrition and dietary support by building on experience from past disaster responses. These efforts contribute to the promotion of “Leave No One Behind” approaches to nutrition improvement, including disaster victims.

The knowledge and experience presented in this report and its case studies are expected to serve as useful references for municipalities across Japan as they consider developing systems and frameworks to prepare for future large-scale disasters

### Nutrition and dietary support during disasters is a shared global issue across countries

In recent years, various natural disasters, including earthquakes, floods, rainstorms, and droughts, have occurred around the world, making it a key issue for many countries to establish support systems to protect the health of disaster victims. In particular, addressing nutrition-related challenges arising from prolonged evacuation conditions, as well as providing individualized support for people requiring special care, are important issues shared across countries.

Japan, one of the world’s most disaster-prone nations, has repeatedly experienced severe damage from earthquakes, typhoons, heavy rains, tsunamis, and other disasters. As a result, Japan has developed numerous nationwide support systems and institutional frameworks. In this context, Japan has steadily built an enabling environment to protect the health of disaster victims through various frameworks for nutrition and dietary support, developed in response to challenges identified during past disasters.

Given the importance of this issue, Japan’s experience and accumulated knowledge, along with information on the systems that support nutrition and dietary assistance, are expected to provide valuable insights for countries around the world.

### Sharing Japan’s knowledge and experience globally to contribute internationally toward a society that leaves no one behind

Japan has been building greater momentum for improving nutrition by sharing with the world the knowledge and experience gained through over 100 years of nutrition improvement efforts, building on the commitments made at the Tokyo Nutrition for Growth Summit 2021 and the Nutrition for Growth Summit 2025 in Paris. Japan will continue to focus on key issues shared across countries and contribute to addressing nutrition challenges by disseminating information on the progress and outcomes of efforts under its “Leave No One Behind” nutrition policy. Through these efforts, Japan will ultimately contribute to achieving sustainable societies.

## Reference material: Simple Simulator for Food Stockpiling and Disaster-Time Meal Planning with Nutritional Considerations for Large-Scale Disasters

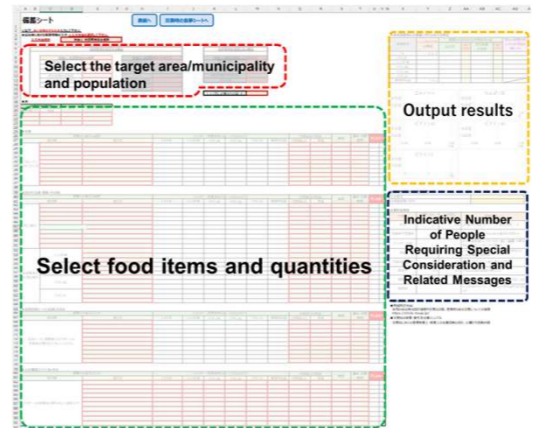
The MHLW has developed and published a “Simple Simulator for Food Stockpiling and Disaster-Time Meal Planning with Nutritional Considerations for Large-Scale Disasters” for local government staff (e.g., those in disaster management and health promotion departments). The simulator is intended to support the planning of food stockpiles and the development of disaster-time meal plans that take into account health and nutritional considerations, as well as the needs of people requiring special care.

Name	Simple Simulator for Food Stockpiling and Disaster-Time Meal Planning with Nutritional Considerations for Large-Scale Disasters
Purpose	(1) To enhance awareness and understanding among local governments of disaster stockpiling that takes into account health and nutritional considerations, including the needs of people requiring special care, thereby strengthening systems for nutrition and dietary support during disasters (2) To serve as a tool for developing nutritionally appropriate meal plans and menus for use during disasters
Functions	(1) To calculate the required quantities of stockpiled foods with nutritional considerations based on each local government’s population composition and related data (2) To develop disaster-time meal plans and menus using records such as lists of meals actually provided in past disasters
Intended users	Staff of disaster management and health promotion departments in local governments

The simulator consists of two calculation sheets: the “Stockpiling Sheet” and the “Disaster-time Meal Sheet.” On the Stockpiling Sheet, users can calculate food stockpiling quantities that take into account nutritional considerations based on the municipality’s population composition.

On the Disaster-time Meals Sheet, users can develop and refine disaster-time meal plans and menus with nutritional considerations.


#### Stockpiling Sheet



**Main functions and usage**

- ✓ Checking stockpiling status against required nutrient intakes based on the municipality’s population composition
- ✓ Reviewing and improving stockpiling plans using food lists

#### Disaster-Time Meal Sheet



**Main functions and usage**

- ✓ Creating disaster-time meal plans based on required nutrient intakes
- ✓ Reviewing and improving disaster-time meal plans and menus

\*For details on the simulator, please visit the MHLW website (Japanese only).

## **|| List of partner organizations and expert council members**

### **Partner organizations (in the order presented)**

Hyogo Prefecture  
Iwate Prefecture  
Kumamoto Prefecture  
Ishikawa Prefecture  
Anamizu Town (Ishikawa Prefecture)  
The Japan Dietetic Association

### **FY2025 Budget Project of the Ministry of Health, Labour and Welfare**

**“Set of documents including studies on the progress of nutrition improvement initiatives in Japan on the basis of the Tokyo Nutrition for Growth Summit 2021 with the goal of sharing information in Japan and abroad in FY2026”**

### **Expert council (titles omitted, in Japanese syllabary order)**

Japanese Association of Public Health Center Registered Dietitian	ISOBE Sumie
Doshisha Women's College of Liberal Arts	KODA Tomoko
Ochanomizu University	SUDO Noriko (Chair)
National Institutes of Biomedical Innovation, Health and Nutrition	TSUBOYAMA Nobuyo
Kumamoto Prefecture	HATTORI Kiyoko
National Institutes of Biomedical Innovation, Health and Nutrition	MATSUMOTO Mai
The Japan Dietetic Association	MOROOKA Ayumi

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