

JICA Thematic Guidelines: Disability and Development

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Japan International Cooperation Agency

Preface

1. Purpose of revision

JICA is committed to a vision of inclusive and dynamic development, that encompasses its four-part mission, namely, addressing the global agenda, reducing poverty through equitable growth, improving governance, and achieving human security.

Even as it realizes this vision and mission, it is essential that JICA that ensure its activities across all sectors benefit all people, including those with disabilities. It is also important that persons with disabilities be able to participate in decision-making and the implementation of activities. Further, we should recognize that disability is not a special condition that applies only to a predetermined group of people. Rather, everyone faces the risk of having a disability as a result of such factors as aging and accidents.

Thus every effort should be made to create sustainable, inclusive societies in which persons with disabilities may participate fully, and equality leads to the realization of inclusive development.

JICA has been engaged in a wide range of disability-related programs with a particular focus on the capacity development of persons with disabilities and those who support them. From now on, JICA should also pursue disability mainstreaming, by incorporating the perspective of disability in all activities. It is for this purpose that good practices, lessons learned, effective approaches, and recommendations have been added to the previous version of this publication—itsself a revision of the 2009 modified *Thematic Guidelines: on Disability*—so that it might better serve as a reference point from which disability mainstreaming can advance.¹

Moreover, the title now includes the wording “disability and development,” to underscore the principle that disability is a cross-cutting issue, while persons with disabilities are both beneficiaries and agents of social development; they participate in, and contribute to, the development process.

By making these *Guidelines* available on the JICA Knowledge Site, we hope that JICA’s basic principles regarding disability and development will become more widely known among members of the broader public.

¹ JICA: *Thematic Guidelines on Disability*, 2003. Revised, March 2009.

2. Background

Japan has contributed to development as related to the presence of disability within the framework of international cooperation. In concert with developing countries, Japan has carried out such activities as capacity development, vocational training, awareness raising, and community-based rehabilitation (CBR).

In the Asia–Pacific region, Japan initiated the Asian and Pacific Decade of Disabled Persons (the first, 1993–2002; second, 2003–2012) and is expected to continue its efforts throughout a third decade, 2013–2022.² Meanwhile, Japan contributes financially to the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), which has implemented regionally respected and internationally well-reputed disability and development programs.³

Furthermore, Japan supported the establishment of the Asia–Pacific Development Center on Disability (APCD), while also contributing to the capacity-development of both persons with disabilities, and disabled people’s organizations (DPOs) in the region. Since 2002, the APCD has trained more than 1,600 people (more than half of whom have disabilities). Coming from over 30 countries, these people are now working in their own countries.

It should be noted that, in recent years, international attention has been drawn to Japan’s experiences related to both its aging population and disaster risk reduction. In these two areas, Japan is expected to help develop programs for persons with disabilities, and to continue its significant role in responding to the growing expectations of society.

In 2008, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) came into force. It helped disseminate the understanding that disability is a human rights and a development issue. Currently, there is an ongoing discussion regarding whether disability is to be included in the post-2015 development agenda and framework. This clearly shows that the significance of disability-inclusive development has been internationally recognized, and that it aims at the full realization of social participation and the human rights of persons with disabilities by ensuring that they participate in the development process as beneficiaries as well as practitioners, besides implementing disability-specific programs. In other words, disability-inclusive development is to pursue disability mainstreaming.

² [UN 2012a](#)

³ The programs include disability surveys (population, policy and regulation), publications, production of visual materials, and expert conferences.

In recent years, there has been significant progress regarding disability and development at both the international and domestic level.

- (1) The CRPD was adopted in 2006 and came into force in 2008. On January 20, 2014, Japan became the 140th country to ratify the convention. In 2011, preparatory to ratification the Basic Law for Persons with Disabilities was amended, and international cooperation was stipulated.⁴
- (2) It is widely recognized that disability is a cross-cutting development issue and, therefore, the perspective of disability needs to be incorporated in all development programs. The High-level Meeting of the UN General Assembly in September 2013 clearly indicated the UN's intention to include disability-inclusive development in the post-2015 development agenda.⁵ Discussion on the Sustainable Development Goals (SDGs) follows the same line.
- (3) In the wake of these events, development agencies have been working on incorporating the concepts of disability and development. Since 2010, international organizations have published the following documents and strategies:

- World Health Organization. 2010. *Community-based Rehabilitation: CBR Guidelines*
- World Health Organization and World Bank. 2011. *World Report on Disability*
- The United Nations Social and Economic Commission for Asia and the Pacific. 2012. Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific
- United Nations Children’s Fund. 2013. *The State of the World’s Children 2013—Children with Disabilities*
- World Health Organization. 2014. The WHO Global Disability Action Plan 2014–2021: Better Health for All People with Disability

⁴ Act on the Elimination of Discrimination against Persons with Disabilities was enacted in 2013 and the third Basic Program for Persons with Disabilities 2013-2017 was formulated. See 1-1-4 and appendix 4-2.

⁵ UN [2013](#)

3. Definition and expression of disability

This document defines disability in line with the CRPD as the limitation of social participation experienced by persons with disabilities resulting from social barriers. Disability is caused not by the limited ability of persons with disabilities but, rather, by a society that does not respect diversity.

The CRPD recognizes that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.” It explains that “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.⁶ As in the CRPD, the following pages refer to disability and the limitation of sensory functions—such as sight and hearing—as impairment.

Although in both Japanese and English, debate continues regarding terminology related to persons with disabilities, in the following pages, reference to “disability” and “persons with disabilities” reflects CRPD terminology.

⁶ [The CRPD, “Preamble \(e\)” and article 1, “Purpose”](#)

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Glossary

Term	Concept
Accessibility	Accessibility, as defined in Article 9 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), is understood to mean ensuring that persons with disabilities have access, on an equal basis with others, to the physical environment, transportation, information and communications (including information and communications technologies and systems), and other facilities and services that are open, or provided, to the public, in urban and rural areas. ⁷
Inclusion/social inclusion	Inclusion refers to a person or thing that is included within a whole. ⁸ Social inclusion aims to empower poor and marginalized people to take advantage of burgeoning global opportunities. It seeks to ensure that people have a voice in decisions that affect their lives, and that they enjoy equal access to markets, services, as well as political, social, and physical spaces. ⁹ Social inclusion—also termed social integration or social cohesion—represents the vision of a society for all, in which every individual has rights, responsibilities, and an active role to play. ¹⁰ In the European Union member countries, social inclusion is used as a strategy to tackle the issues of social exclusion, namely, unemployment; low skills and income; housing problems; high crime rates; ill health; and domestic problems. It is one of the main political agenda items in the reformation of social welfare systems. ¹¹
Empowerment	The World Health Organization (WHO) defines empowerment as having a say and being listened to; self-power; own decision-making; having control or gaining further control; being free; independence; being capable of fighting for one’s rights; and being recognized and respected as equal citizens and human beings with a contribution to make. ¹²

⁷ [The CRPD, article 9 “Accessibility”](#)

⁸ [Takayama 2007](#)

⁹ [World Bank 2013a](#)

¹⁰ [The United Nations Research Institute for Social Development 2011](#)

¹¹ [Japanese Society for Rehabilitation of Persons with Disabilities 2013](#)

¹² [WHO 2010c: 1](#)

Reasonable accommodation	The CRPD explains reasonable accommodation as necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case to ensure that persons with disabilities have the enjoyment of, or exercise on an equal basis with others, all human rights and fundamental freedoms. ¹³
Participation	Full participation and equality, the theme of the International Year of Disabled Persons 1981, is defined as the right of persons with disabilities to take part fully in the life and development of their societies, enjoy living conditions equal to those of other citizens, and have an equal share in improved conditions resulting from socio-economic development. ¹⁴ Participation is the principal of the CRPD. It requires states to ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others. ¹⁵
Disability	The CRPD recognizes that disability is an evolving concept and that disability results from the interaction between persons with impairments, and the attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. ¹⁶
Barrier	Barriers are the environmental factors that restrict participation by persons with disabilities. <i>World Report on Disability</i> ¹⁷ documents the following barriers: <ul style="list-style-type: none"> • Inadequate policies and standards • Negative attitudes/discrimination • Lack of provision of services • Problems with the delivery of services • Inadequate funding • Lack of accessibility • Lack of consultation and involvement • Lack of data and evidence
Community-based rehabilitation: CBR	Community-based rehabilitation (CBR) is a strategy, included in general community development, for rehabilitation, equalization of opportunities, poverty reduction, and the social inclusion of

¹³ [The CRPD, article 2, "Definitions"](#)

¹⁴ [UN 1981](#)

¹⁵ [UN 2007](#)

¹⁶ [The CRPD, "Preamble"](#)

¹⁷ [WHO and World Bank 2011a: 260](#)

	<p>persons with disabilities. It is implemented through the combined efforts of persons with disabilities themselves, their families, organizations, communities, as well as the relevant health, education, vocational, social, and other services at the formal and informal levels.¹⁸</p>
Twin-track approach	<p>A twin-track approach addresses special needs and the empowerment of persons with disabilities and their family members. At the same time, it treats disability as a cross-cutting issue, and aims to mainstream it in every sector and development action, with the overall goal of ensuring that persons with disabilities participate in planning and implementation, as beneficiaries and practitioners, by providing reasonable accommodation. It also aims to empower persons with disabilities in terms of their physical functions and capacity by disability-specific actions, such as rehabilitation services and vocational training.</p>
Universal design	<p>Universal design refers to the design of products, environments, programs, and services making it possible for them to be used by all people, to the greatest extent possible, without the need for adaptation or specialized design. Universal design shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.¹⁹</p>
Barrier-free access	<p>Barrier-free access refers to the concept that there should be no physical, social, legal, or psychological barriers to impede access.²⁰ Focusing in particular on persons with disabilities, older people, expectant mothers, and persons accompanying small children, it attempts to eliminate existing barriers while not creating new ones that limit people's participation in public life.</p>

¹⁸ [WHO and World Bank 2011a](#)

¹⁹ [The CRPD, article 2, "Definitions"](#)

²⁰ [Cabinet Office, the government of Japan, 2008](#)

Executive Summary

Outline

Chapter 1.

The first chapter presents basic information about disability and development, and outlines international efforts toward disability-inclusive development.

An estimated 15 percent of the world's population live with some form of disability. The number has been growing, partly due to population aging, conflicts, disasters, and the spread of non-communicable diseases. It is estimated that 80 percent of the roughly one billion persons with disabilities live in developing countries. They are more likely to face barriers that hinder access to education, health services, and equitable employment and, as a result, face a greater risk of falling into poverty than those without disabilities. The reverse is also true: the poor are more prone to disease and injury and, thus, to having a disability. This vicious circle could be interrupted were persons with disabilities not excluded from development programs, and were disability mainstreamed as a cross-cutting development issue as is gender. Thus, instead of dealing with disability and development as separate concepts, disability and development should be addressed in an integrated framework.

In the wake of the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), many development agencies have issued policies and guidelines concerning disability and development. Increasingly, the world trend is toward disability-inclusive development.

Chapter 2

The second chapter explains the need for all persons with disabilities to fully enjoy their human rights and participate in society, to ensure that the social order is both equitable and inclusive. Giving appropriate consideration to disability and development leads to developmental solutions and positively influences national economies. Benefits thus accrue not only for persons with disabilities but also for others.

A twin-track approach—an effective tool for managing disability and development—comprises disability mainstreaming and disability-specific intervention. The former ensures that persons with disabilities participate in the development process as beneficiaries as well as practitioners, by incorporating in activities the perspective of disability. The latter empowers persons with disabilities and their families, and provides them with disability-specific services, such as rehabilitation and assistive devices. Other important approaches include

a person-centered approach, accessibility, community-based rehabilitation, and awareness raising.

Chapter 3

The third chapter discusses three priority actions that JICA shall take to:

- (1) Set up disability-inclusive policies and regulations (encompassing social and environmental changes);
- (2) Implement disability-inclusive projects (also involving social and environmental changes); and
- (3) Empower persons with disabilities (focusing on the development of individual abilities).

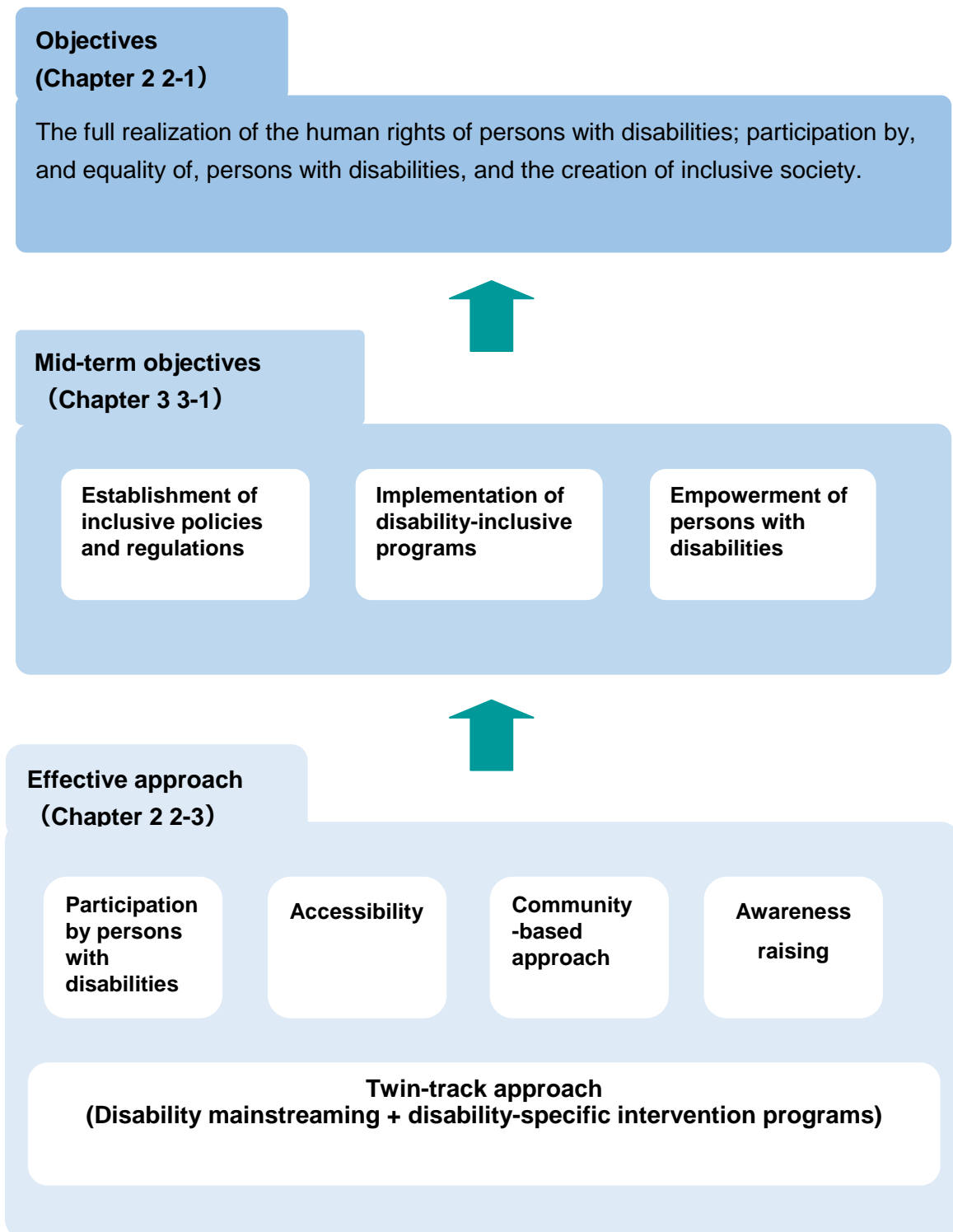
Besides disability-specific intervention programs, JICA shall pursue disability-inclusive development across sectors. In order to best utilize the fruits of cooperation, and to strengthen partnerships with key stakeholders, JICA will collaborate with the Asia–Pacific Development Center on Disability (APCD) that has been playing a significant role in promoting both the empowerment of persons with disabilities, and disability-inclusive development.

JICA's projects should be comprehensive and respect diversity. More work needs to be done regarding such challenges as:

- (1) Development of disability indicators;
- (2) The incorporation of the perspective of disability in all activities;
- (3) Provision of reasonable accommodation; and
- (4) Promoting understanding of disability.

Conceptual Diagram of Disability and Development

Figure 1: Overview of Disability and Development



Chapter 1.

Overview of Disability and Development

Summary

The first chapter presents the overview of disability and development from three perspectives: the current situation of disability and development; conceptual changes formulated in discussion of the subject; and trends in disability and development programs in Japan and abroad.

Disability is a cross-cutting development issue like gender. Development objectives, including the United Nations Millennium Development Goals (MDGs), will not be achieved unless disability is factored into all development programs. Since the United Nations Convention on the Rights of Persons with Disabilities (CRPD) was adopted, various development agencies have established their respective policies and guidelines concerning disability and development. Disability-inclusive development has become a leading strategy for development.

1-1. Current status of disability and development

1-1-1. Number of persons with disabilities

According to *World Report on Disability*, published in 2011 by the World Health Organization (WHO) and the World Bank, persons with disabilities make up an estimated 15 percent of the world's population.²¹ The number of persons with disabilities has been increasing in developing countries due to conflicts, natural disasters, communicable and chronic diseases (e.g. diabetes) and aging.²² Aging, in particular, has been gaining attention in the field of "disability and development" in recent years. However, if we look at households with members who have disabilities, the percentage of the population affected by disability would be higher.²³

In many developing countries, the ratio of those with disabilities is below 15 percent. This substantial difference in the ratio may be the result of differences in

²¹ This means that one in every six or seven people in the world has a disability ([WHO 2008:34](#), [WHO and World Bank 2011a: 44](#)). This estimate is higher than that given in the previous WHO report in the 1970s.

²² [WHO](#) and [World Bank 2011a](#).

²³ The economic and social costs of disability are significant for households. In monetary terms, households with members with disabilities spend more on healthcare services, assistive devices, and transportation. Members with disabilities are often unemployed, as also are their careers. Often, the social stigma is such that siblings of persons with disabilities cannot marry.

the definition of disability, and the accuracy of surveys.²⁴ It is presumed that this lack of information and precise data would cause the exclusion of persons with disabilities from development programs.

Box 1: Population Aging and Disability

The interrelationship between aging and disability is being recognized as an important issue. While 60 percent of the persons aged 60 years live in developing countries and its number is estimated to rise to 80 percent in 2050.²⁵ More than 46 percent of them have disability²⁶ as a consequence of accumulated health issues including disease, injury, and chronic illness.²⁷

The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and the European Union (EU) recognize that comprehensive policies are required to simultaneously address aging and disability issues.²⁸

1-1-2. Poverty and disability²⁹

Persons with disabilities are more likely to experience adverse socio-economic outcomes—such as less education, worse health outcomes, less employment, and higher poverty rates—than those without disabilities. Many of persons with disabilities belong to the poorest of the poor.³⁰ The causal links between poverty and disability, as also between disability and poverty, are widely acknowledged: persons with disabilities are at a high risk of poverty, which in itself increases the likelihood of having a disability.³¹

Disability worsening poverty. Many persons with disabilities live in lower-income and middle-income countries³² and belong to the poorest and

²⁴ The developing countries reporting significant low prevalence rate are Laos (1.0%), Cambodia, and Indonesia (1.4%) (UNESCAP 2012a), while developed countries with high ratios include Sweden (20.5%) and Portugal (19.0%) (Katsumata 2008). The estimate for Japan is 5.8 percent.

²⁵ [UNFPA and HelpAge International 2012: 21](#)

²⁶ [ESCAP 2012a: 17](#)

²⁷ [WHO and World Bank 2011a: 35](#)

²⁸ European Union (EU) provides guidelines to writers of relevant International Standards on how to take into account the needs of older persons and persons with disabilities regarding assistive technology and accessible buildings ([International Organization for Standardization 2001](#)).

²⁹ The World Bank measures the extreme poverty with the poverty line of US\$1.25 a day. The ILO estimates that 82 percent of persons with disabilities in developing countries live below the poverty line ([ILO 2011:10](#)).

³⁰ 80% of persons with disabilities live in developing countries. Twenty percent of the world's poorest people have disabilities, and tend to be regarded in their own communities as the most disadvantaged ([UN 2006](#)).

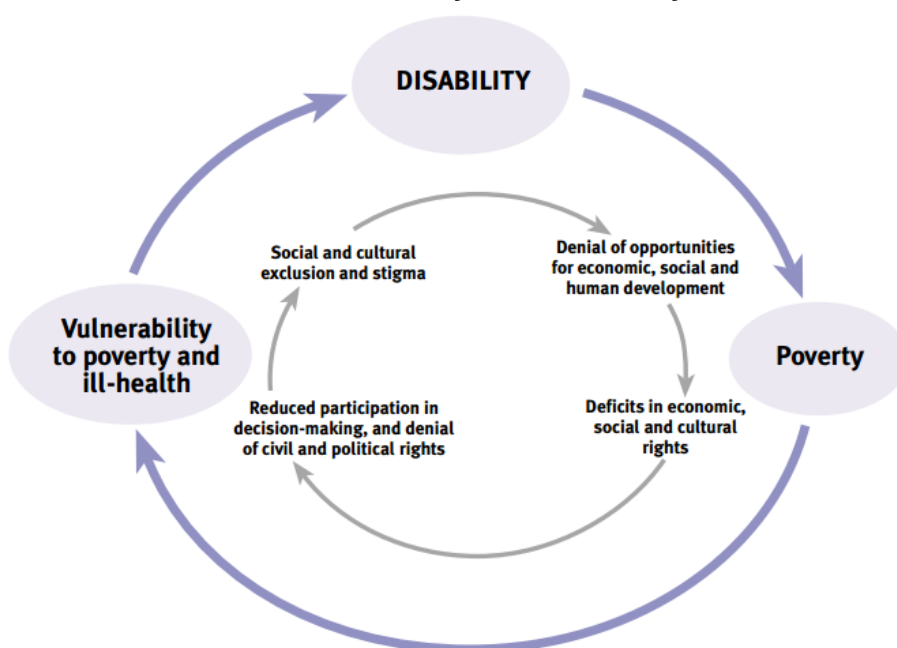
³¹ The vicious cycle is explained in [DFID \(2000\)](#), [Yeo and Moore \(2003\)](#), [Miyamoto \(2005\)](#), [WHO and World Bank](#). Mori and Yamagata (2013) shows that the poverty rate of persons with disabilities is higher than that of those without disabilities.

³² The majority of persons with disabilities live in Asia and the Pacific. They are estimated to number 650 million persons ([UNESCAP 2012a: ii](#)).

most socially vulnerable groups.³³ Since barriers prevent them from accessing education and employment, they have lower educational attainments and lower employment rates than persons without disabilities. As the lack of employment opportunity reduces them to poverty,³⁴ additional medical costs also increase the risk of poverty.³⁵

Poverty leading to disability. The poor have limited access to education, health and medical services, nutrition and accommodation. Consequently, they are more likely to experience disease- and injury-related impairment. In most cases, this brings about social exclusion which, in turn, leads to further discrimination and even less income.³⁶

Figure 2: Vicious Circle of Poverty and Disability



Source: Department for International Development (2000: 4)

³³ [WHO and World Bank 2011a: 262](#).

³⁴ A study observes that almost all persons with disabilities are poor ([Mori 2006:10](#)).

³⁵ Mitra and Vick undertook research on economic welfare and poverty in 15 countries in Africa, Asia, Latin America, and the Caribbean, using the WHO's "World Health Survey" ([Mitra and Vick 2012](#)). Besides medical expenditure, the following costs are pointed out: renovation costs of residences and extra payment for taxis where public transportation is not accessible ([Large 1991](#)).

³⁶ [Yao and Moore 2013](#). Other factors that lead to disability include children with light birth weights due to malnutrition, inadequate public health interventions, lack of safe water, poor living condition, and unsafe work environments ([Mitra and Vick 2012: 2](#)).

1-1-3. Barriers

Insufficient consideration given to impairment hinders the participation of persons with disabilities in various aspects of their lives, such as their education, health, livelihood, as well as social and political activities. Various barriers are mentioned in *World Report on Disability*.³⁷

- Inadequate policies and standards
- Negative attitudes/discrimination
- Lack of services
- Problems with service delivery
- Inadequate funding
- Lack of accessibility
- Lack of consultation and involvement
- Lack of data and evidence

Box 2: Barriers Faced by Persons with Disabilities in Developing Countries

Negative attitudes, lack of services

A woman with intellectual impairment lives in Lebanon. She wanted to go to school and study. In the classroom she was made to sit at the back. She could not see the board clearly and so asked her teacher to let her sit at the front. Her teacher said to her, “You are unable to learn anything, aren’t you? Stay at the back,” and kicked her out of the classroom. She said, “I want to go to school. I want to learn. I want education. I want to make decisions for my life myself. I want to be independent and strong, and live my life in a way that allows me to be happy.”³⁸

Negative attitudes, discrimination, lack of physical accessibility

A woman started using a wheelchair in Bolivia after a road accident. Her life has completely changed. At first she found it difficult to go out in a wheelchair because of the poor roads. When she went out with her friends, she did not enjoy herself because she had no access to public transportation, shops, and other facilities. What made her suffer most were people’s attitudes: many people

³⁷ The Task Force for Judicial Reform on Disability of the Cabinet Office explains that there are four types of barriers person with disabilities face in society: physical, institutional, cultural/information, and intuitional (Cabinet Office, the government of Japan 1995:95).

³⁸ [WHO and World Bank 2011a: 204](#), [WHO and World Bank 2011b](#).

believed that those with disabilities cannot do anything; some people treated her as they would a beggar.

To participate in her community, she started a campaign to improve accessibility and to claim the right to education, health services, sports, employment, and cultural activities. As a result, 275 ramps were constructed in the community.

Lack of services, problems in the provision of services

A man with intellectual impairment lives in Malaysia. After having studied at a special school, he went to a vocational training school to learn the skills required of a repairman, and started to work as a mechanic. However, due to the lack of understanding of his impairment and the necessary support, he had to stop working within a year and became unemployed.

He joined an NGO program that assists persons with disabilities to prepare for employment, and received support from a job coach, who had been introduced through a JICA project. He was then taken on the staff of a major supermarket, where he still works with the support of job coach.

Lack of access to information, lack of services

A man with hearing impairment lives in Myanmar. He had hoped to go to university, since after studying for five years at a school for children with hearing impairment, he attended a regular school. There, he had to go through the regular curriculum without any support, such as sign language interpreter. He borrowed his friends' notebooks to study and, in the tenth grade, the final year, he took the examinations to enter university, but he failed.

A man was the only person in his family with hearing impairment. From childhood, he had been unable to join family conversations, his communication being restricted to what he could express in gestures, such as "eat" and "shower." Unable to express his emotions to anybody, he always felt lonely. He went to a school for children with hearing impairment and did not want to go to a regular school, where he would have to study with students without disabilities. He stayed at home and helped in the family cake baking business.

Meanwhile, he started to take part in a JICA project, through which he learned sign language. This he taught his family, and recalls his gratitude when

he became able to converse with them. “If I had not joined the project, I would have just kept baking cakes and been unbearably unhappy,” he explained.³⁹

1-1-4. Exclusion from development activities

Generally, persons with disabilities are less likely to be given due consideration and, consequently, more likely to be excluded in development activities—other than disability-specific ones. Notable examples are when children with disabilities are not included in projects designed to increase the schooling rate; and when women with disabilities are not recognized as target groups in projects to improve the status of women

The MDGs did not focus on disability, either. But, learning from experience, discussions have been taking place to ensure the inclusion of disability in post-2015 development agendas and frameworks (see 1-3-2.).

1-2. Changes in the discussion on disability and development

1-2-1. Changes in the understanding of disability

The concept of disability has been evolving, and differs depending on the culture, economy, history, and society to which it pertains. Closely linked to all aspects of daily life, it can be difficult to define. As a result of many discussions, several models have developed as analytical tools to identify the term disability, and how solutions might be shaped. Prominent among them are individual model and social model of disability.

(1) Individual model and social model

The individual model attributes disability to a loss of an individual’s ability, directly caused by disease, injury, or some other health-related condition. It therefore focuses on medical care and rehabilitation as the key to solving disability-related issues.

Participation in society by persons with disabilities thus is possible only after their impairments have improved. Accordingly, this model places a priority on how to improve functions, rather than how to promote the social participation of persons with disabilities. Moreover, the model does not help realize participation in society by persons with severe impairments for whom functional improvement is not possible.⁴⁰

³⁹ Tamakane 2014.

⁴⁰ A counter-argument to criticisms of the individual model deals with social participation by persons with disabilities.

Meanwhile, the social model has developed since 1970s and reflects the criticisms of the individual model. The model sees disability as a social construct, with disability arising not from individuals, but from a social environment where diversity is not respected. Based on this model, the solution to disability is social change, namely, removing physical barriers, changing negative attitudes, and abolishing legal clauses that discriminate against persons with disabilities.

In 2001, having seen the limitations of the individual model, the WHO developed the International Classification of Functioning, Disability and Health (ICF), a new categorization of disability based on the social model.⁴¹

The CRPD, which entered into force in 2008, is based on the social model. Recognizing that disability is an evolving concept, it explains that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.”⁴² This revised guideline employs that definition.

(2) Definition of participation

In international cooperation, participatory development has already become a mainstream approach. It emphasizes that people in a target area recognize the problems they face, find solutions, as well as design a plan for necessary action and implement it.⁴³ In this regard, the participation of persons with disabilities is essential.

The definition of participation varies. The UN defines “full participation and equality” as “the right of persons with disabilities to take part fully in the life and development of their societies, enjoy living conditions equal to those of other citizens, and have an equal share in improved conditions resulting from socio-economic development.”⁴⁴ This definition gives the term two senses: one is the participation of persons with disabilities as potential agents for change and contributors to social development. The other is the participation of these people as beneficiaries, individuals who enjoy social development on an equal basis

⁴¹ The International Classification of Functioning, Disability and Health (ICF) was adopted in May 2001 at the WHO annual assembly as a framework for measuring health and disability at both individual and population levels. The characteristics of the ICF mark a shift from the International Classification of Impairments, Disabilities and Handicaps (ICIDH), which focuses on inabilities, to categorization of abilities in daily activities, as well as additional contextual factors ([Ministry of Health, Labour and Welfare 2002](#)).

⁴² [The CRPD, “Preamble \(e\)”](#).

⁴³ [JICA 2009b](#).

⁴⁴ [UN 1981](#).

with others in an inclusive society. In this guideline, participation is understood in both senses.

1-2-2. History of the discussion of disability and development

In the context of development aimed at modernizing nation states and promoting their economic growth, persons with disabilities were often seen not as contributors to productive work and development, but as recipients of charity and protection. During the 1980s, when structural adjustment policy was led by the International Monetary Fund (IMF) and the World Bank, social protection for vulnerable people was regarded as a loss that, interfering with economic growth, sapped budgets. In this context, the lives of persons with disabilities were exposed to great risk, the negative perceptions embodied in the Disability-Adjusted Life Year (DALY).⁴⁵

In the 1980s and 1990s, a theory emerged, stating that poverty and disability are intricately linked as cause and effect. But it was an effort to define disability as a development issue; development agencies only slowly started to pay attention, yet the idea that poverty and disability are two separate issues remained deep rooted. Thus, understanding disability in a development framework or changing the development framework itself, continued to elude the best intentioned.

Since the 1990s, as has been seen from the MDGs, the main objectives of development shifted from national economic growth to social and human development, based on social participation and human security. Disability followed the same line: development has focused on increasing choices that persons with disabilities can make on an equal basis with those without disabilities. It is now recognized that both development and disability share a common purpose to magnify the choices available to individuals.

⁴⁵ The Disability-Adjusted Life Year (DALY) for a disease or health condition is calculated as the sum of the years of life lost (YLL) due to premature mortality in the population and the years lost due to disability (YLD) for people living with the health condition or its consequences (WHO. n.d. "[Metrics: Disability-Adjusted Life Year \[DALY\]](#)"). It was used as a method for cross-national comparison of survey data on health states in the *Global Burden of Disease Study* (WHO and World Bank 2011a: 28). DALY was criticized on various points. One criticism from persons with disabilities concerns the definition that places disability between health and death. For persons with disabilities, living with disabilities is "life" itself, not between health and death (Mori and Yamagata 2013, Oda [2008](#)).

Box 3: The MDGs and Disability

Disability-related components of the MDGs are summarized in table 1.⁴⁶ It is clear that the MDGs cannot be achieved without consideration being given to the needs of persons with disabilities, and that the MDGs are closely related to disability. The UN has made disability indicators for every development issue.⁴⁷

Table 1: Relationship between MDGs and Disability

Goal	Disability
1: Eradicate extreme poverty and hunger	<ul style="list-style-type: none">• Persons with disabilities make up one-fifth of the world's poor (vicious circle of disability and poverty).• Malnutrition is a leading cause of impairment (20 percent).⁴⁸
2: Achieve universal primary education	<ul style="list-style-type: none">• Ninety-eight percent of children with disabilities in developing countries do not attend school.⁴⁹
3: Promote gender equality and empower women	<ul style="list-style-type: none">• Women with disabilities suffer double discrimination (being a woman and having disabilities).• Women with disabilities have less access to education, health services, vocational training, and services such as rehabilitation than men with disabilities and women without disabilities.⁵⁰
4: Reduce child mortality	<ul style="list-style-type: none">• Children with disabilities have a higher risk of dying of disease and from accidents.
5: Improve maternal healthcare	<ul style="list-style-type: none">• Persons with disabilities face difficulty in obtaining information about family planning, maternal healthcare, and HIV/AIDS.⁵¹
6: Combat HIV/AIDS, malaria and other diseases	<ul style="list-style-type: none">• HIV/AIDS, malaria, and other infectious diseases increase the risk of impairment.• Persons with disabilities have a greater risk of contracting infectious diseases, and have less access to information about their prevention.⁵²

⁴⁶ The chart was created referring to [Guernsey, Nicoli and Ninio 2006:9; 48.](#)

⁴⁷ UN 2011.

⁴⁸ [DFID 2000: 3.](#)

⁴⁹ [UNESCO 2003.](#)

⁵⁰ [Leonard Cheshire Disability 2014.](#)

⁵¹ [WHO and World Bank 2011a: 61.](#)

⁵² [Hanass-Hancock J, et al. 2012.](#)

7: Ensure environmental sustainability	<ul style="list-style-type: none"> • Unhygienic environments lead to impairment.⁵³ While the percentage of those with access to safe water has improved, the percentage of persons with disabilities with access to safe water remains unchanged.⁵⁴ • Persons with disabilities are among the most vulnerable to natural and human-made hazards.⁵⁵
Goal 8: Develop partnerships for development	<ul style="list-style-type: none"> • In only a few countries persons with disabilities are assured access to information concerning ICT and assistive devices.⁵⁶

In this regard, Amartya Sen’s capability approach draws attention as a theoretical framework for integrating disability and development. Sen believes that traditional economic measures, such as the growth of GDP per capita, cannot account for national development any more than for personal well-being. Instead, he believes, well-being and development should be discussed in terms of “what people are able to be and do.”⁵⁷ The capability approach focuses directly on the quality of life that individuals are actually able to achieve. This quality of life is analyzed in terms of the core concepts of functioning and capability.

Functioning represents a state of being and doing, whereas capability is a valuable set of functions to which a person has access. Thus, a person’s capability represents the freedom of an individual to choose between different functioning combinations—different kinds of life—that they may lead. Capability is influenced by personal physiology, social norms, and physical environment. In this approach, poverty is understood as deprivation in the capability to live a good life, while development is understood as capability expansion.

In order to apply the capability approach to disability and development, what has to be changed is not only personal physiology, but also social norms and the physical environment. Moreover, personal well-being, which is embodied in actual opportunities, is not enough. Persons with disabilities should show personal commitment, or action for good, that is not beneficial to their well-being, by becoming an agent who contributes to social development.

⁵³ [Thomas 2005](#).

⁵⁴ Persons with disabilities in Zambia and Uganda face common physical, attitudinal, and intuitional barriers to accessing water, sanitation, and higiene ([Leonard Cheshire Disability and et al. 2013:1](#)).

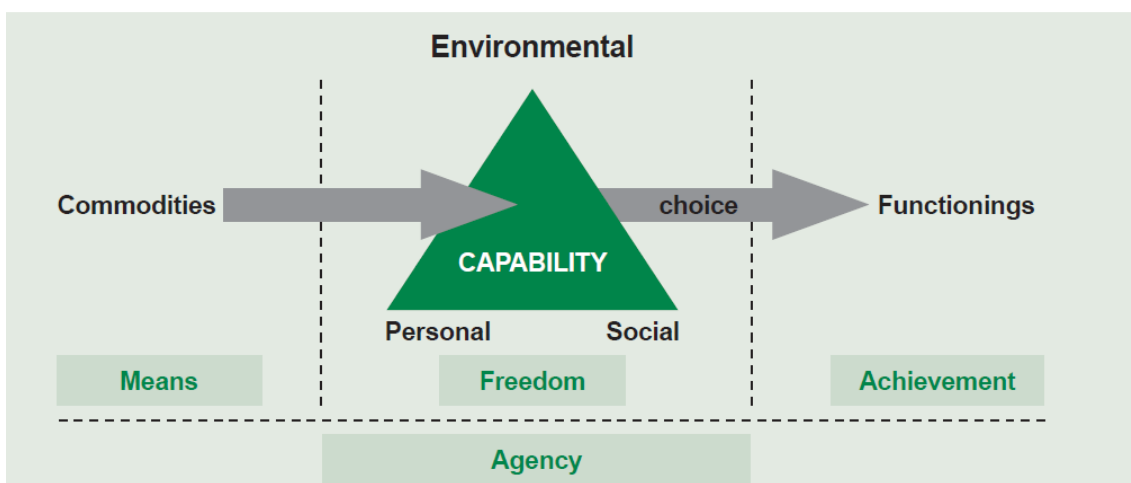
⁵⁵ [UN-HABITAT 2007:181](#).

⁵⁶ [International Telecommunication Union. n.d.](#)

⁵⁷ Sen 1999.

JICA has taken this approach in the framework of human security and implemented projects such as the Reinforcement of the Integral System of Rehabilitation with Community Participation in the Brunca Region of the Republic of Costa Rica, in which the focus was on human security, and the Project for the Construction of the Asia–Pacific Development Center on Disability.

Figure 3: Capability Approach



Source Kuno 2010

1-3. International trends

The presence of the CRPD has strengthened the recognition that disability is a development issue and that the MDGs cannot be achieved unless the social participation of persons with disabilities is ensured. Disability should thus be factored into all development measures, as is gender.

As the importance of disability-inclusive development has been increasingly recognized, governments and development aid agencies have come to include it in their development programs.

The following section takes a look at some international conferences, conventions, and political trends. Details of development program trends appear in 2-3.

1-3-1. The United Nations Convention on the Rights of Persons with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) is dedicated to promoting, protecting, and ensuring the full and equal enjoyment of, all human rights and fundamental freedoms by all persons with disabilities. It promotes respect for their inherent dignity, proclaiming that all persons are equal before and under the law, and are entitled without any discrimination to the equal protection and equal benefit of the law.

The CRPD is one of the International Covenants on Human Rights, which includes the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. As of November 11, 2014, 151 countries—almost 80 percent of the UN’s member states—have ratified the CRPD.⁵⁸ The covenant, an international guideline for disability-inclusive development, for example states that, in order to promote equality and eliminate discrimination, it is essential that reasonable accommodation be provided for persons with disabilities to enable them to take part in education, and benefit from medical and health care services, employment, family living, cultural pursuits, sports, as well as political and public life.⁵⁹

The CRPD makes clear the need for commitment to disability from a human rights perspective, and the importance of persons with disabilities participating in the process of development.⁶⁰ Moreover, article 32 emphasizes the significance of international cooperation, and says that government bodies should ensure that international cooperation and development programs include, and are accessible to, persons with disabilities.⁶¹

The government of Japan ratified the CRPD in January 2014 and, in its dealings overseas, JICA must take into account that the majority of its partner countries have ratified the CRPD.

⁵⁸ The country list of CRPD ratification is in appendix 4 1-5. The latest list can be found on the website of UNEnable ([UNEnable “Convention and Optional Protocol Signatures and Ratifications”](#)). See UNEnable [“Convention and Optional Protocol Signatures and Ratifications.”](#)

⁵⁹ See appendix 4.

⁶⁰ [UN 2013](#).

⁶¹ Article 32 of the CRPD states that: International cooperation determines that each nation-state should take responsibility to ensure the full enjoyment of human rights by persons with disabilities and that international cooperation should support such national effort. Particularly important for JICA is, as mentioned in (a), that the international development programme (e.g. ODA) should not exclude persons with disabilities; and in (b), that capacity-development is important. Note that it is clearly mentioned in 2. that development agencies must abide by all CRPD obligations, irrespective of whether counterpart countries respect the obligations.

Box 4: The CRPD, Article 32: International Cooperation

1. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

- a. Ensuring that international cooperation, including international development programs, is inclusive of and accessible to persons with disabilities;
- b. Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programs and best practices;
- c. Facilitating cooperation in research and access to scientific and technical knowledge;
- d. Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

2. The provisions of this article are without prejudice to the obligations of each State Party to fulfill its obligations under the present Convention.

1-3-2. The Post-2015 Development Agenda/Sustainable Development Goals (SDGs) and Disability

There is a growing recognition that disability is a cross-cutting issue and, therefore, the perspectives of persons with disabilities should be included into all development projects in the same manner as gender.

Below, we take a brief look at the history of the discussion on disability-inclusive development. At the adoption of the Millennium Declaration in 2000, the need for disability-inclusive development was highlighted.⁶² However, little action was taken besides the undertaking of disability-specific interventions.

⁶² Since 2003, there have been discussions on MDGs and disability in the General Assembly of the United Nations (UN Enable. n.d. "[The Millennium Development Goals \(MDGs\) and Disability](#)") and it was declared in the 62nd General Assembly that disability was included into the action plans for MDGs ([Mori 2008b: 4](#)).

As a result, there emerged a global disability movement, the strategy of which was to achieve the development goals. In response, the UN Conference on Sustainable Development (Rio+20) in 2012 highlighted the connection between sustainable development and disability-inclusive development, and called for a holistic, integrated approach. The UN mandated further action to expand awareness that persons with disabilities are a vulnerable group targeted for development, and that disability is a cross-cutting issue to tackle for sustainable development. In September 2013, a high-level meeting of the UN General Assembly stipulated two important points in its outcome document: that persons with disabilities are agents and beneficiaries of development, acknowledging the value of their contribution to the general well-being, progress, and diversity of society; and that disability would be included in the emerging post-2015 development agenda.⁶³ Meanwhile, disabled people's organizations (DPOs) and older persons' groups have been participating in the discussion of the post-2015 development framework, with a view to realizing disability-inclusive development.

1-3-3. Incheon Strategy in Asia and the Pacific Region

The member countries of ESCAP gathered in Incheon, the Republic of Korea, from October 29 to November 2, 2012, to review the implementation of the Asian and Pacific Decade of Disabled Persons, 2003–2012.

They launched a new decade for the period 2013–2022 and adopted the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific as an action plan.⁶⁴ This was developed based on the CRPD and the Biwako Millennium Framework for Action, and Biwako Plus Five towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific. The action plan for the current decade comprises the following 10 goals, with an additional 27 targets and 62 indicators.⁶⁵

1. Reduce poverty and enhance work and employment prospects;
2. Promote participation in political processes and in decision-making;
3. Enhance access to the physical environment, public transportation, knowledge, information, and communication;
4. Strengthen social protection;

⁶³ UN 2013.

⁶⁴ UN 2012b.

⁶⁵ UNESCAP 2012b.

5. Expand early intervention and education of children with disabilities;
6. Ensure gender equality and women's empowerment;
7. Ensure disability-inclusive disaster risk reduction and management;
8. Improve the reliability and comparability of disability data;
9. Accelerate the ratification and implementation of the CRPD and the harmonization of national legislation with the CRPD; and
10. Advance subregional, regional and interregional cooperation.

1-3-4. Development Agency Programs

In recent years, many development agencies and NGOs have been promoting disability-inclusive development, in which a disability perspective is included in all processes of development projects (planning, implementation, monitoring, and evaluation) and in which persons with disabilities participate, as well as in decision-making. Details concerning the programs of international organizations and development agencies are given in appendix 3.

(1) Strategy of disability-inclusive development

United Nations/international development agencies

WHO adopted the WHO Global Disability Action Plan 2014–2021: Better Health for All People with Disability at the World Health Assembly in May 2014⁶⁶ The plan, which emphasizes the importance of disability inclusion, has three objectives, namely:

1. Remove barriers and improve access to health services and programs;
2. Strengthen and extend rehabilitation, habitation, assistive technology, assistance and support services, and community-based rehabilitation; and
3. Strengthen collection of relevant and internationally comparable data on disability, and support research on disability and related services.

In the meantime, the World Bank has been reviewing and updating its Environmental and Social Safeguard Policies. The first draft paper issued in July 2014 states that the World Bank seeks to give due consideration to persons with disabilities.⁶⁷

⁶⁶ WHO 2014a.

⁶⁷ World Bank 2014a: 5–6, 9.

Box 5: World Bank's Environmental and Social Safeguard Policies

The World Bank is revising its policies⁶⁸ and the revision is expected to include disability as a vital component of the development process, just as is gender.⁶⁹ In April 2013, during phase 1 of the review and update process, a focus group of international experts met to discuss disability in the context of safeguards.⁷⁰

It should be noted that, as stated in the *Guidelines for Environmental and Social Considerations*, JICA projects do not deviate significantly from the World Bank's Safeguard Policies.⁷¹

Development agencies

Major development agencies promoting disability-inclusive development include US Agency for International Development (USAID), Norwegian Agency for Development Cooperation (NORAD), Australian Government Department of Foreign Affairs and Trade (DFAT),⁷² Germany's Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ, Federal Ministry for Economic Cooperation and Development), and the UK's Department for International Development (DFID).

- **USAID** presented its Disability Policy in 1995,⁷³ since when it has regularly evaluated the policy's implementation and has published a series of related reports.⁷⁴ Further, based on the policy, it has set standards for accessibility to ensure that persons with disabilities can access USAID-financed construction.⁷⁵
- **NORAD** produced the Norwegian Plan for the Inclusion of Persons with Disabilities in Development Co-operation in 1999.⁷⁶ It underwent evaluation in 2002 and 2012.⁷⁷

⁶⁸ In phase 1, a proposal document was compiled and released on July 30, 2014. The World Bank sought feedback and consultations during phase 2 (July 2014–early 2015). Based on this, the bank will produce a second draft in phase 3 (after 2015).

⁶⁹ [World Bank 2012](#): 5–6, 9.

⁷⁰ For the list of participants, see [World Bank 2013b](#), and for a summary of the meeting, see [World Bank 2013c](#).

⁷¹ [JICA 2010a:15](#).

⁷² Australian Agency for International Development (AusAID) was reorganized as the Australian Government Department of Foreign Affairs and Trade (DFAT) in September 2013.

⁷³ [USAID 1997](#).

⁷⁴ [USAID 2000](#), [USAID 2003](#), [USAID 2005](#), [USAID 2008](#).

⁷⁵ [USAID 2004a](#).

⁷⁶ Norwegian Ministry of Foreign Affairs 1999.

⁷⁷ [NORAD 2002](#), [NORAD 2012](#).

- **AusAID** set up Development for All: Towards a Disability-Inclusive Australian Aid Program 2009-2014, in 2009.⁷⁸
- **BMZ** announced an Action Plan for the Inclusion of Persons with Disabilities 2013–2015.⁷⁹
- **DFID** published *Disability, Poverty and Development* in 2000, highlighting the importance of a twin-track approach.⁸⁰ In the same year, the Disability Knowledge and Research (KaR) Programme was established, under the auspices of DFID’s broader program to eliminate poverty in poor countries.⁸¹ We look at the twin-track approach in 2-3-1.

(2) Disability statistics and data collection

Article 31 of the CRPD determines the statistics and data collection methods on which basis the rights of persons with disabilities are to be realized. Since basic statistics and relevant information regarding disability are not available in many developing countries, the information is urgently required. It is being provided by international agencies that are conducting basic surveys on disability.

- **The Washington Group on Disability Statistics.**⁸² The group plays a leading role in disability-related statistical surveys. It was established by a group of expert statisticians from the UN and the World Bank, and obtained authorization from the UN Statistical Commission in 2001. Currently, the membership comprises 77 country representatives from national statistics offices, three UN agencies, seven other international organizations, and six DPOs. Its main activity is to promote disability-related statistical surveys of an international standard by, for example, adding questionnaires about disability to censuses and surveys, and by referring to the Fundamental Principles of Official Statistics, which is consistent with the WHO International Classification of Functioning, Disability, and Health (ICF).⁸³

⁷⁸ There are three objectives: 1. Improved quality of life for persons with disabilities; 2. Reduced preventable impairments; and 3. Effective leadership regarding disability and development ([AusAID 2008:4](#)). The Development Assistance Committee (DAC) has stated that “Australia’s solid integration of gender equality, capacity development and disability in projects and programmes is a good example of its holistic approach to development and its exceptional emphasis on disability makes it a leader in this area internationally.” ([OECD 2013: 17](#)).

⁷⁹ [BMZ 2013](#).

⁸⁰ [DFID 2000](#).

⁸¹ [DFID 2007](#).

⁸² [WHO and World Bank 2011a](#): 281–282.

⁸³ The Washington Group developed the following six questions that produce internationally comparable data as cognitive and field testing have shown: 1. Do you have difficulty seeing, even if wearing glasses? 2. Do you have difficulty hearing, even if using a hearing aid? 3. Do you have difficulty walking or climbing steps? 4. Do you have difficulty remembering or concentrating? 5. Do you have difficulty [with self-care such as] washing all over or dressing? 6. Using

- **The Model Disability Survey (MDS).** This is a general population survey with a questionnaire that allows direct comparisons between groups with different degrees and profiles of disability, as well as comparison with persons without disabilities. It has been developed by the WHO and the World Bank, in collaboration with the Washington Group on Disability Statistics, Norway's central institution for producing official statistics, Statistics Norway, and a diverse range of other stakeholders, including the International Disability Alliance. The survey-related work is funded by the governments of Australia, Germany, and Norway, with the objective of collecting statistical and research data that the CRPD suggests. Pilot studies and the first national survey were planned in 2014.
- **The Disability and Development Database.**⁸⁴ This was created by Leonard Cheshire Disability in collaboration with the World Bank and with financial support from the government of Japan. It contains information about national projects related to education, health, rehabilitation, and the livelihoods of persons with disabilities.

(3) Indicators for disability-inclusive development

Internationally approved disability indicators have not been set up yet, but some initiatives are in place.

- The Global Partnership on Disability and Development (GPDD) organized an Expert meeting on “Implementation of Indicators for Monitoring Inclusive MDGs Implementation” in Mozambique in 2010.⁸⁵
- The UN has included examples of disability-sensitive indicators related to education, HIV/AIDS, health and rehabilitation, water and sanitation, and urban development sectors in its 2011 publication, *Including the rights of persons with disabilities in United Nations programming at country level: A Guidance Note for United Nations Country Teams and Implementing Partners.*⁸⁶

your usual [customary] language, do you have difficulty communicating [for example, understanding or being understood by others]? ([Washington Group on Disability Statistics 2010:1](#))

⁸⁴ [World Bank 2013b](#).

⁸⁵ [World Bank 2010](#).

⁸⁶ [UN Development Group 2011](#) Moreover, as mentioned in “Box 3: MDGs and Disability,” the UN has made disability indicators for every development issue related to MDGs ([UN 2011](#)).

(4) The framework of global partnership

- **The GPDD.** This was founded in 2004 by the World Bank and the governments of Finland, Italy, and Norway.⁸⁷ The GPDD is a global network comprising developing and developed country governments, bilateral and multilateral donors, UN agencies, DPOs, other civil society organizations, national and international development agencies, universities, and many other bodies with the principal goal of fostering international cooperation. It aims to improve the well-being of those persons with disabilities, who live in developing countries and mostly in poverty, by both providing a platform for partnerships that support the implementation of the CRPD, and by ensuring that disability is included in international development programs.
- **The United Nations Partnership to Promote the Rights of Persons with Disabilities (UNPRPD).**⁸⁸ This collaborative effort was established in 2011 by the International Labor Organization (ILO), Office of the United Nations High Commissioner for Human Rights (OHCHR), Department of Economic and Social Affairs (UNDESA), UNDP, United Nations Children’s Fund (UNICEF) and WHO. The UNPRPD is supported by the UNPRPD Fund, a Multi-Partner Trust Fund (MPTF) established to mobilize resources for the partnership. The UNDP Poverty Group serves as the partnership’s technical secretariat.

With the aim of realizing a society for all, the UNPRPD focuses on the capacity development of governments in developing countries, to facilitate the full implementation of the CRPD. According to its 2012 Annual Report, it had implemented eight projects in 11 countries.⁸⁹ The partnership emphasizes knowledge management to document and record the outcomes of projects, and it collaborates with the Center for Global Impact (GCI) at Trinity College Dublin.

- **The ILO Global Business and Disability Network.** This association was launched by the ILO in 2010 and comprises multinational companies, employers’ organizations, and business networks from around the world.

⁸⁷ [World Bank 2011a:75.](#)

⁸⁸ Multi-donor Trust Fund was founded by Australia, Cyprus, Finland, Mexico, Sweden. For details about the Multi-donor Trust Fund and the UNPRP, see the UNDP websites, [“UN Partnership to promote the Rights of Persons with Disabilities Multi-Donor Trust Fund \(UNPRPD MDTF\)”](#) and [UNPRPD 2012.](#)

⁸⁹ Projects are: Promoting Mainstream Policies and Services for People with Disabilities in Ukraine; National Plan for Labour Inclusion of Persons with Disabilities (Costa Rica); Promoting the Rights of People with Disabilities in Indonesia; Paradigm Shift: UNCT Moldova Strategic Action Supporting CRPD Implementation; United Nations Partnership to Promote the Rights of Persons with Disabilities in Mozambique; Strengthening Respect for the Human Rights of Persons with Disabilities through Legislation, Services and Empowerment (Palestine); Pacific Enable, Promoting the Rights of Children with Disabilities (Togo).

The network has four goals: (1) knowledge sharing and the identification of good practices among members; (2) the development of joint projects and services; (3) the strengthening of employers' organizations at national level, so as to reach national, small, and medium-sized enterprises; and (4) linkage and partnership with ILO projects and activities at country level.

As the first step, the ILO undertook the collection of good practices as they apply to disability-inclusive workplaces.⁹⁰

- **Global Partnership on Children with Disabilities.**⁹¹ This is a global multi-stakeholder coalition comprising more than 240 organizations, including governments; international, national, and local NGOs; DPOs; members of academia; and private-sector bodies. Its objectives is to ensure that the rights of children with disabilities are included in, and prioritized by, the disability and child rights agendas, in the areas of nutrition, education, humanitarian aid, and assistive technology. UNICEF organized a forum in September 2012⁹² and one in September 2013 to discuss how children with disabilities might be included in the post-2015 development agenda.

(5) Publications to promote disability-inclusive development

- **WHO.** The WHO published *Community-Based Rehabilitation: CBR Guidelines* with the ILO and other organizations in 2010⁹³ and *World Report on Disability* with the World Bank in 2011.⁹⁴
- **UNICEF.** In 2013, it published the State of the World's Children, featuring children with disabilities. It was the first time that UNICEF had focused on disability since it had published a paper on the topic in 1980.⁹⁵ In addition, the organization developed a web-based, 40-minute video for its staff,⁹⁶ and published *TAKE US SERIOUSLY! Engaging Children with Disabilities in Decisions Affecting their Lives*, which explains how to make projects disability inclusive.⁹⁷
- **The United Nations Educational, Scientific and Cultural Organization (UNESCO).** In 2013, UNESCO Bangkok published *Advocacy Guides: Promoting Inclusive Teacher Education*, which discusses challenges and

⁹⁰ [ILO 2010a.](#)

⁹¹ [Global Partnership on Children with Disabilities n.d.](#)

⁹² [UNICEF 2012.](#)

⁹³ [WHO 2010.](#)

⁹⁴ [WHO and World Bank 2011a.](#)

⁹⁵ [UNICEF 2013a.](#)

⁹⁶ [UNICEF 2013b.](#)

⁹⁷ [UNICEF 2013c.](#)

barriers to inclusive education and outlines ideas for effective awareness raising aimed at achieving more inclusive practices.⁹⁸

- **The Office of the United Nations High Commissioner for Refugees (UNHCR).** Since the CRPD came into force, it has been undertaking training concerning disability. In 2011, the Global Training Series on Disability Inclusion was launched to hold workshops to bring together the UNHCR and partner staff, refugees with disabilities, and national DPOs with a view to developing joint action plans to increase access to essential services.⁹⁹ The workshops have been conducted in India, Uganda, Bangladesh, and Thailand.¹⁰⁰
- **USAID.** It operates e-learning programs related to disability-inclusive development.¹⁰¹
- **DFID.** This UK government's department published Guidance note on "Education for children with disabilities: improving access and quality" in 2010.

1-3-5. Regional strategy

Asia–Pacific Region

The member states of ESCAP launched the Asian and Pacific Decade of Persons with Disabilities, 2013–2022 and adopted the Incheon Strategy with 10 goals (see 1-3-3. Incheon Strategy in Asia and the Pacific Region). Before the latest decade, there had been other frameworks:

1993–2002

- The Asian and Pacific Decade of Disabled Persons, 1993–2002¹⁰²
- The Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993–2002

2003–2012

- Biwako Millennium Framework for Action towards an Inclusive Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (BMF), 2003¹⁰³

⁹⁸ [UNESCO 2013.](#)

⁹⁹ [UNHCR 2011a:](#) 37.

¹⁰⁰ [UNHCR 2011b:](#) 23.

¹⁰¹ [USAID 20004b.](#)

¹⁰² Cabinet Office, the government of Japan. n.d. "[Aija Taiheiyō shōgaisya no jyūnen](#)" (The Asian and Pacific Decade of Disabled Persons), JSRPD. n.d. "Aija Taiheiyō shōgaisya no jyūnen shiryōsyū (References for the Asian and Pacific Decade of Disabled Persons, 2003-2012).

¹⁰³ [UNESCAP 2002.](#)

- Asian and Pacific Decade of Disabled Persons, 2003–2012¹⁰⁴

2007

- BMF Plus Five¹⁰⁵

These frameworks have a common principle: to realize both the rights of persons with disabilities, and their participation in the development process. They also stress the need for development agencies to ensure that persons with disabilities do take part in activities.

Africa

The African Union aims to empower persons with disabilities, improving the situation surrounding impairment, and include persons with disabilities in social, economic, and political plans.¹⁰⁶ It launched the African Decade of Persons with Disabilities, 1999–2009,¹⁰⁷ and the African Decade of Persons with Disabilities, 2010–2019¹⁰⁸ with the Continental Plan of Action of the African Decade of Persons with Disabilities. The second decade focuses on disability mainstreaming as the main challenge.

To further promote disability-inclusive development, the African Disability Forum was established in 2014. It seeks to strengthen awareness raising and evidence-based research on disability issues, and to promote the capacity development of, and networking with, stakeholders.

¹⁰⁴ Cabinet Office, the government of Japan. n.d. "[Aija Taiheiyō shōgaisya no jyūnen](#)" (The Asian and Pacific Decade of Disabled Persons), JSPRD. n.d. "[Aija Taiheiyō shōgaisya no jyūnen](#)" (The Asian and Pacific Decade of Disabled Persons, 2003-2012).

¹⁰⁵ [UNESCAP 2007](#).

¹⁰⁶ [JICA 2009:14-15](#).

¹⁰⁷ The goals of the African Decade of Persons with Disabilities 2000–2009 are the full participation, equality and empowerment of persons with disabilities in Africa. To realize them, 12 objectives were set in the Continental Plan of Action of the African Decade of Persons with Disabilities 1999–2009: (1) To formulate and implement national policies, programs and legislation to promote the full and equal participation of persons with disabilities; (2) To promote the participation of persons with disabilities in the process of economic and social development; (3) To promote the self-representation of persons with disabilities in all public decision-making structures; (4) To enhance support services for persons with disabilities; (5) To promote special measures for children, youth, women, and older persons with disabilities; (6) To ensure and improve access to rehabilitation, education, training, employment, sports, the cultural and physical environment; (7) To prevent causes of disability; (8) To promote and protect disability rights as human rights; (9) To support the development of, and strengthen, DPOs; (10) To mobilize resources; (11) To provide mechanisms for coordination, monitoring, and evaluation of the activities of the African Decade of Persons with Disabilities; and (12) To advocate and raise disability awareness in general, and awareness of the African Decade of Persons with Disabilities in particular ([African Union 2002](#)).

¹⁰⁸ The second African Decade of Persons with Disabilities is the "extended" decade; the Continental Plan of Action of the African Decade of Persons with Disabilities 2010–2019 succeeded to the objectives of the first Decade indicated in points (1), (2), (3), (5), (7), (8), and (12), with new objectives added: (a) To support community-based service delivery, in collaboration with international development agencies and organizations; (b) To develop programs that alleviate poverty amongst persons with disabilities and their families; (c) To ensure gender equality in all disability-related activities and programs; (d) to ensure the inclusion of persons with disabilities in rural areas in all activities and programs; and (e) To ratify and implement the CRPD and its Optional Protocol ([African Union n.d.](#))

Latin America

In June 2006, the Permanent Council of the Organization of American States declared the Decade of the Americas for the Rights and Dignity of Persons with Disabilities, 2006–2016.¹⁰⁹ The council has urged that, by 2016, member states should all have made substantial progress in building inclusive societies based on solidarity and rights, and should be giving these inclusive societies priority in national and regional development and anti-poverty programs.

The following six objectives have been outlined.

- (1) The recognition of the value of persons with disabilities and the eradication of attitudinal barriers to their development and inclusion;
- (2) Improved access to equal healthcare services for persons with disabilities;
- (3) A guarantee that persons with disabilities receive an inclusive, quality education, as well as the technical and professional training to allow them to be included in productive activities;
- (4) Promoting the incorporation into the labor force of persons with disabilities, whether they work with assistance or independently, in both the public and private sectors;
- (5) The use of universal design for all new infrastructure, eliminating existing physical and communication barriers; and
- (6) Ensuring that the civil and political rights of persons with disabilities are recognized and exercised in all matters of interest to the community.¹¹⁰

Middle East

In 2002, the Declaration on the Arab Decade of Disabled Persons was drafted by the League of Arab States and the United Nations Economic and Social Commission for Western Asia (UN–ESCWA). In May 2004, the Arab Decade of Disabled Persons, 2004–2013 was formally launched. The Arab region has been making efforts to improve the lives of persons with disabilities, focusing on 12 objectives: (1) legislation, (2) health, (3) education, (4) rehabilitation and employment, (5) accessibility, (6) children with disabilities, (7) women with disabilities, (8) disability and population aging, (9) media and disability, (10) poverty and globalization, (11) sports and recreation, and (12) monitoring and implementation.¹¹¹

¹⁰⁹ [OAS 2006a.](#)

¹¹⁰ [OAS 2006b.](#)

¹¹¹ [Nagata 2004.](#)

Europe

The European Disability Strategy 2010–2020 was adopted in 2010.¹¹² It highlights eight main areas for action: (1) accessibility, (2) participation, (3) equality, (4) employment, (5) education and training, (6) social protection, (7) health, and (8) external action.¹¹³ The European Disability Forum is the representative of DPOs in Europe and is officially registered by the European Committee. The forum, comprising 29 national disability councils and 81 other groups,¹¹⁴ plays a key role in monitoring all EU initiatives and in proposing new legislation to advance the rights of persons with disabilities.¹¹⁵

1-4. Action for disability and development in Japan

1-4-1. The government's efforts concerning disability and development

From the time the CRPD was at the drafting stage, the government of Japan sent a national advisory group, comprising experienced representatives of DPOs to UN meetings.

The government signed, then ratified, the CRPD in September 2007 and January 2014, respectively. There was a long interval between signing and ratification because, during that time, the government had strengthened domestic policies and regulations, so as to implement the CRPD properly. As a first step, the Disability Policy Committee was formed in the Cabinet Office in December 2009, and a five-year period for carrying out the necessary reforms was set.¹¹⁶

The reforms include: the amendment of the Basic Act for Persons with Disabilities, in August 2011, which had been enacted as the Basic Act for Countermeasures Concerning Mentally and Physically Handicapped Persons in May 1970 and changed its title as the Basic Act for Persons with Disabilities in December 1993¹¹⁷; the formulation of the Act for Supporting the Independence

¹¹² One in six people in the European Union (EU) has a disability. For persons with disabilities the rate of poverty is 70% higher than the average, partly due to limited access to employment. Over a third of the people aged over 75 have disabilities that restrict them to some extent. These numbers are set to rise as the EU's population ages (EC 2010a:3).

¹¹³ In the EU's external action, the EU and the member states recognize disability as a human rights issue, raise awareness of the CRPD and the needs of persons with disabilities, and address disability issues in dialogues with non-member countries ([EC 2010a:9](#)).

¹¹⁴ [European Disability Forum 2010](#).

¹¹⁵ [European Disability Forum n.d. "Our Work"](#).

¹¹⁶ Cabinet Office, the government of Japan. n.d. "[Shōgaisya seido kaikaku suishin honbu, sabetsu kinshi bukai](#)" ([Disability Policy Committee; Conference of Disability Policy Committee; Subcommittee for Elimination of Disability Discrimination](#)).

¹¹⁷ Cabinet Office, the government of Japan. n.d. "[Shōgaisya shisaku no sōgōteki na suishin: Kihonteki wakugumi](#)" ([Comprehensive Promotion of Measures for Persons with Disabilities: the Basic Framework](#)).

of Persons with Disabilities, in June 2012¹¹⁸; the Act on the Elimination of Discrimination against Persons with Disabilities, in June 2013¹¹⁹; and the amendment of the Act for Promotion of Employment of Persons with Disabilities, in June 2013.¹²⁰ For the other laws, see appendix 4-4-2.

Other than some supplementary provisions, the Act on the Elimination of Discrimination against Persons with Disabilities will come into force on April 1, 2016. In accordance with the principle of the Basic Law for Persons with Disabilities, recognizing that all persons with disabilities should be, as equal as persons without disabilities, entitled to dignity as individuals with fundamental human rights and the right to live with dignity, the act aims to promote the elimination of discrimination against persons with disabilities and, as a result, it is ensured that no citizens are divided according to whether or not they have a disability as well as the realization of an inclusive society with mutual respect for personality and individuality, by providing the matters serving as the basic measures to eliminate the discrimination against persons with disabilities in the national government and local public entities.

The act embodies article 4 of the Basic Act for Persons with Disabilities, which stipulates the provision of reasonable accommodation to prohibit discrimination and to remove social barriers. Namely, it prohibits discrimination on the basis of disability by national and local authorities and private entities, including sole proprietors and non-profit organizations. For the public sector, the provision of reasonable accommodation is a legal obligation; and for the private sector, there is an obligation to make an effort along those lines.¹²¹

Japan's position on international cooperation. The amended Basic Act for Persons with Disabilities includes a new article on international cooperation, marking the first time that international cooperation is stipulated in Japanese disability-related laws.¹²² The Disability Basic Policy of Japan 2013-2018, based

¹¹⁸ "The Act for Supporting the Independence of Persons with Disabilities" added severe disease to the definition of impairment. Reflecting this reform, on April 1, 2014, visiting care for persons with severe disabilities expanded its target and care homes were integrated into group homes. See Ministry of Health, Labour and Welfare, the government of Japan. n.d. "Shōgaisha sōgō shienhō ga sekō saremashita" (Services and Supports for Persons with Disabilities Act came into force).

¹¹⁹ Cabinet Office, the government of Japan. n.d. "[Shōgai o riyū to suru sabetsu no kaishō no suishin ni kan suru hōritsu](#)" (Act on the Elimination of Discrimination against Persons with Disabilities)."

¹²⁰ The Act for Promotion of Employment of Persons with Disabilities (amendment) will come into force in April 2016 (partially to be promulgated in April 2018). For details, see Ministry of Health, Labour and Welfare, the government of Japan. n.d. "[Heisei 28 nen 4 gatsu \(Ichibu kofu matawa heisei 30 nen 4 gatsu\) yori, kaisei syōgaisya koyō Sokushinhou ga sekou saremasu](#) (the Act for Promotion of Employment of Persons with Disabilities (amendment) will come into force in April 2016 (partially to be promulgated in April 2018))."

¹²¹ Cabinet Office, the government of Japan. n.d. "[The outline of the Elimination of Discrimination against Persons with Disabilities.](#)"

¹²² Shimano 2013.

on the Basic Act for Persons with Disabilities, also mentions international cooperation.¹²³

Box 6: International Cooperation in the Amended Basic Law

Article 5. International Cooperation

The realization of the society provided for in Article 1 shall be conducted under the framework of international cooperation in view of the fact that the measures for the realization of such a society are closely related to the measures being taken by the international community.¹²⁴

Article 30. International Cooperation

The national government shall endeavor to exchange information with foreign governments, international organizations, and other relevant bodies, and shall take other necessary measures in order to promote measures to support, etc., the independence and social participation of persons with disabilities under a framework of international cooperation.

The government of Japan addresses equity, including consideration for persons with disabilities, as one of the basic principles of the Official Development Assistance (ODA) Charter (published in 1992, amended in 2003).¹²⁵ For example, in formulating and implementing assistance policies, it is necessary to ensure fairness by giving consideration to the condition of socially vulnerable people, the gap between the rich and the poor, and the gap among various regions in developing countries.¹²⁶ Furthermore, Japan's medium-term policy on ODA spells out the basic principle of ensuring equity (including the perspective of gender, and consideration for socially vulnerable people), clarifies

¹²³ In the "Basic Direction of Sector-by-Sector Measures (10) - International Cooperation" of the Disability Basic Policy of Japan 2013–2018, the basic policy is that disability policy in the context of international cooperation, participation in international initiatives concerning issues of persons with disabilities, international cooperation, and international exchange of DPOs etc., should be promoted. The basic direction of measures is as follows: 1. Promotion of international cooperation; 2. Participation in international initiatives concerning issues of persons with disabilities; 3. Provision and collection of information; and 4. Support for international exchange of persons with disabilities ([Cabinet Office, the government of Japan 2013: 34–35](#)).

¹²⁴ "Society" in article 1 is described as a "symbiotic society which respects mutually personality and individuality, based on the principal that persons with or without disabilities should be respected as indispensable individuals." See Cabinet Office, the government of Japan. n.d. "[Shōgai sha kinshihō no ichibu o kaisei suru hōritsuan shinkyū taishōhyō](#) (Comparison of before and after the amendment of the Basic Act for People with Disabilities)."

¹²⁵ Cabinet Office, the government of Japan. [2013a](#).

¹²⁶ In the ODA Charter (1992), persons with disabilities were specified as being socially vulnerable. Poverty reduction and elimination of absolute poverty were priority issues in the revised Charter (2003) and proposed inclusive development that excludes nobody (MoFA [2003](#)).

the idea of assistance that puts people at the center of concerns, and that effectively reaches the people and emphasizes the “perspective of human security.”¹²⁷

Japan’s contribution to the Asia–Pacific region. To contribute its disability-related experiences and skills to international cooperation, Japan has been engaging in disability and development in the Asia–Pacific region, especially since the International Year of Disabled Persons in 1981.¹²⁸ Notably, the Asian and Pacific Decade of Disabled Persons, 1993–2002, was proposed by Japan and China. Japan has contributed to promoting the social participation of persons with disabilities in this region.

Furthermore, Japan financially supported ESCAP and founded the APCD. The latter has become the focal point of regional cooperation and plays an important role in promoting governments efforts to empower persons with disabilities in the region.

For three years from 2007, the Foundation for Advanced Studies on International Development (FASID) undertook a project entitled Capacity Development in Disability and Development for CLMV Government Officers, together with the commission of the Japan–ASEAN Integration Fund (JAIF).¹²⁹ This was to ensure that government policy-makers in Cambodia, Laos, Myanmar and Viet Nam fully understand the conditions in their own country with regard to persons with disabilities, so that they might properly engage in the principles of disability and development.¹³⁰

Japan’s cooperation through international agencies. Since 1988, Japan has regularly made financial contributions to the United Nations Voluntary Fund on Disability. In fiscal 2011, the contribution amounted to about US\$30,000.¹³¹

In the Asia–Pacific region, Japan has provided ESCAP with financial assistance. Since 1984, for example, Japan has supported ESCAP programs on

¹²⁷ The Foundation for Advanced Studies on International Development (FASID) conducted a MOFA-FASID/NGO Forum on Disability as a contract project of the Non-Governmental Organizations Cooperation Division, International Cooperation Bureau, the Ministry of Foreign Affairs, for the purpose of developing the capacity of Japanese NGOs engaging in disability issues from the viewpoint of human security (FASID 2006).

¹²⁸ In the New Long-term Program for Government Measures for Disabled Persons (1993), it was stipulated that Japan would play a leading role in the Asia–Pacific region ([Cabinet Office, the government of Japan 1993](#)).

¹²⁹ The Japan-ASEAN Integration Fund (JAIF) was established in 2006 by the government of Japan. It set the year 2020 as the target for the realization of the ASEAN Community, and is making every effort to achieve internal integration (MoFA. n.d. “[Nichii · ASEAN Togo Kikin](#)” ([Japan-ASEAN Integration Fund \(JAIF\)](#)).

¹³⁰ [FASID 2010](#).

¹³¹ [Cabinet Office, the Government of Japan 2013a](#).

disability through the Japan–ESCAP Cooperation Fund (JECF), to which it contributed US\$85,000 in 2011.¹³² Since 1986, Japanese have been dispatched abroad as disability-related experts.¹³³ Further, Japan highly appreciates the efforts made by ESCAP in terms of statistics, international cooperation on disability, and policy adjustment and normative functions in the area of socio-economics.

Moreover, Japan has provided financial contributions to the World Bank’s Policy and Human Resources Development Fund (PHRD)¹³⁴ and its Japan Social Development Fund (JSDF). Part of these funds is supporting projects on disability and development.¹³⁵

1-4-2. JICA’s programs on disability and development

Contributions. JICA started disability-related programs in its Volunteer Programs during the 1960s. Between 1965 and March 31, 2014, 2,659 volunteers were engaged in disability-related activities. Besides the volunteer programs, 309 disability-related projects had been implemented as of March 31, 2013, comprising 53 technical cooperation projects (17%); 72 instances of individual experts (23%); 59 JICA Partnership Program projects (19%); 42 programs in grant aid (14%); 79 programs in loan assistance (26%).

By region, JICA has implemented 199 programs in Asia (64.4%), which account for half the disability-related programs undertaken. This was followed by 34 in Latin America (11.0%), 31 in Africa (10.0%), 29 in the Middle East (9.4%), 12 in Europe (3.9%), and four in Oceania (1.3%).

The programs cover a wide range of issues, such as medical rehabilitation, vocational rehabilitation, community-based rehabilitation (CBR), special education for children and adults with disabilities, capacity-development of leaders with disabilities and DPOs, independent living programs, as well as promotion of barrier-free environments. For details, see appendix 1.

¹³² [Ministry of Foreign Affairs of Japan 2009: 77.](#)

¹³³ In 1986 Ms. Yukiko Nakanishi was dispatched to ESCAP (information from an interview in June 2014).

¹³⁴ World Bank n.d. “[Japanese Trust Fund.](#)”

¹³⁵ The US\$23 million Japanese PHRD fund is supporting seven projects: Guinea, developing inclusive education; India, expanding work on mental disability issues in Tamil Nadu; Jamaica, improving services and employment opportunities for people with disabilities; Morocco, improving the physical accessibility of people with limited mobility; Peru, mainstreaming inclusive design and university mobility in Lima; Romania, improving policy-making and the institutional framework for people with disabilities; and Moldova, improving access to education for children with disabilities ([World Bank 2014b](#)).

From rehabilitation service to disability and development. JICA's projects on disability initially focused on medical and vocational rehabilitation to improve individuals' functions and capacity. In recent years, however, in accordance with the global trend, JICA has been working on the capacity-development of leaders with disabilities, and on creating an inclusive society, with the aim of promoting the social participation of persons with disabilities.¹³⁶ JICA encourages persons with disabilities to engage in the programs and, since an expert with disabilities was dispatched in 1991,¹³⁷ 115 persons with disabilities have been involved in JICA programs, mainly as experts for Technical Cooperation Projects. Recently, JICA has also started the Public-Private Partnership.

Internal JICA activities to develop understanding of disability and development. JICA has provided the training for staff members and volunteers to strengthen their understanding of disability and development. Moreover, it has produced JICA-Net Multimedia-based learning materials for awareness raising,¹³⁸ a technical handbook on inclusive education and a brochure titled, "JICA's activities on Disability and Development."¹³⁹

Since 2006, efforts have been made to mainstream disability in JICA's Loan Assistance programs. The perspective of disability is incorporated into loan projects, from the planning stage, based on the principle of universal design and barrier-free access.¹⁴⁰ Along with this commitment, the booklet was produced to promote barrier-free environments in infrastructure projects.¹⁴¹

In 2013, a survey was conducted to assess the status of JICA's disability and development program. The survey's findings, including the challenges of disability mainstreaming and potential solutions, are explained in 3-4.

Research/Data collection. The JICA Research Institute launched a research project entitled Evidence-based Analysis for the Post-2015 Development Strategies. It shows that, while education and employment are important for persons with disabilities, they also benefit society as a whole.¹⁴² JICA has

¹³⁶ The increase of social development projects in technical cooperation projects reflects the needs of independence and social participation of persons with disabilities through vocational training.

¹³⁷ It was for the first time that Ms. Yukiko Nakanishi was dispatched as a trainer for the DPI Fiji Training Seminar for trainers (information from interview with Nakanishi in June 2014).

¹³⁸ [JICA 2010d.](#)

¹³⁹ [JICA 2013.](#)

¹⁴⁰ The number of projects that consider disability have tripled since 2006, proving the importance of institutional efforts (Dobashi 2014).

¹⁴¹ [JBIC 2006a.](#)

¹⁴² JICA n.d. "[Research outcomes related to the post-2015 \(post-MDGs\) development agenda.](#)"

collected statistical and other current information concerning persons with disabilities from 24 countries in Asia, Oceania, Latin America, the Middle East, and Africa.¹⁴³

Collaboration with other aid organizations. JICA has collaborated with other aid agencies on disability and development. For example, JICA and the WHO signed a memorandum on collaboration regarding medical rehabilitation, CBR, policy, and publication of *World Report on Disability*. Both parties organized a CBR workshop in Syria in 2007¹⁴⁴ and a CBR Latin America Conference in 2010.¹⁴⁵ JICA, the WHO, and the APCD organized the first Asia–Pacific CBR Conference in 2009.

¹⁴³ [JICA 2009h](#).

¹⁴⁴ [WHO 2006](#).

¹⁴⁵ WHO. n.d. "[CBR Network for the Americas and the Caribbean](#)."

Chapter 2.

Approaches to Disability and Development

Summary

Recognition of disability and development is necessary in the interests of respecting the human rights of persons with disabilities, to ensure them full participation in an equal and inclusive society. It is by giving due consideration to the strategies involved in disability and development that solutions will be found to development issues, resulting in a positive impact on a nation's economy that will benefit not only persons with disabilities, but all people.

The twin-track approach, one of the effective tools available for the efficient promotion of disability- and development-related strategies, comprises two interventions. One is disability mainstreaming, which infuses all aspects of development with perspectives of disability, while ensuring that persons with disabilities participate in the development process, both as beneficiaries and practitioners. The other intervention is disability-specific and provides persons with disabilities and their families with such assistance as empowerment programs and rehabilitation services. Besides the twin-track methodology, there are other important approaches. These can be person-centered approach, accessibility, community-based activities, and disability awareness raising.

2-1. The purpose of disability and development strategies

JICA's work in connection with disability and development aims to ensure that persons with disabilities are accorded their human rights, and are able to participate fully and equally in an inclusive society. This goal is based on the Convention on the Rights of Person with Disabilities (CRPD) and the outcome document issued by the High-level Meeting of the UN General Assembly on Disability and Development in 2013.¹⁴⁶

The purpose of the CRPD is "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity." The outcome document emphasizes the importance of ensuring that those with disabilities are

¹⁴⁶ [UN 2013](#).

included in all aspects of development, and that due consideration is given to disability in the emerging post-2015 development agenda.

2-2. The significance of disability and development strategies

As mentioned above, disability- and development-related strategies are designed to ensure that the human rights of persons with disabilities are respected, and that they are guaranteed full and equitable participation in an inclusive society. Seen from another perspective, the strategies can be seen as linked to human security issues, given that they aim to extend social protection—from fear and lack—to persons with disabilities, while helping to develop their capacity to deal with such threats.¹⁴⁷

Moreover, disability and development also contribute to other JICA development-related issues to which it has deep-rooted connections, such as health, education, and infrastructure. This makes it essential that the perspective of disability be included in—rather than separated from—other development-related thematic issues, in what we call disability-inclusive development.

2-2-1. Potential positive impact of disability-inclusive development

Research has shown that disability-inclusive development not only increases social participation by persons with disabilities, but also benefits society at large. Here, we examine the positive impact of disability-inclusive development on education, the physical environment and construction, employment and labor, business, medicine, and health.

- **Education (educational accomplishments of children, including those with disabilities).** Inclusive education is likely to increase the schooling rate of children with disabilities, improve the academic level of all children in a class, and create an atmosphere of mutual learning¹⁴⁸ (See box 7).

¹⁴⁷ For details, see 1-1-4.

¹⁴⁸ The article 24 of the CRPD declares that to realize the rights of persons with disabilities to education, states parties shall ensure that, (a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability; (b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live; (c) Reasonable accommodation of the individual's requirements is provided; (d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education; and (e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion. See also AusAID 2008.

- **Physical environment and construction (improved accessibility for other vulnerable people).** The application of universal design and barrier-free principles make facilities, spaces, and services more convenient for all members of society. For example, if ramps, elevators, and escalators are constructed as well as stairs, a building becomes more easily accessible to persons with disabilities, older persons, women, and children. Other advantages include:
 - The application of universal design and introduction of barrier-free areas requires grass-roots participation and cooperation. Related projects must reflect community needs and characteristics.¹⁴⁹
 - Buildings that, from the start, are constructed in such a way as to be accessible to everyone, eliminate the need for construction fixes after the original structure has been completed. This can reduce overall costs (see box 8).
 - Universal design and barrier-free structures may increase the frequency with which persons with disabilities and older persons both go out and play an active role in society.
 - New businesses may develop as a result of a more inclusive approach, which could have positive economic repercussions by, for example, leading to barrier-free tourism.¹⁵⁰

- **Employment and labor (increased employee satisfaction, work efficiency).** As interaction between employees with and those without disabilities increases, employees without disabilities are likely to develop a positive opinion about persons with disabilities, leading to such comments being made as, “As a result of working with persons with disabilities, communication and human relationships at work have improved.”¹⁵¹

The net result is a positive effect on the workplace: greater employee satisfaction, improved mental health, and higher revenues. Thus, by

¹⁴⁹ Ministry of Land, Infrastructure, Transport and Tourism n.d. “[Jissen no tebiki: yunibāsarū dezain no gainen](#)” ([Guidelines for practice: the concept of universal design](#)).

¹⁵⁰ “Barrier-free tourism” is travel designed for older persons and those with disabilities.

¹⁵¹ The Yamazaki Baking Co., Ltd. employed a person with hearing impairment. A positive outcome was reported, stating that even briefings could not be held unless employees without disabilities speak to those with disabilities. As a result, communication among the employees naturally increased, creating a spirit of mutual support and producing solid teamwork. For details, see the website of Japan Organization for Employment of the Elderly, Persons with Disabilities and Job Seekers.

employing persons with disabilities, not only can one reduce employee turnover and related costs, but also improve employee performance.¹⁵²

- **Business (economic effects of expanding markets).** Employment of persons with disabilities results in there being fewer poor persons with disabilities and persons with disabilities enjoying improved living standards. Moreover, since the needs of persons with disabilities are similar to those of older persons, developing products for persons with disabilities will enable manufacturers increase their profits, expand their markets, and be ahead of the market curve in the aging society¹⁵³ (see box 9).
- **Health (advances in knowledge of medical staff).** The introduction of disability-related studies at the undergraduate level in medicine has led to students feeling less “awkward” in the presence of, and “sorry” for persons with disabilities.¹⁵⁴ When persons with disabilities told medical students about discriminatory attitudes and communicating with persons with disabilities, the importance of preventive measures and the negative influence of inappropriate treatment became apparent.¹⁵⁵ So, when these students become doctors, there should be better communication between medical staff and patients. This will ensure that medical treatment is appropriate and referral services are provided.

Box 7: Positive Impact of Inclusive Education¹⁵⁶

- **Academic achievements.** When children with disabilities attend regular schools, teachers must develop a child-specific, careful approach to instruction. This should enable children’s overall academic performance to develop, and their language skills to improve.
- **Mutual learning.** Inclusive education fosters mutual learning and understanding among children with and without disabilities.
- **Attention to individuals’ differences.** Inclusive education encourages teachers to see functional impairment as an individual’s difference in terms of

¹⁵² To validate the effects of employing persons with disabilities, Kageyama researched employees without disabilities at 17 companies based in Kanagawa Prefecture, including Co-op Kanagawa, between July 2011 and March 2012. The findings were used to compare the companies that employed persons with disabilities and those that did not ([Kageyama 2012](#)).

¹⁵³ International Finance Corporation n.d. “[Inclusive Business](#).”

¹⁵⁴ [WHO and World Bank 2011b: 79](#).

¹⁵⁵ Duggan A, et al. 2009.

¹⁵⁶ Cabinet Office, the government of Japan [2010](#).

ability. It encourages them to start developing detailed class plans to suit the condition of each child.

- **Revision of learning system.** Careful attention to each child encourages teachers to create a curriculum to suit each child's academic ability.

Box 8: The Cost of Accessible Construction

When employing principles of universal design from the planning stage of a building, the use of barrier-free and universal design is estimated to represent 0.5–1 percent of the total construction cost.¹⁵⁷ Renovating existing buildings is much more expensive than building the same structure with barrier-free and universal design from the beginning. The latter is between 4 and 35 times cheaper.¹⁵⁸

Box 9: Disability-inclusive Business¹⁵⁹

In the Asia–Pacific region, various aspects of the lives of persons with disabilities improved over the 20 years from 1993, as a result of there having been two Asian and Pacific Decades of Persons with Disabilities. Nevertheless, few persons with disabilities have had more than a limited chance to be employed.

However, the situation has been changing since the introduction of the concept of disability-inclusive business. Persons with disabilities working in a disability-inclusive business are considered to be customers, employees, or business-partners, while the disability-inclusive business itself is recognized as a new business opportunity.

In the United States, persons with disabilities account for 18.1 percent of the total US population and are considered potential business customers.¹⁶⁰ According to a survey conducted by the University of Massachusetts, 92 percent of the survey respondents saw companies that hire persons with disabilities in a “more favorable” or “much more favorable” light, while 87 percent said they would prefer to give their business to these companies.¹⁶¹

¹⁵⁷ [Metts 2000](#).

¹⁵⁸ [Ratzka 1995](#).

¹⁵⁹ International Finance Corporation (IFC), a member of World Bank Group, explains that “inclusive business models” are commercially viable and replicable business models that include persons at the base of the economic pyramid (BOP) in core operations (see IFC’s website, “[Inclusive Business](#)”). “G20 Challenge in Inclusive Business Innovation,” which was established in the G20 Leaders Summit in 2011, is an award for businesses with innovative, scalable, and commercially viable ways of working with low-income people in developing countries ([IFC 2012](#)). The UN also emphasizes the importance of inclusive business ([UN 2013](#)).

¹⁶⁰ [U. S. Department of Justice 2006](#).

¹⁶¹ [Sipersteina, Romanob, Mohlera and Parker 2006](#): 6.

As part of its promotion of disability-inclusive business, the Asia–Pacific Development Center on Disability (APCD) set up the ESCAP–Sasakawa Award, in collaboration with the Nippon Foundation, to reward leaders among disability-inclusive companies. For example, the Holiday Inn Singapore Orchard City Center, the award winner in 2013, has been keenly employing persons with disabilities since 1991. By building a professional pipeline with special schools, it created a system to develop the skills of students with disabilities, so that they can work in the hospitality industry. Today, the hotel functions as a training center for persons with disabilities, whom it helps gain employment in the hotel business.

2-2-2. Negative impact of development without a disability perspective

In this section, we look at some projects which did not have a disability-inclusive perspective. As a result, the human rights of persons with disabilities were violated and the businesses failed.

- **Economy (economic loss resulting from exclusion of persons with disabilities from labor market):** The ILO has reported macroeconomic losses in 10 lower- and middle-income countries because persons with disabilities are unable to attain their productivity potential due to adverse working conditions, or because they are excluded from the labor market.¹⁶² The annual GDP loss was estimated at between 3 percent (Viet Nam) and 7 percent (South Africa).
- **Education (lack of access to education leads to reduced employment opportunities):** If the rights of children and adults with disabilities were ensured, they would have greater chances of employment, which would have a positive impact on national economies. However, the reality is that insufficient access to education hinders the employment opportunities of many persons with disabilities.
- **Employment and Labor (mismatch between vocational training given to persons with disabilities and labor market needs):** At times, vocational training is designed based on such stereotypical ideas as “being a telephone operator and doing craft-related work are appropriate for

¹⁶² The 10 countries are China, Thailand, Viet Nam, Ethiopia, Malawi, Namibia, South Africa, Tanzania, Zambia, and Zimbabwe ([Buckup 2009](#)).

persons with impaired sight.” However, even after undergoing vocational training, some persons with disabilities cannot earn a living because they cannot use their ability effectively, or the skills they have acquired do not match market demands.

- **Social protection (high dependence on employment insurance due to the lack of employment support):** Defined-benefit employment insurance, one of the available social protection systems, has only cash benefits. It does not enable persons with disabilities to gain employment. Thus, as the number of unemployed persons with disabilities rises, so too does the number of unemployment benefit recipients. Since these payments are a heavy fiscal burden on many countries, many developed countries have moved away from unemployment benefits, which do not promote employment, to return to work policies, which help people obtain a job.¹⁶³ Similar schemes seem appropriate for developing countries.

2-3. Disability and development approaches

There are various approaches to achieving a disability and development perspective in order to realize an inclusive society where all persons with disabilities can fully enjoy their human rights, and can fully and effectively participate in society on an equal basis with others. The major approaches include the twin-track approach,¹⁶⁴ person-centered approaches, accessibility, community-based activities, and disability awareness raising.¹⁶⁵ Firstly, we look at the twin-track approach.

¹⁶³ Return to Work (RTW) is expected to save social protection cost, thereby making the that the social protection system sustainable ([WHO and World Bank 2011a](#)). The International Social Security Association compiled good practices at work (International Social Security Association [2012](#)).

¹⁶⁴ The twin-track approach was introduced in 2000 by DFID in, for example, the field of gender, as a strategy, combining focused actions aimed at women’s empowerment with gender-aware actions in the mainstream of development work.

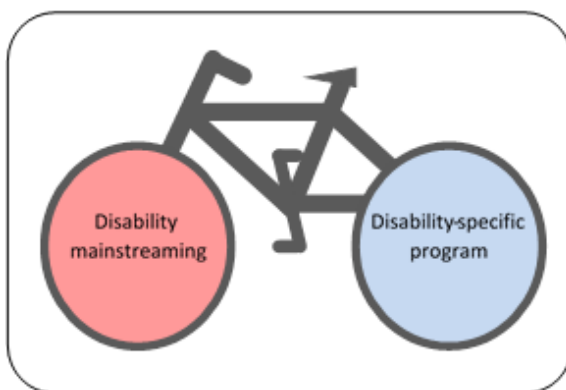
¹⁶⁵ The following approaches were introduced in important documents. Awareness-raising, empowerment, and the twin-track approach were mentioned in the outcome document of the UN High-Level Meeting; the twin-track and person-centered approaches were discussed in *World Report on Disability* and the CRPD; universal health care, the life-course, holistic, and person-centered approaches were taken in the WHO’s Global Disability Plan 2014–2021.

2-3-1. Twin-track approach

(1) What is it?

The twin-track approach focuses on disability mainstreaming and disability-specific interventions in parallel. Not clearly differentiated, the approaches are complementary.¹⁶⁶

Figure 4: Twin-track Approach



Disability mainstreaming: This approach ensures that every sector and development action includes a disability perspective, and that persons with disabilities participate in planning and implementation as beneficiaries or practitioners.¹⁶⁷ Thus, for example, persons with disabilities would take part in a variety of activities.

This would include constructing accessible facilities; collecting and analyzing disability-related disaggregated data in order to avoid leaving persons with disabilities behind and excluded from other members of their community in project target areas; and ensuring that representatives of persons with disabilities participate in public dialogues.

Disability-specific approach: This addresses the special needs and ways of empowering persons with disabilities and their family members. It includes leadership training, the provision of rehabilitation services, and technical skills training for the production of wheelchairs.

¹⁶⁶ [Kuno and Seddon 2003](#).

¹⁶⁷ There is no internationally accepted definition of disability mainstreaming. In this document, we define it as program-wide commitment to concern regarding disability, in areas including policy, planning, and implementation in all programs, with reference to the UN's definition of gender mainstreaming.

Table 2: Twin-track Approach and Thematic Issues

Sector	Disability Mainstreaming	Disability Specific
General	<ul style="list-style-type: none"> • Accessible construction • Information and communication support (sign language, digital data for persons with visual impairment) • Collect disability-related disaggregated data from statistics and surveys 	<ul style="list-style-type: none"> • Develop leaders with disabilities • Develop disabled people’s organizations (DPOs)
	<ul style="list-style-type: none"> • Promote the understanding of disabilities by medical staff and relevant services, taking into account the needs of, and consideration for, persons with disabilities 	Develop rehabilitation specialists <ul style="list-style-type: none"> • Provide technical support for wheelchair production • Early detection of disability and rapid support
Health	<ul style="list-style-type: none"> • Direct advocacy to the staff of vocational and job centers • Develop employment programs, bearing disabilities in mind • Implement microfinance programs, with disabilities in mind 	<ul style="list-style-type: none"> • Provide vocational training for persons with disabilities
Employment/ labor	<ul style="list-style-type: none"> • Develop teachers’ capacity to realize inclusive education • • Raise awareness among children without disabilities and stakeholders of schools 	<ul style="list-style-type: none"> • Introduce braille and audio formats • Introduce education plans tailored to suit the ability of each child with disabilities
Education	<ul style="list-style-type: none"> • Develop teachers’ capacity to realize inclusive education • • Raise awareness among children without disabilities and stakeholders of schools 	<ul style="list-style-type: none"> • Introduce braille and audio formats • Introduce education plans tailored to suit the ability of each child with disabilities

(2) Why is a twin-track approach needed?¹⁶⁸

The twin-track approach includes disability mainstreaming and disability-specific interventions. Their synergy created by the twin paths has a positive effect on the social and environmental atmosphere, thereby helping to empower those with disabilities.¹⁶⁹ Some important points of each track follow.

Disability mainstreaming

This starts with the collection of information and data on the ratio and situation surrounding persons with disabilities people among the expected beneficiaries of a project. The project is planned on the basis of this information, so that persons with disabilities can be reasonably accommodated and so participate in the project. They should have location accessibility and information should be made accessible to them, so that they can benefit from the project just as those without disabilities. In the interests of such efforts, stakeholders' understanding of disabilities must be increased, to better coordinate their efforts and community-based activities.

Disability analysis on development: Development policies and projects must be assessed from a disability perspective. With this in mind, in 1996 Finland's National Research and Development Center for Welfare and Health (STAKES) published *The Disability Dimension in Development Action: Manual on Inclusive Planning*. The manual, which includes the Rapid Handicap Analysis (RHA) screening tool, was compiled with a view to helping design disability-inclusive projects.¹⁷⁰ After it was revised, the RHA was developed as an analysis tool by the CBM, an international NGO that has implemented various disability-related projects (See box 10).¹⁷¹

¹⁶⁸ As for the necessity for, and potency of, the twin-track approach, see Kuno and Seddon 2003: 56.

¹⁶⁹ "Enablement" refers to the expansion of the potentiality of society and the environment to realize the participation and independence of persons with disabilities by removing obstacles (e.g., discriminatory and exclusive social structures including rules; physical structures; and information and attitudinal barriers), and creating services that make participation possible, including reasonable accommodation, such as personal assistants or sign language interpreters (Kuno 2012).

¹⁷⁰ [Winman \(ed.\) 2003](#).

¹⁷¹ [CBM 2012](#).

Box 10: Screening Tool for Rapid Disability Analysis

- 1) Are there disability-relevant projects or activities in the case study?
- 2) Has the proposed project(s) involved a study of the degree to which it is disability-relevant? Has there been an analysis of to what degree the problem is disability relevant?
- 3) Have the relevant stakeholders implicated in issues of disability inclusion been identified? Have they been involved?
- 4) Are the objectives in line with the spirit of international conventions, commitments and programs in relation to disability rights and inclusion?
- 5) Is the project (activities and outputs) accessible to persons with functional limitations? Can persons with disabilities equally participate in the activities? Can they equally benefit from the outputs?
- 6) Are the assumptions take into account a disability dimension? Are the assumptions formulated in such a way that there is no person with disabilities in the project area? Are the assumptions formulated in such that persons with disabilities are not concerned by the sector of intervention?
- 7) Is the degree of participation of persons with disabilities adequate with the relevant degree of inclusion?
- 8) Are disability inclusive aspects adequately reflected in the costs and resources estimates and time-table?
- 9) Will the activity result in sustainable improvements from the standpoint of persons with disabilities?
- 10) Are the monitoring and evaluation arrangements sensitive to disability issues?
- 11) Has the whole process been sensitive enough to disability issues?

Disability-specific intervention

Among the principal goals of this intervention is empowering persons with disabilities and their family members,¹⁷² as well as enabling other stakeholders to realize full and equal enjoyment of all human rights on an equal basis with other members of society.¹⁷³ To this end, persons with disabilities need to receive leadership training, their organizations should experience the

¹⁷² Investing in specific programs and services for persons with disabilities is recommended in the chapter 9 of [World Report on Disability](#).

¹⁷³ The WHO's *CBR guidelines* presents the following key concepts of empowerment: 1. advocacy and communication; 2. community mobilization; 3. political participation; 4. self-help groups; and 5. Disabled people's organizations.

capacity-development process, while medical and rehabilitation services for persons with disabilities should be improved.

Although there are various definitions of the term empowerment, this document focuses on three kinds of empowerment: ability; political participation; and change agents.¹⁷⁴

Empowerment

1. Ability

The abilities of individuals—such as their physical, academic, and occupational abilities—are among the essential factors of the evaluative framework based on Amartya Sen’s capability approach. Among the methods mentioned to strengthen individuals’ abilities are, for example, medical care, rehabilitation, vocational training, capacity development, and training for entrepreneurship.

2. Political participation

Article 12 of the CRPD declares that persons with disabilities enjoy the same legal rights as do those without disabilities. However, the wishes of persons with disabilities are often ignored, making them legally impotent and placing them in the shadow of their guardians. As a result, they are excluded from decision-making in their communities (families, nation states, etc.). If this is to be avoided, participation in the political arena should be encouraged, and DPOs strengthened, so that their leadership and network-building skills might be fortified.

3. Agents of change

Persons with disabilities are both service providers and agents of social change.¹⁷⁵ When they experience change, then so too do their families and communities.¹⁷⁶ According to Sen, this “agency”, or power to lend support is also a feature of Sen’s capability approach. Thus, it is important to support persons with disabilities in their activities of choice—in the hope that they might, thereby, realize social changes for their benefit—such as joining DPOs, residing in independent living centers, and participating in self-advocacy.¹⁷⁷

¹⁷⁴ For the three kinds of empowerment, see Kuno 2010.

¹⁷⁵ Freire 1993.

¹⁷⁶ Nakanishi and Ueno 2003.

¹⁷⁷ “Self-advocacy” refers to the taking of initiative by persons with intellectual disabilities (e.g., they speak their minds, insist on their rights, and make their own decisions).

2-3-2. Other approaches

(1) Person-centered approach

Why is a person-centered approach needed?: A person-centered approach is about ensuring that persons with disabilities are at the center of decision-making processes that affect their lives by, for example, the development of policies and plans. This reflects the idea that they know best what their needs are and, from this perspective, they have been playing a key role in formulating the CRPD under the motto “Nothing About Us Without Us,” and have been lobbying their governments to ratify and implement it. Such a participatory approach ensures sustainability.

Some instances of a positive impact follow.

- The person-centered approach enabled us to understand precisely the needs and situation surrounding persons with disabilities, and to reflect them in the project. Consequently, the results were positive.¹⁷⁸ Thus, for example, when persons with disabilities were interviewed by an interviewer with disabilities, the dialogue was more likely to be open and honest (see appendix 2-8).
- The active participation in the project of persons with disabilities, made them role models, enabling other persons with disabilities to become more independent and participate in society (see appendices 2-1, 2-2, and 2-9).
- Persons with disabilities took the initiative to communicate with their communities, in order to make them inclusive. Through this interaction, their families, neighbors, local administrative officers, and even government policymakers became aware of disability issues.

Two ways of participating in JICA projects: One way is to participate through JICA; another is by doing so through a third country.

- JICA
 - Dispatch persons with disabilities as experts.

¹⁷⁸ Were one to try to improve physical accessibility without listening to the opinions of persons with disabilities, one would run the risk of installing a device that is hard to use, or one that could be used only for certain people, making it necessary for a new device to be bought. This would take more time and cost more.

- Appoint persons with disabilities, or disabled people's organizations (DPOs) as workshop trainers in Japan.
- Third country
 - Ensure that persons with disabilities are involved in the entire decision-making process, from planning through implementation, monitoring, and evaluation.
 - Select representatives with different disabilities.
 - Hire persons with disabilities as project members.
 - Arrange several capacity-development training sessions for persons with disabilities.

JICA's experience: JICA discussed its policy and strategies to promote the participation of persons with disabilities in ODA projects in 1995 and 1996.¹⁷⁹ Since then, JICA has been implementing person-centered programs.

- Between 1991 and 2014, JICA dispatched 77 experts, 18 mission members, and 12 volunteers—all with disabilities.¹⁸⁰ These people include individuals who are deafblind, and those with severe paralysis of the extremities. Reasonable accommodation, such as personal assistance, is provided if necessary. These people have been involved in a variety of activities, including peer counseling, to empower persons with disabilities; leadership training; independent living support; and barrier-free-related activities.
- JICA training courses also accept persons with disabilities, ensuring accessibility and providing reasonable accommodation. Leadership training courses for persons with disabilities have been conducted since 1986, and provided for leaders with disabilities in developing countries. The courses offered a variety of information and methods for becoming independent. Japanese persons with disabilities instruct participants on how to implement the activities in practice, by sharing their own experiences. Two hundred and twenty-three persons with disabilities from all over the world had attended the course by 2012. They have become key disability activists and are active in various fields.¹⁸¹

¹⁷⁹ In these discussions, the situation of persons with disabilities in Japan, their wish for international cooperation, and their limited participation were analyzed, and the provision of appropriate arrangements and measures to encourage them to engage in more ODA projects were examined ([JICA 1995](#), [JICA 1996](#)).

¹⁸⁰ Since the number of experts and mission members given is only that recorded by the Human Development Department, the actual figure might be bigger were data from other departments included.

¹⁸¹ [JICA 2013a:5](#)

Box 11: Independent Living Movement Driven by Persons with Disabilities

Independent living (IL) is a philosophy and movement that enables persons with disabilities to live in the community, with appropriate support and the freedom to choose. It started in the US in the 1960s, and was introduced to Japan in the 1970s. To date, independent living centers exist all over the world.

Independent living centers operate based on the idea that persons with disabilities should play a key role in their management because they are experts regarding their own needs. They established a system according to which those in charge have disabilities, as too are more than half the committee members, so that management reflects the needs of persons with disabilities.

The available services include not only the protection of rights and information services, but also assistance, peer-counseling, housing, and training in daily living skills (building harmonious relationships, communicating with personal assistants, housing, sexuality, health management, money matters, security, and troubles related to the use of social resources).

JICA has supported the setting up of independent living centers in Thailand, Costa Rica, and Malaysia (see appendices 2-1, 2-4, and 2-9).

Box 12: Peer Volunteers: a Model of Social Participation

Peer volunteers embody an approach practiced by persons with disabilities when they go to developing countries as volunteers. This approach has been proved effective. The compassion shared when having an experience similar to that of a person with disabilities helps empower persons with disabilities in developing countries. Peer volunteers often become role-models in the area of social participation for persons with disabilities and stakeholders.¹⁸² To date, JICA has dispatched more than 10 long- and short-term peer volunteers.

(2) Accessibility

Why is accessibility needed?: Accessibility is about giving everyone equal access to facilities, services, and products. To enable persons with disabilities to participate in economic, social, and political activities, and to mitigate their poverty, it is important that they have access to education, medical care, and employment.¹⁸³

¹⁸² Kuno, ed. 2012.

¹⁸³ [UN 2013](#), The CRPD, article 9, "Accessibility".

Accessibility is not only a purpose to be achieved, but also a means of using services. Improvement of public transportation is not only an end in itself, but also a means whereby persons with disabilities go to school or work, to enhance the quality of their lives, including their economic situation. The post-2015 development agenda also recognizes that accessibility is an important challenge and the cost for it is a necessary investment (see 1-3-2.).

Box 13: The CRPD and Accessibility

Article 9 of the CRPD emphasizes the importance of accessibility, which is an inevitable condition to enable persons with disabilities to live independently and participate fully in all aspects of life. It obliges states parties to take appropriate measures to identify obstacles and barriers and to eliminate them, especially with regard to:

- a) Buildings, roads, transportation, and other indoor and outdoor facilities, including schools, housing, medical facilities, and workplaces;
- b) Information, communications and other services, including electronic services and emergency services.

Information and communication technology (ICT) devices and applications, such as mobile phones, are expected to benefit both older persons and persons with disabilities. For example, the Internet enables those with visual impairment to obtain information by using a screen reader. Those with hearing impairment used to ask others to make calls on their behalf, but now they can communicate directly with others by sending emails or using sign language on videos. Gradually, it is becoming much easier to receive and send information, especially for those with visual or hearing impairment.¹⁸⁴

Practices: To ensure accessibility, it is important to utilize universal design and provide reasonable accommodation according to the needs of persons with disabilities. The merits of universal design already have been discussed (see 2-2-1.). Here, we look at some methods to ensure accessibility.

- **Employment and labor.** Employers are obliged to give due consideration to their employees with disabilities. For example, ramps and accessible toilets should be constructed for employees using a wheelchair; screen reader

¹⁸⁴ The Ministry of Internal Affairs and Communications has collected good practices indicating that ICT enables social participation by persons with disabilities ([Ministry of Internal Affairs and Communications 2006](#)).

software should be installed, and documents should be provided in the form of digital data for employees with visual impairment; sign language interpreters and summary scribes should be available for employees with hearing impairment to enable them to attend meetings; job coaches should be arranged for employees with intellectual impairment; and flexible working schedules should be considered for those employees with mental impairments.

- **Education.** Schools should have educators with the knowledge and skills necessary to teach children with disabilities. Teachers and assistants should be given the necessary training; facilities should be easily accessible; teaching plans should be made to suit students' individual needs; and, based on individual education plans, the curriculum should be flexibly modified and suitable textbooks should be produced.¹⁸⁵

JICA's experience regarding accessibility

- JICA already uses universal design in infrastructure projects, such as roads, railways, bays, airports, schools, and hospitals. As a result of having consulted DPOs about the introduction of universal design, construction projects reflect the needs and opinions of persons with disabilities.
- Physical accessibility of market areas was improved in rural development projects (see appendix 2-20).
- Accessibility was introduced to rural projects (see appendix 2-7).
- The existing vocational training center was renovated so as to be accessible (see appendix 2-10).
- Since 2000, accessibility experts have been sent to several technical cooperation projects to improve accessibility in Jordan and other nations.

Box 14: Japanese Accessibility-related Expertise

- Since the 1980s, the government of Japan has worked on physical accessibility and non-handicapping environments (NHE) through the UN Economic and Social Commission for Asia and the Pacific (ESCAP).
- 1988: The Third Expert Seminar on Building Non-Handicapping Environments was organized in Tokyo.

¹⁸⁵ For example, teachers with special skills (e.g., teaching in sign language), specially arranged facilities, braille, sign language, digital textbooks and devices (Ministry of Education, Culture, Sports, Science and Technology [2010](#)).

- 1996: Japanese and Swedish libraries were involved in an initiative to develop the Digital Accessible Information System (DAISY), an international standard for accessible digital talking books.¹⁸⁶
- 1997: The Japanese Association for an Inclusive Society (JAIS) was launched to promote inclusive city planning and interdisciplinary scientific research. JAIS collects experience and scientific knowledge on accessibility in Japan.
- 2001: Japan played a leading role in producing the publication, *ISO/IEC GUIDE 71: Guidelines for standards developers to address the needs of the elderly and persons with disabilities*.¹⁸⁷ It describes the processes that must be taken into consideration regarding the needs of older persons and those with disabilities when drawing up standards. The braille version is the first International Organization for Standardization (ISO) publication put out in braille.
- 2002: the government of Japan set up the APCD in collaboration with the government of Thailand. Through training sessions that covered disability in non-handicapped environments, as well as follow-up projects, the center contributed to the capacity development of persons with disabilities and government officers in the Asia–Pacific region. Meanwhile, Japanese experience and expertise regarding accessibility were given as examples of good practices.
- To promote the principles of universal design, JICA dispatched experts on accessibility to ESCAP offices a number of countries, including Thailand, Bangladesh, the Philippines, Viet Nam, Malaysia, South Africa, Jordan, and Rwanda.
- 2010: JIS S 0042 *Guidelines for older persons and persons with disabilities: Considerations and apparatuses for accessible meetings* was published.¹⁸⁸ It provides guidance for event organizers regarding how to hold meetings attended by older persons and those with disabilities safely and smoothly, and how to operate assistive devices. Japan has proposed that these guidelines should be given international standard status.

¹⁸⁶ DAISY is an international standard for inclusive publishing that will ensure that everyone can read, including those with visual impairments. Because of its software compatibility—it can operate with Windows, an iPad, the iPhone, Android, Linux, and mobile phones—various types of products have been developed. Moreover, being a free application, it is widely used. The DAISY Consortium is an international non-profit association organized by libraries, DPOs, and other organizations from more than 40 countries. The latest version of DAISY, DAISY4, is recognized as ANSI/NISO Z39.98-2012 ([EX Research Institute Ltd. 2013: vii](#)). More details can be found on the website, [DAISY Consortium](#) and [Japan DAISY Consortium](#).

¹⁸⁷ Japan proposed and developed it as the chair ([Japanese Industrial Standards Committee 2002](#)).

¹⁸⁸ Japan Standards Association n.d. "[JIS S 0042:2010 Guidelines for older persons and persons with disabilities: Considerations and apparatuses for accessible meetings](#)"

- 2013: The Ministry of Foreign Affairs of Japan (MOFA) conducted surveys in Thailand, India, Brazil, and the Philippines to assess the need for ODA to provide equitable access to information for persons with visual disability, and those with such conditions as dyslexia and autism, as well as individuals with intellectual, psychosocial, and physical disabilities. The principal goal was to help these countries find ultimate and sustainable solutions through leading technologies developed by small and medium-sized Japanese companies in the areas of universal design, as well as product development and know-how related to assistive technologies, and human resource development. Second, MOFA wished to assess the need for ODA support, to which end these companies would expand their businesses.
- 2013: The Assistive Technology Development Organization, in collaboration with the Nippon Foundation and UN-DESA, produced an outcome document seeking to promote disability-inclusive development of the UN high-level meeting seeking to promote disability-inclusive development in easily accessible, multimedia format.¹⁸⁹ This was the first time that the UN Assembly had distributed a formal document in an accessible format.

(3) Community-based approach

Why is a community-based approach important?: If persons with disabilities are to participate fully in all aspects of their lives, a sectorial, top-down approach will not suffice. It is essential that communities have an accurate understanding of what is meant by the term disability, and that persons with disabilities are allowed to help improve their environment, so that they might enjoy full participation. In other words, if one does not work on the concept of disability and development at the community level, persons with disabilities will not be able to participate fully in society. The community-based approach has proved effective in mobilizing communities. Moreover, members with disabilities have worked to develop their communities as they have thought appropriate, for which reason this approach has attracted popular attention.

Experiences—from CBR to CBID: In developing countries, the community-based approach takes the form of community-based rehabilitation (CBR). Initiated by the WHO from the late 1970s to the early 1980s, the

¹⁸⁹ For details, see [the Outcome Document of the High Level Meeting on the website](#) created by Assistive Technology Development Organization (ATDO) using DAISY.

approach has been recognized as an effective strategy to increase opportunities for persons with disabilities and, thus, has been implemented in more than 90 countries.¹⁹⁰

At first, CBR focused on building rehabilitation service delivery systems using local resources. However, since 2000, when it was realized that the Millennium Development Goals (MDGs) cannot be achieved without working on disability issues, a number of discussions have been held. These led to the focus of CBR to be shifted to community-based inclusive development (CBID), which is a more holistic approach that pays more attention to the lives and participation of persons with disabilities with disabilities. CBID has become more popular since the adoption of the CRPD, which deepened public understanding of disability as a human right.¹⁹¹ *Community-based Rehabilitation: CBR Guidelines* published by the WHO in 2010 regards CBR as a strategy to implement the CRPD and realize CBID.

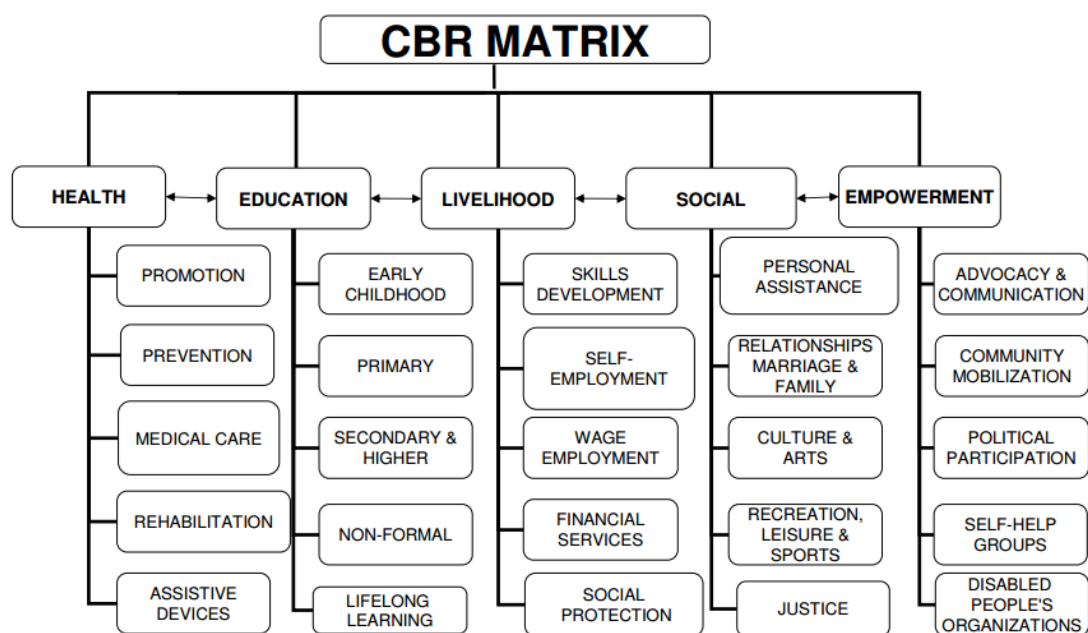
CBR matrix: A CBR matrix was developed by the WHO to provide a systematic framework for implementing holistic social development projects according to *CBR Guidelines*. The matrix shows that the lives of persons with disabilities should be viewed from a comprehensive perspective, with several stakeholders collaborating to promote their social participation. The matrix comprises five key components, under which headings—health, education, livelihood, social, empowerment¹⁹²—there are a further five key elements. While the matrix may suggest a vertically segmented approach, all the component are inter-related and require a cross-cutting approach.

¹⁹⁰ [WHO 2010b](#). As for CBR's impacts, see [Biggeri, Mrio, Sunil Deepak, Vincenzo Mauro et al. 2012](#).

¹⁹¹ For example, "CBR Network Pakistan" has changed its name to "CBID Network Pakistan" and made a CBID strategy in 2013 ([CBID Network Pakistan 2013](#)).

¹⁹² [WHO 2010](#).

Figure 5: CBR Matrix



Source: WHO 2010

JICA's experiences regarding CBR: Since the 1990s, JICA has been assisting CBR programs directly through technical cooperation projects and volunteer programs, as well as indirectly by conducting region-focused training and dialogues, while also dispatching experts to international conferences on CBR. The following are some of the programs.

- **Technical Cooperation Projects:** The Asia–Pacific Development Center on Disability (APCD) Project, in Thailand; Project on Empowering People with Disabilities through Community Development in the Sharqiya Governorate, in Egypt; Reinforcement of the Integral System of Rehabilitation with Community Participation in Brunca Region of Republic of Costa Rica, with Focus on Human Security Project, in Costa Rica; and Project to Support Participation of Persons with Disabilities, in Malaysia.
- **Individual Experts:** Experts have been dispatched to projects such as that for the Promotion of Community-Based Rehabilitation, in Syria; and the Dispatch of Expert for Improvement of Social Rehabilitation of Disabled People, in Uzbekistan.
- **Volunteers:** Volunteers have been dispatched to support CBR programs in Malaysia, Sri Lanka, Jordan, and Syria; as well as to provide regional

training in Sri Lanka (2008), Papua New Guinea (2010), and Thailand (2013) for volunteers engaged in disability-related projects in countries neighboring.

- **Training:** To promote CBR projects in the Middle East within the framework of region-focused training from 2007 to 2009; and in the area of CBR in Jordan, Malaysia, and Costa Rica within the framework of country-focused training programs.
- For JICA's collaboration with other aid organizations, see 1-4-2.

(4) Disability-related awareness raising

Why is this necessary?: One reason that persons with disabilities are excluded from development projects is that stakeholders and members of the public tend to misunderstand, and be prejudiced against, them. Disability-inclusive development is not possible while stakeholders do not see persons with disabilities as beneficiaries, and while they believe those with disabilities are so "special" that general development framework cannot deal with them because distinctive policies and interventions are required. Similarly, if persons without disabilities feel pity toward persons with disabilities and believe individuals with disabilities cannot go to school or work, persons with disabilities will have no chance to get an education or find employment. The importance of awareness raising, as clearly stated in the CRPD, lies in that it is a means of dispelling misunderstandings and prejudice.

Practices: The targets of awareness raising could be divided into three groups: program stakeholders; people in the community, including family members of persons with disabilities; and persons with disabilities themselves. In particular, those targeted should include project stakeholders, policymakers, private enterprises, members of the general public, educators, government officers, local authorities, and public service-related NGOs.¹⁹³ Awareness raising takes a number of forms: understanding of disability; policies, regulations and disability-focused services; reasonable accommodation; and methods of assistance. Themes should be appropriate to target groups and can take various forms: training (such as Disability Equality Training); events; and media efforts (by radio, television, newspapers and other media). A person-centered approach

¹⁹³ The Philippines has a disability policy; however, because it has not been widely disseminated, it has not had much impact (Mori and Yamagata 2013).

should be taken in awareness raising,¹⁹⁴ part of the activities of which could be commissioned to DPOs.¹⁹⁵

Box 15: Disability Equality Training (DET)

This is a method whereby awareness is developed based on the social model of disability. Individuals with disabilities serve as training facilitators and use participatory learning techniques. Training involves teaching people that social exclusion is a disability, as well as how to resolve the associated issues.¹⁹⁶

JICA's experiences in awareness raising: In 2004, DET was introduced as a component of awareness raising in JICA projects. JICA has so far conducted the training in 10 social development and empowerment projects,¹⁹⁷ which involved the training of 180 facilitators. In addition, DET-related manuals were published,¹⁹⁸ and the training was implemented in 27 countries.¹⁹⁹

Since DET aims to raise awareness regarding, and deepen the understanding of, the social model of disability, it enables project stakeholders and community members better to understand the social model of disability.

In Malaysia, DET has been incorporated into staff training at both the Department of Social Welfare and private companies. In the Philippines, meanwhile, awareness has been raised at village level through the project titled Creation of Non-handicapping Environment for Persons with Disabilities in the Rural Areas. This involved the distribution of pamphlets; the organizing of training sessions, seminars, study tours, puppet shows, sports games, and painting contests; as well as the painting of murals. The JICA-NET learning material, “30 pun de wakarū! Kaihatsu ni yakudatsu shōgai nyūmon” (A Helpful 30-minute Introduction to Disability and Development), was also produced. The JICA Bangladesh office has incorporated awareness training for volunteers in the third month after their arrival.

¹⁹⁴ For the positive impact of the person-centered approach, see 2-3-2.

¹⁹⁵ USAID commissioned Mobility International USA to train its staff and government officers in Ecuador. ([Mobility International USA 2007](#)).

¹⁹⁶ Gillespie-Sells, K. and J. Campbell 1991.

¹⁹⁷ JICA has implemented DET in projects in Malaysia, Thailand, Pakistan, the Philippines, Costa Rica, Rwanda, Kyrgyzstan, Uzbekistan, Jordan, and Egypt.

¹⁹⁸ See the website of the [DET Forum](#) for further details.

¹⁹⁹ Afghanistan, Egypt, Bangladesh, Costa Rica, Indonesia, Kyrgyzstan, the Maldives, Malaysia, Nepal, Pakistan, the Philippines, Rwanda, Singapore, Thailand, Uzbekistan, Jordan, India, Papua New Guinea, and Singapore.

Box 16: Disability Awareness Training for Volunteers—Bangladesh case study²⁰⁰

Since November 2011, the JICA Bangladesh office has been providing training on disability and development as a part of the training program provided in the third month after a volunteer has arrived in Bangladesh. Introduction of the course is the result of a short-term volunteer with limited vision having been sent to a local DPO, where other volunteers who interacted with him were encouraged to think over disability-inclusive development. The Bangladesh office so highly evaluated the outcome that it decided to share the results and incorporate this aspects of the program into future training. It also started to conduct training in disability-related awareness raising.

Disability awareness training is planned and run by the Center for Disability in Development (CDD), a local NGO, which is active in the area of disability in Bangladesh. Lectures are provided in Bengali, enabling volunteers to develop not only an understanding of disability and development, but also their language skills. At the end of the course, they are expected to draft an action plan for disability-inclusive development.

Some of the feedback received is as follows. “It was a good opportunity to think about persons with disabilities”; “The training was useful because my voluntary activities are related to disability”; and “It was valuable to learn methods of facilitation.” Several of the outcomes have been used in training. For example, a volunteer in the area of rural development, who often visited communities, commented that they recalled what they had learned from the training course when they communicated with persons with disabilities. A volunteer in the area of preventing communicable diseases (filariasis) also used the knowledge gained from the course when they treated their patients. A number of ideas for new projects have also developed, such as the provision of wheelchairs and the dispatch of experts on wheelchair-basketball through the “Smile for All in the World” program.²⁰¹

As a result of the positive impact of this training, it is being provided not only for volunteers, but for all JICA staff, including Japanese staff, national staff, and experts.²⁰²

²⁰⁰ Interview at the JICA Bangladesh office in February 2014.

²⁰¹ Other ideas are calling for volunteers among the former JICA volunteers for the Tokyo 2020 Olympics, provision of wheelchairs, and dispatch of experts with disabilities for wheelchair basketball over the short term through the “Smile for All in the World” program.

²⁰² The duration of training is one day for Japanese staff, national staff, and experts, and three days for volunteers.

Chapter 3. JICA's Direction for Cooperation

Summary

Based on international trends regarding disability and development, the ratification of the CRPD by the government of Japan, and the comparative advantage that may be enjoyed by Japan, JICA has identified three essential objectives, namely, the enactment of disability-inclusive policies and regulations; implementation of disability-inclusive development; and empowerment of persons with disabilities. Further issues that JICA needs to tackle are: (1) Development of disability-related indicators; (2) Inclusion of disability perspectives in the project-implementation cycle; (3) Practice of reasonable accommodation in various programs, and (4) Promotion of the understanding of disability. With the view to making programs inclusive, some recommendations are presented for consideration in this chapter. We conclude that JICA should make every effort to gain a sufficient understanding of the needs and issues that persons with disabilities face, give due consideration to the issue of diversity, and develop existing capacity not only to implement disability-specific programs, but also to promote inclusive development in all initiatives.

3-1. JICA's focus

This document lays out three mid-term objectives along the lines of the obligations the CRPD expects state parties to undertake, namely, (1) Enactment of disability-inclusive policies and regulations; (2) Implementation of disability-inclusive development; and (3) Empowerment of persons with disabilities. To this end, we recommend some of the actions below.

3-1-1. Objective 1: Enactment of disability-inclusive policies, regulations

(1) Promotion of CRPD ratification, and related policies, regulations

JICA shall encourage its counterpart countries to ratify the CRPD and then to formulate and implement policies and regulations based on the convention.²⁰³

²⁰³ See appendix 4-1-3.

- In the case of those who do not ratify the CRPD, JICA shall assist policymakers to develop a better understanding of the convention and support the raising of public awareness.
- To those who ratify the convention, JICA shall extend encouragement to formulate relevant policies and regulations,²⁰⁴ in order that those parties might implement the obligations of the CRPD. JICA shall support the parties in drawing up national action plans, enacting disability-related anti-discrimination laws, designing other institutional arrangements, and carrying out programs that provide services.²⁰⁵
- JICA shall help convene a conference at which knowledge and experiences can be shared among countries that have, and that have not, ratified the CRPD, and discuss any matter regarding the implementation of the convention.
- In developing countries, the categories of disability that determine the coverage of policies and regulations are often limited. Thus, by fostering an understanding of how diverse disability is,²⁰⁶ JICA shall suggest that existing categories be revised to ensure equal access to policies and regulations by individuals with a broader category of impairments, such as those pertaining to physical, visual, hearing, intellectual, and mental conditions.

Reference: JICA's program in Uzbekistan²⁰⁷

(2) Disability-related statistics and data collection

JICA shall support efforts made in connection with article 31 of the CRPD. Thus regarding the collection of statistics and data, it will assist in the collection of appropriate information, including statistical and research data, to help formulate and implement policies to give effect to the CRPD.

- JICA shall assist counterpart countries to set up sustainable mechanisms for collecting disability-related data in national population censuses, household surveys, national health surveys, social investigations, and labor surveys.²⁰⁸

²⁰⁴ The World Bank has compiled comprehensive national and regional plans and strategies ([World Bank 2013e](#)).

²⁰⁵ States parties shall submit subsequent reports at least every four years, and whenever the committee so requests.

²⁰⁶ In the CRPD, persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments (UNCPRPD article 1 "Purpose").

²⁰⁷ [Individual project \(expert\)](#) (June 2011–March 2014).

- JICA shall foster the capacity of statisticians and those involved in surveys to collect and analyze disability-related data.

Reference: appendix 2-3

3-1-2. Objective 2: Disability-inclusive projects

Accessibility is key to the successful implementation of disability-inclusive projects. As suggested in article 9 of the CRPD on accessibility, JICA will help ensure that persons with disabilities have access to the physical environment, transportation, information and communications, including the relevant technologies and systems, and to other facilities and services in both urban and rural areas on an equal basis with others.²⁰⁹ The following measures are necessary when undertaking related projects and training.

- Identification and elimination of obstacles and barriers;
- Development and promulgation of standards and guidelines for access to facilities and services, as well as the monitoring of implementation;
- Conduct of training about accessibility;
- Human resources development, including sign language interpreters, and development of other methods to ensure access to information by those with disabilities;
- Promotion of access to information and communications technology (ICT) devices and systems;
- Ensuring that the persons with disabilities participate in surveys on accessibility, so that facilities, technologies, and systems reflect their needs;
- Promotion of disability-inclusive businesses.²¹⁰ Collaboration with the private sector is essential to ensure accessibility. To develop disability-inclusive services and products, JICA shall support counterpart governments in motivating the private sector to start disability-inclusive businesses by providing problem-solving techniques and setting up an award program for good practices. In this regard, JICA shall strengthen relationships with Japanese companies operating overseas.

²⁰⁸ *World Report on Disability* recommends that “national population census data can be collected in line with recommendations from the United Nations Washington Group on Disability and the United Nations ([WHO and World Bank 2011a](#): 267). Samples of questions are found in footnote 83.

²⁰⁹ It has been observed often that even after installing elevators, they are locked and persons with disabilities cannot use them.

²¹⁰ See box 9.

References: appendices 2-1 and 2-7

3-1-3. Objective 3: Empowerment of the persons with disabilities

As mentioned in chapter 2, empowerment is key to realizing full enjoyment of all human rights by persons with disabilities on an equal basis with others, and it leads to positive outcomes in development programs. Besides, it is also necessary to change the mind-set of government officers, educators, medical staff, rehabilitation experts, and community leaders. Thus, JICA shall work on those with, and those without, disabilities.

- **Capacity development of persons with disabilities:** JICA shall assist counterpart governments to provide appropriate means to enable persons with disabilities to develop their abilities based on a multidisciplinary assessment of individual needs and strengths.²¹¹ This help will include, for example, the introduction of total rehabilitation services and programs, particularly in the areas of health, employment, education, and social services; human resource development of professionals, such as physical therapists, occupational therapists, and social workers; and the establishment of referral systems linking various organizations.
- **Capacity development of disabled people's organizations (DPOs):** To create an atmosphere in which persons with disabilities can effectively and fully participate in disability awareness and disability-inclusive development, JICA shall help form DPOs, develop their capacities, and build collaborative relationships with their governments. JICA also shall support DPOs in attending international conferences, so that they can join international discussions and establish regional networks to promote cooperation.
- **Development of leaders with disabilities:** JICA shall develop leaders with disabilities, who would contribute to such activities as peer-counseling, disability equality training (DET) and independent living.
- **Participation of persons with disabilities in JICA programs:** JICA will promote the dispatch of persons with disabilities as experts and volunteers. It will reflect a disability perspective in its programs and shall promote a good

²¹¹ JICA has implemented programs from the perspective of total rehabilitation, that is, rehabilitation related technical cooperation projects in China, Chile, Colombia, and Costa Rica; and the construction of rehabilitation centers as part of the grant aid to China, Thailand, Indonesia, Jordan, Azerbaijan, Bosnia and Herzegovina, Uzbekistan, and Peru (for details, see appendix 1).

understanding of disabilities among counterpart governments and stakeholders.

- **Practices to promote dispatching of persons with disabilities:** To increase the number of individuals with disabilities who are dispatched as experts or volunteers, JICA shall consider the renovation of facilities and revision of regulations, e.g., rules regarding use of personal assistants. Those who are dispatched as experts play an active role in the field of disability in Japan. In order that experts might maximize the positive impact they have on countries to which they are dispatched, JICA shall consider undertaking preparations to enable them to obtain basic knowledge and learn about the recent trends in international cooperation by using materials that long-term experts study during pre-dispatch training. It is also necessary to make an effort to find persons with disabilities, who will contribute to projects as long-term experts.

3-2. Points to bear in mind for program implementation

3-2-1. Consideration of diversity

The issues which faced by, and the needs of, persons with disabilities vary depending on their social and environmental conditions. JICA should take these issues and needs into consideration, and be sensitive to diversity when it implements programs.²¹² Some points to be considered follow.

Needs and barriers based on impairments: JICA shall extend comprehensive support, recognizing that needs and barriers differ according to individuals' impairments (e.g., physical, visual, hearing, intellectual, and mental impairments).²¹³

- Orthopedic impairment: e.g., to eliminate physical barriers of buildings and transportation
- Visual impairment: e.g., to provide information in braille and in sound
- Hearing impairment: e.g., to ensure equal access to information and communication by using sign language, sign language interpreters, and

²¹² [WHO and World Bank 2011a](#).

²¹³ Reviewing JICA's programs that concerned disability, one may find that these considerations were mostly for physical impairment, not for other impairments. For example, in a highway construction project, floors were flat, ramps and elevators were provided, and corridors were wide enough for wheelchairs to pass through. All considerations were geared to those with physical impairments.

ICT.²¹⁴

- Intellectual impairment: e.g., to support employment by providing job coaches.

Impairment is not always visible and, therefore, it is necessary to carefully examine the needs of each individual with disabilities.

References: appendices 2-15 and 2-18

Needs related to locality (urban/rural), culture, political economy, and religion:

When analyzing the needs of persons with disabilities, attention should be paid not only to the condition of individuals with disabilities, but also to that of the communities where persons with disabilities live. Keeping mind that requirements arising from the conditions of the community differ particularly between urban and rural areas,²¹⁵ JICA needs to ensure that persons in both urban and rural areas benefit from JICA programs. Differences between urban and rural settings may show in the following contexts:

- Living environment;
- Opportunity for education;
- Work arrangements;
- Social infrastructure;
- Accessibility of public services;
- DPO activities; and
- Social resources.

Reference: appendix 2-7

Women and girls with disabilities: Women and girls with disabilities in developing countries face double discrimination on account of gender and disability. Further, since they are also likely to be poor, they face triple discrimination. To support national efforts to realize the stipulations in article 6 of the CRPD, JICA will raise society-wide awareness about women with disabilities,

²¹⁴ Regarding ICT for persons with hearing loss and those with visual impairment, see 2-3-2.

²¹⁵ Persons with disabilities face a greater risk of social exclusion than do those without disabilities. Further, the risk of social exclusion doubles in rural areas ([UNDP 2011a: 73](#)). JICA has often implemented projects in urban areas, with beneficiaries more likely to be limited to those in the urban areas. However, some recent programs—such as a barrier-free project in the Philippines—have been in rural areas (see appendix 2-7).

and promote the participation of these women in society. It is also important to ensure that they can participate in JICA programs (see 3-4-1).

Reference: appendix 2-8

3-2-2. Building partnerships for collaboration

Disability is a cross-cutting issue that should be addressed by all sectors and organizations, including governments, aid agencies, academia, civil society organizations (including NGOs), those persons with disabilities, and their families, at all levels from the home to the community, local government, and nation state.

Disability resulting from the interaction between persons with impairments and attitudinal and environmental barriers that hinders the full and effective participation of individuals with disabilities in society on an equal basis with others. Thus, for example, taking the problem of unemployment among those with disabilities, the lack of work can be traced to not only individuals' capacity, but also to their access to health services (their impairment may become severe due to a lack of appropriate medical treatment), educational factors (lack of, or lower, educational qualifications as a result of exclusion from the general educational system), environmental factors (inaccessibility of transportation for commuting), and social factors (social prejudice against those with disabilities).

It is clear that a comprehensive approach, which requires collaboration with a number of sectors, including health, education, transportation, and city planning, is needed if persons with disabilities are to be employed. It is also important to get the private sector involved in this effort, because it provides services and goods used in daily life and creates employment and labor. If services, products, and organizations become inclusive, persons with disabilities will be able to participate in society more easily.²¹⁶

3-3. Cooperation with the Asia–Pacific Development Center on Disability (APCD)

The APCD, which JICA founded in Thailand and to which it provided technical cooperation for 10 years, has been contributing to the empowerment of persons with disabilities and disability-inclusive development in the Asia–Pacific region. Its important role as a regional hub is recognized and mentioned in official

²¹⁶ See box 9.

United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) documents.

Pushing forward reform to disability-inclusive development, JICA shall advance collaboration with the APCD and utilize its knowledge and experience, as well as that of those among their human resources engaged in APCD programs.

JICA shall consider dispatching people from the APCD and conducting training at the center on its specialties, including promotion and implementation of the CRPD, empowerment of persons with disabilities, implementation of disability-inclusive development, improvement of accessibility, and development of networks in the region.

3-4. Points to be considered for thematic issues

There are some disability mainstreaming initiatives (documentation, compiling of check-lists, devising support systems, and provision of information) among JICA's programs, including Loan Assistance.²¹⁷ However, in general, disability-inclusion activities have not been undertaken in most projects—except in the case of disability-specific programs.

JICA needs to implement disability mainstreaming in all programs to realize disability inclusive development by reflecting the CRPD and the Act on the Elimination of Discrimination against Persons with Disabilities. It is necessary to prevent unexpected outcomes, such as when persons with disabilities are excluded from one of its target groups and when they cannot participate in a project due to the lack of reasonable accommodation. To avoid such failure, two important points are that one should not separate or exclude persons with disabilities from others, and that one should provide reasonable accommodation.²¹⁸

We describe challenges and consideration points from a disability and development perspective regarding each thematic issue. The categories of these thematic issues are referred to in JICA's annual report. Please contact the Social Security Team of the Human Development Department for further information.

²¹⁷ See 1-4-2.

²¹⁸ For example, to provide documents in braille or audio format for those with visual impairment, to arrange sign language interpreters and summary subscribers for those with hearing impairment, and to improve physical accessibility for wheelchair users.

3-4-1. Gender and Disability

Current situation	<ul style="list-style-type: none"> • Women and girls with disabilities are often at greater risk, in and outside the home, of violence, abuse, neglect or negligent treatment, and maltreatment or exploitation.²¹⁹ • Women with disabilities in developing countries face triple discrimination, due to gender, disability, and poverty. • Women with disabilities are often hidden in their homes. Thus, their needs are invisible even to surveys targeting persons with disabilities, women, the poor, and other vulnerable people.²²⁰
Points to consider	<ul style="list-style-type: none"> • Set out in the CRPD, article 6, “Women with disabilities”²²¹
Recommendations	<ul style="list-style-type: none"> • Visualize the needs: Interview women with disabilities when planning a new project and get women with disabilities involved. • Confirm targets/beneficiaries: Make sure that women with disabilities are included (or not excluded) in target groups when implementing disability-specific programs. Steps should be taken if they are prevented from participating. <p>When planning, bear in mind:</p> <ul style="list-style-type: none"> • Unpaid work—such as domestic work, drawing of water, collecting wood, raising children, providing care, and assisting persons with disabilities is often considered a woman’s role. Note if women assisting those with disabilities are exploited (regardless of whether they themselves have disabilities). • If expecting mothers are infected with malaria, they may face some risks: if their condition declines, they may give birth to a premature baby or one with a developmental disorder. Note the connection between a mother’s situation (including discrimination) and her child’s disabilities.

²¹⁹ [The CRPD, “Preamble \(q\)”](#). Various violation of human rights have been reported, such as physical and sexual abuse and forced sterilization. In societies where the role of women is limited to looking after the children, spouse, and families, women with disabilities are not considered able to fill those roles, and their chances of marriage, which would give them social status, are limited. Moreover, women without disabilities are sometimes forced to marry men with disabilities (Mori 2008a).

²²⁰ [Sevama 2006](#).

²²¹ Article 6 of the CRPD stipulates that states parties are to ensure the full and equal enjoyment by women and girls with disabilities of all human rights and fundamental freedoms, and in this regard ensure the full development, advancement, and empowerment of women.

	<ul style="list-style-type: none"> • In the event of a disaster, note the risks that women face (e.g., as a result of not getting enough support, due to discrimination and illiteracy). • In countries where religion and culture require that women be given special consideration, note should be taken of whether disabilities require more attention.
References	<p>JICA</p> <ul style="list-style-type: none"> • Pakistan Project on the Promotion of Social Participation of Persons with Disabilities (2008–2011), (appendix 2-8) • Asia–Pacific Development Center on Disability (phases 1 and 2) (2002–2012), (appendix 2-1)

3-4-2. Poverty Reduction and Disability

Current situation	<ul style="list-style-type: none"> • Disability and poverty are closely interlinked; they cause adverse, reciprocal effects; thus, persons with disabilities are among the poorest of the poor.²²² • Persons with disabilities and their households have to spend a great deal on medical fees, which leads them to poverty. Limited access to education and employment reduces opportunities to generate income. Thus, it is not easy to get out of poverty. • The poor have limited access to medical treatment, clean water, and food; they are subject to disease and accidents. The risk of having impairments is higher.
Points to consider	<p>Set out in:</p> <ul style="list-style-type: none"> • The CRPD, article 28, “Adequate standard of living and social protection.” • Including of disability perspectives in each country’s Poverty Reduction Strategy Paper (PRSP). • <i>CBR Guidelines</i> “Livelihood component.”
Recommendations	<ul style="list-style-type: none"> • Statistics: collect disability disaggregated data and information. • Participation of persons with disabilities: Involve DPOs in order to ensure that the PRSP includes persons with disabilities as a target group in the process of development and revision of the PRSP, when JICA overseas offices, individual experts, and project stakeholders are involved. • Include persons with disabilities as beneficiaries: In implementing a poverty program, such as a Conditional cash transfer (CCT) or microfinance, ensure that persons with disabilities are included as beneficiaries.²²³
References	<p>JICA</p> <ul style="list-style-type: none"> • Appendix 2

²²² The poverty rate among persons with disabilities is higher than that among other members of the population ([DFID 2000](#), Mori and Yamagata 2013, [Yeo and Moore 2003](#)).

²²³ Conditional cash transfer (CCT) is expected to reduce poverty and improve access to education among persons with disabilities. UNICEF reports that developing countries utilize more and more social protection initiatives, such as cash transfer programs (including Bangladesh, Brazil, Chile, India, Lesotho, Mozambique, Namibia, Nepal, South Africa, Turkey, and Viet Nam) ([UNICEF 2013a](#): 15).

3-4-3. Peace-building and Disability

<p>Current situation</p>	<ul style="list-style-type: none"> • Persons with disabilities are more vulnerable to conflicts and natural disasters.²²⁴ • Armed conflicts increase the risk of impairments and post-traumatic stress disorder (PTSD) among military and non-military individuals.²²⁵ • In conflict situations, damaging social infrastructure endangers the lives of persons with disabilities.²²⁶ • Persons with disabilities, orphans, widows, child-soldiers, internally displaced people, and socially excluded groups,²²⁷ are often excluded from peace-building and recovery. When conflicts end and society is being rebuilt, humanitarian groups must respond promptly to these people’s needs and integrate them. Otherwise, even once a society has recovered, its economic and social development may be impeded, and there may be disparities between the disadvantaged and the population at large.²²⁸ • While vulnerable people do not always benefit from recovery assistance and peace-building, they can contribute to reconciliation and the creation of a fair society.²²⁹
<p>Points to consider</p>	<ul style="list-style-type: none"> • As set out in the CRPD, article 11, “Situations of risk and humanitarian emergencies”
<p>Recommendations</p>	<ul style="list-style-type: none"> • Assessment of needs: To ensure that the new society reflects and understands the needs of persons with disabilities, certain steps must be taken during the recovery process, including emergency first aid treatment; treatment en route to, and at, medical facilities; as well as help to reintegrate into society.²³⁰ • Inclusion of persons with disabilities as beneficiaries: Include persons with disabilities in programs on health, education, and employment to support the victims of conflicts,

²²⁴ CBM n.d. “[Disability in Conflicts and Emergencies.](#)”

²²⁵ [WHO and World Bank 2011a.](#)

²²⁶ [WHO and World Bank 2011a.](#)

²²⁷ Overlapping identities can be seen: orphans with disabilities, widows with disabilities, and internally displaced persons with disabilities.

²²⁸ [JICA 2009c: 22.](#)

²²⁹ [JICA 2009c: v.](#)

²³⁰ Besides medical treatment for impairment, there is a need for broad support in everyday life ([Berghs 2007](#)).

	<p>remembering that limiting those targeted in projects to persons with disabilities may provoke resentment among those without disabilities.</p> <ul style="list-style-type: none"> • Fairness: Include in programs not only those with disabilities due to the conflict, but also those with disabilities for other reasons²³¹. • Peace-building: Achieve greater reconciliation among people who were enemies in a conflict by offering all an equal chance to participate in rehabilitation and vocational training. Create situations in which they will cooperate to develop their community.
References	<p>JICA</p> <ul style="list-style-type: none"> • Rwanda (Technical Cooperation Project: TCP), The Skills Training and Job Obtainment Support for Social Participation of Ex-combatants and Other People with Disabilities (2005–2014), (appendix 2-10). • Colombia (TCP), Strengthening the Integral Rehabilitation System for Persons with Disabilities, Especially for Victims of Landmines (2008–2012), (appendix 2-6) • Bosnia and Herzegovina (TCP), Community Approach Project to Rehabilitation and Integration (2004–2007)

²³¹ See appendix 2-10.

3-4-4. Transportation and Disability²³²

Current situation	<ul style="list-style-type: none"> Public transportation and large-scale public facilities in developing countries often cannot be accessed by persons with disabilities. Poor access to public transportation prevents persons with disabilities from receiving education, being employed, and social participation. In developing countries, laws and regulations on accessibility are often those introduced, unmodified, from developed nations and, consequently, are not appropriate to the conditions on the ground.
Points to consider	<p>Set out in:</p> <ul style="list-style-type: none"> The CRPD, article 9, “Accessibility” The CRPD, article 20, “Personal mobility”²³³
Recommendations	<ul style="list-style-type: none"> Legislation: Review laws and regulations on accessibility.²³⁴ Rigorous adherence to national laws and regulation is important. Construction: Use of barrier free and universal design for new structures represents around 1 percent of total construction costs.²³⁵ Post-construction renovation to accommodate such designs costs many times more.²³⁶ Statistics: When existing laws and regulations have been introduced without modification from developed countries, surveys should be conducted and statistics compiled to assess accessibility Planning and implementation should be discussed with DPOs.²³⁷ Refer to the Handbook, JBIC Making Development

²³² In Japan, the Law for Buildings Accessible to, and Usable by, the Elderly and Physically Disabled Persons (Heart Building Law) (1994), and the Barrier-Free Transportation Act (2000), were integrated into the New Barrier-Free Transportation Act (2006). We also treat it as an integrated act in this document.

²³³ Universal design aims to ensure that not only persons with disabilities, but also older persons, children, and all people benefit and enjoy equal opportunity. It has attracted the attention of aging societies.

²³⁴ According to the UN research (1996), there were accessibility standards in 85 countries, including 61 developing countries ([Takamine 2004](#)).

²³⁵ [Metts 2000](#).

²³⁶ [Ratzka 1995](#).

²³⁷ Accessibility measures have been taken through access audits by DPOs in some JICA construction projects, such as the Delhi Mass Rapid Transport System Project, and the Bangkok Mass Transit Development Project. The Central Japan International Airport and the Fukuoka City Subway Nanakuma Line also held consultations with DPOs to make their services accessible.

	Projects Inclusive/Accessible for Persons with Disabilities in ODA Loan Operations. ²³⁸
References	<p>JICA²³⁹</p> <ul style="list-style-type: none"> • India (loan assistance), Delhi Mass Rapid Transport System Project (1997–2009), (appendix 2-15) • Thailand (loan assistance), MRTA Initial system project (1996–2000)²⁴⁰ <p>Others</p> <ul style="list-style-type: none"> • Central Japan International Airport²⁴¹ • Fukuoka City Subway Nanakuma Line²⁴² • World Bank Bus-based Rapid Transit²⁴³

²³⁸ [JBIC 2006b](#).

²³⁹ The internal documents of Technical Assistance Projects related to Japanese ODA Loans may be found in "[Assistances for persons with disabilities](#)" on the Technical Assistance Projects website related to Japanese ODA loans.

²⁴⁰ [JICA 2007a](#).

²⁴¹ Taniguchi, Morizaki, Hara and Isobe 2007.

²⁴² JV Group Metro 3. 2005.

²⁴³ World Bank n.d. "[Bus-based Rapid Transit](#)."

3-4-5. Information and Communication Technology (ICT) and Disability

Current situation	<ul style="list-style-type: none"> • ICT, which has seen dramatic development and is spreading widely, helps provide a means of communication for persons with severe disabilities, those with inadequate access to information (including the persons with visual and hearing impairment). It is expected to improve their communication environment. • However, since accessibility, availability, and affordability determine the usefulness of ICT, it may produce persons with an information deficit.
Points to consider	<ul style="list-style-type: none"> • As set out in the CRPD, article 9, “Accessibility”
Recommendations	<ul style="list-style-type: none"> • Use of ICT: To enable persons with disabilities to take part in programs, bearing in mind the fact that they may need to communicate in different ways.²⁴⁴ • Application of ICT: The introduction of ICT in agriculture-, employment-, education-, and health-related programs may improve the quality of life of persons with disabilities and promote their social participation.²⁴⁵ • Format: When introducing new information disclosure standards, those everyone can use should be chosen,²⁴⁶ bearing in mind affordability and user-friendliness. • User-centered products: Usability depends on how a product reflects a user’s needs. Those developing new products should consider the main criteria for a good user interface.²⁴⁷

²⁴⁴ For example, when a document is converted to portable document format (PDF), it also needs to be converted to accessible text, by using the optical character recognition (OCR) function. Otherwise, the PDF document cannot be accessed by screen readers, or used by those with hearing impairment. It takes into consideration the fact that each person with impairment has their own needs. For example, needs differ among those with acquired hearing loss and those with congenital hearing loss. In Japan, 14.1 percent of persons with hearing impairment understand sign language. The same observation can be applied to those with visual impairment: 9.2 percent of those with visual impairment understand braille ([Ministry of Health, Labour and Welfare 1999](#)). Therefore, providing information in sign language or braille is not always sufficient. The Central Japan International Airport Co., Ltd. took into consideration the fact that the needs were different between persons with diminished vision and the completely blind, and designed appropriate displays to meet the different needs (Taniguchi, Morizaki, Hara and Isobe 2007).

²⁴⁵ [The University of Michigan](#) has been leading in this field.

²⁴⁶ [International Organization for Standardization 2001](#).

²⁴⁷ See [International Association for Universal Design \(IAUD\)](#) for example.

References	<p>JICA</p> <ul style="list-style-type: none"> • “Thailand, India, Brazil, the Philippines, A Survey of ODA Needs for Achieving Equitable Access to Knowledge for Persons with Print Disabilities”²⁴⁸ <p>Others</p> <ul style="list-style-type: none"> • Central Japan International Airport²⁴⁹ • Japan Braille Library²⁵⁰ • DAISY • Support for the University of Khartoum by the Committee for Assisting and Promoting Education for Disabled in Sudan (CAPEDS)²⁵¹
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²⁴⁸ [EX Research Institute Ltd. 2013.](#)

²⁴⁹ Taniguchi · Morizaki · Hara and Isobe 2007.

²⁵⁰ See the [Japan Braille Library website](#) for details.

²⁵¹ Committee for Assisting and Promoting Education for the Disabled in Sudan (CAPEDS) contributes to the improvement of learning facilities for students with visual impairments at the University of Khartoum, by providing braille boards, screen readers, text input, and braille printers.

3-4-6. Education and Disability

Current situations	<ul style="list-style-type: none"> • Only 2–3 percent of children with disabilities in developing countries complete primary education. Even after they enroll, they often drop out due to physical barriers and a lack of consideration of their disabilities. Thus, the literacy rate for adults with disabilities is 3 percent, and 1 percent for women with disabilities.²⁵² • A lack of education prevents adults with disabilities from being employed and social participation.²⁵³
Points to consider	<p>Set out in:</p> <ul style="list-style-type: none"> • The CRPD, article 24, “Education” • <i>CBR Guidelines</i>, “Education component” • JICA, which has been implementing educational programs for persons with disabilities. JICA will focus on inclusive education and education in sign language that are promoted in the Salamanca Statement, known by the slogan “Education for All.”
Recommendations	<ul style="list-style-type: none"> • Target: Plan programs based on the premise that persons with disabilities live in the target area, so that they are not excluded. • Use ICT that makes it easy to produce textbooks that all can use easily. • Statistics: Promote empirical studies on inclusive education. • Capacity development: Add the components of inclusive and special needs education to teacher training programs.
References	<p>JICA</p> <ul style="list-style-type: none"> • Training on thematic issues, Promotion of Inclusive Education/Special Needs Education (2013–2015 and earlier). • Afghanistan (TCP), Strengthening of Teacher Education on Special Education (phase I: 2008–2010), (phase 2: 2013–2015). • Recent school construction using Grant Aid has allowed ramps and toilets for children with disabilities to be installed.

²⁵² UN Enable n.d. “[Factsheet on Persons with Disabilities](#).”

²⁵³ For the role of education in the termination of the vicious cycle of disability and poverty, see Lamichhane and Sawada 2013.

3-4-7. Social Protection and Disability²⁵⁴

Current situation	<ul style="list-style-type: none"> • Conventional mutual aid systems, such as family and neighborly ties, are weakening. The need for social protection has become more important, even from the perspective of disability and development. • Only 20 percent of the global population is covered by social protection systems. All social protection schemes, such as medical security, income security in old-age and unemployment benefits, cover only one-third of the world's population.²⁵⁵ Persons with disabilities have less access to such social protection.²⁵⁶ • The topic of social protection for persons with disabilities underlines the fact that it has not been discussed globally.
Points to consider	<ul style="list-style-type: none"> • Set out in the CRPD, article 28, "Adequate standard of living and social protection"
Recommendations	<ul style="list-style-type: none"> • Disability pension: Introduce and set up a system of benefits, such as a disability pension, for persons with disabilities. • Public social assistance: Ensure equal access for persons with disabilities to social protection systems, such as medical security and public assistance. • Insurance premiums: The level of insurance premiums should be determined according to the economic standing of persons with disabilities.
References	<p>JICA</p> <ul style="list-style-type: none"> • Malaysia (TCP), The Project for Capacity Building on Social Welfare Programs for the Disabled (2005–2008), (appendix 2-9).

²⁵⁴ Social protection is defined in various ways and there is no internationally accepted definition ([ILO 2010b](#)). In the Thematic Guidelines of Social Protection, JICA focuses on social health protection, income security and social welfare and particularly deals with (1) public social assistance to guarantee a minimum standard of living, (2) public non-contributory programs offering in kind or cash transfers, (3) social insurance programs through contributions as citizens' mutual aid funds, (4) public services for vulnerable groups such as older persons, children, persons with disabilities, and single-mother households, and (5) programs to develop beneficiaries' coping skills (JICA 2014b: 10). Social welfare services for persons with disabilities includes disability pension (income security); mechanisms facilitating participation of persons with disabilities in the decision-making process; livelihood support for persons with disabilities (employment support, support in participating in society); education for specialists, such as physical therapists, occupational therapists, and clinical psychotherapists; disability certification system; the system of facilities for persons with disabilities; and information-related support, such as sign-language interpretation and braille translation (ibid: 32).

²⁵⁵ [JICA 2014b](#): 3.

²⁵⁶ [JICA 2014b](#): 16.

3-4-8. Health and Disability

Current situation	<ul style="list-style-type: none"> • In developing countries, the low rate of medical checks of, and consultation by, expectant and nursing mothers, and the low rate of examination of infants hampers early detection of, and intervention to treat, impairments. • Malnutrition and overnutrition both cause impairments. • In developing countries, only 2 percent of the population receive basic medical treatment and have access to rehabilitation services. Generally, there are not enough professionals with the necessary knowledge, experience, and skills to provide rehabilitation.²⁵⁷ • Assistive devices, such as wheelchairs, prostheses, and orthoses are not always available. • Some 76–85 percent of persons with severe disabilities do not receive medical treatment.²⁵⁸
Points to consider	<p>Set out in:</p> <ul style="list-style-type: none"> • The CRPD, article 25, “Health.” • Universal health coverage (UHC), as prioritized in Japan’s “Strategy on Global Health Diplomacy.”²⁵⁹ • The WHO global disability action plan 2014–2021.²⁶⁰ • CBR Guidelines, “Health Component.”
Recommendations	<ul style="list-style-type: none"> • Target: Propose a disability-inclusive project for health • Prevention, early detection, and intervention: Include the components of prevention and early detection with regard to impairments in health programs (maternal and children’s health and public health). • Capacity development: Add mental health and rehabilitation to training for medical staff.
References	<p>JICA</p> <ul style="list-style-type: none"> • China (TCP), Project for Human Resource Development of

²⁵⁷ [WHO and World Bank 2011a](#).

²⁵⁸ In developed countries, 96 percent of the population receive medical treatment ([WHO 2011](#)).

²⁵⁹ Universal health coverage ensures that all people obtain the health services they need without suffering financial hardship when paying for them (WHO n.d. “[Universal health coverage](#)”). In December 2012, the UN General Assembly adopted a resolution on global health ([UN 2012d](#)). It is one of the three objectives of the WHO’s Global Disability Action Plan 2014–2021 ([WHO 2014a](#)). Japan announced its “Japan’s Strategy on Global Health Diplomacy” in May 2013 (MOFA [2013a](#)) and declared that Japan would commit to universal health coverage and disaster prevention at the UN High-level Meeting on Disability and Development in September 2013 ([Ministry of Foreign Affairs, Japan 2013b](#)).

²⁶⁰ [WHO 2014a](#).

	<p>Rehabilitation in the Central and Western Region in China (2008–2013).</p> <ul style="list-style-type: none">• Myanmar (TCP), Project on Strengthening of Rehabilitation in Myanmar (2008–2013), (appendix 2-5).• China (TCP), Project for Capacity Development on Mental Health Services for Reconstruction Support of Sichuan Earthquake (2009–2014).
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3-4-9. Employment and Disability

Current situation	<ul style="list-style-type: none"> • Working age have significantly lower employment rates and much higher unemployment rates than those without disabilities.²⁶¹ Persons with intellectual, mental, and severe disabilities have the lowest rates of employment among those with disabilities.²⁶² • Few have the opportunity to earn a decent income and many are more likely to be in jobs with poor working conditions and in the lower paid informal sector. Women with disabilities face the worst conditions.²⁶³ • Progress has not been made in public service sectors, to promote vocational training and employment opportunities for persons with disabilities, nor in terms of legislation to support their economic independence, and accessibility to workplaces.²⁶⁴ • Attention is focused on comprehensive programs that support persons with disabilities in transition from school to work. • The growth in disability benefit costs and the low employment rates of persons with disabilities have become a concern in developing countries, where return to work programs are being encouraged.²⁶⁵ • Developing countries have started to introduce quotas requiring that employers be legally bound to employ a fixed percentage of persons with disabilities. However, where legal frameworks are not sufficient, it may be hard to enforce such systems.
Points to consider	<p>Set out in:</p> <ul style="list-style-type: none"> • The CRPD, article 27, “Work and employment.” • CBR Guidelines, “Livelihood component.”²⁶⁶
Recommendations	<ul style="list-style-type: none"> • Target: Plan a program for employment and vocational training on the premise that there are persons with disabilities exist in the target area.

²⁶¹ [WHO and the World Bank 2011a: 235.](#)

²⁶² [Newman et al. 2009.](#)

²⁶³ [ILO 2012.](#)

²⁶⁴ There are some cases where vocational training is routinely provided without reflecting market’s needs.

²⁶⁵ [WHO and the World Bank 2011a: 248-249.](#)

²⁶⁶ [WHO 2010c.](#)

	<ul style="list-style-type: none"> • Introduction of Japanese practices: Provide information about the Japanese model of welfare-oriented employment for persons with disabilities; efforts by the public and private sectors to promote employment; and community-based venture businesses using social resources. • Public–private partnerships: Encourage those who have employed in Japan to do likewise in developing countries. • Disability-inclusive businesses: Encourage Japanese companies undertaking projects in public–private partnerships²⁶⁷ to set up programs to encourage persons with disabilities take part, and to support them in developing disability-inclusive businesses in developing countries. • Statistics: Market surveys should include disability-related data.
References	<p>JICA</p> <ul style="list-style-type: none"> • Malaysia (TCP), The Project to Support Participation of Persons with Disabilities (Phase 1 and 2) (2009–2014) (appendix 2-9). • Ecuador (TCP), Strengthening of the Occupational Training for the Vulnerable Sector (2008–2011).

²⁶⁷ In October 2008, JICA established the Office for Private Sector Partnership to strengthen partnerships with private corporations. Along with the principals of a new growth strategy, this scheme aims to ensure peace and stability in Japan and to generate such development benefits as employment creation, human resources development, and improvement of technical capabilities. In the same manner, disability and development also shall contribute to the efforts. Disability and development have, so far, assisted the business of assistive devices that promote social participation of persons with disabilities (for details, see appendix1.).

3-4-10. Disaster Management and Disability

Current situation	<ul style="list-style-type: none"> • The presence or absence of considerations for persons with disabilities in disaster management plans directly affects their lives.²⁶⁸ The mortality rate of persons with disabilities was approximately twice that of those without disabilities in the Great East Japan Earthquake.²⁶⁹ • Persons with disabilities are more likely to remain vulnerable during recovery phases. They thus must be included in disaster risk management plans, so that preparations and support systems reflect their needs.²⁷⁰
Points to consider	<ul style="list-style-type: none"> • Japan has committed to disaster management by sharing its knowledge and experience with the international community, and has pledged to include those with disabilities in disaster risk reduction planning.²⁷¹
Recommendations	<ul style="list-style-type: none"> • Disaster risk reduction (DRR) plans: DRR plans should be made inclusive by involving those with disabilities in community disaster preparedness planning.²⁷² It is important to note that there are various impairments (including physical, visual, hearing, intellectual, mental, and internal), and that needs vary accordingly. • Accessible information: DRR plans should be distributed to those with disabilities in accessible formats, such as in braille, sign language, as digital data, and as sound.²⁷³ A lesson learned from the Great East Japan Earthquake is that radios had not been provided for persons with visual impairment. Thus, when there is a disaster, ICT such as cell-phones should be used to provide persons with hearing

²⁶⁸ The United Nations Office for Disaster Risk Reduction (UNISDR) and the United Nations Department of Economic and Social Affairs (UN-DESA) advocate inclusive disaster management. They focused on disability and disaster for the International Day for Disaster Reduction (13 October) in 2013 ([UNISDR 2013](#)).

²⁶⁹ [Japan Broadcasting Corporation 2012](#).

²⁷⁰ Disaster victims with disabilities face numerous problems: lack of careers, physical barriers at evacuation centers and temporary accommodation, lack of community wireless systems for those with hearing and visual impairment. Moreover, since in a disaster everybody is a victim, those with disabilities hesitate to express their needs ([UNESCAP 2012a](#)). [DPI Women's Network Japan](#) reports problems encountered by women with disabilities who live in temporary accommodation.

²⁷¹ In his closing remarks at the World Ministerial Conference on Disaster Reduction in 2012, Japan's minister of foreign affairs called for human dignity to be the center of human security, and for due consideration for children and older persons and disadvantaged, women and other vulnerable groups. The role of women in disasters was also recognized ([MOFA 2012](#)).

²⁷² [Akiyama and Katogi 2009](#).

²⁷³ [Kawamura 2012](#), [Gylling 2012](#).

	<p>and visual impairment with the necessary information. Providing information in languages other than Japanese (e.g., English) might also be considered, so that more people have access to information.</p> <ul style="list-style-type: none"> • Statistics: Knowledge and experience derived from the Great Hanshin–Awaji Earthquake and the Great East Japan Earthquake exist in various formats, but are not always accessible.²⁷⁴ It is necessary to make them accessible so that they might be shared more widely. • Information and privacy: Undertake community evacuation drills. It was reported that someone was rescued because neighbors knew the location of the individual’s bedroom. Opinions vary regarding the provision of residential information concerning persons with disabilities. While such information might be useful for evacuation purposes, it is private and confidential, and, therefore, requires careful handling.²⁷⁵
References	<p>JICA</p> <ul style="list-style-type: none"> • Turkey (TCP), School-based Disaster Education Project (2011–2014). <p>Others</p> <ul style="list-style-type: none"> • Bethel House²⁷⁶ (see box 18).

²⁷⁴ [Udagawa 2012](#), [Ministry of Land, Infrastructure, Transport and Tourism 2013](#), [Suzuki, Asahinata and Numajiri 2013](#).
²⁷⁵ Dobashi 2011.

²⁷⁶ Bethel House was set up by persons with mental impairment in Urakawa, Hokkaido, in 1984. It is a community living facility, with residents working together and watching out for each other. It is a group homes for persons with mental impairment, a sheltered workshop, a tea shop, as well as a shop selling special local products and publications. For further details, see the website, [Bethel House](#).

Box 17 Access to Information Is Key: Lesson Learned in Urakawa²⁷⁷

Persons with disabilities are vulnerable to disasters, but that need not always be the case. If they have knowledge and information about disaster prevention, and participate in evacuation drills, they can escape by themselves, as was shown in the Great East Japan Earthquake.²⁷⁸

Bethel House is located in Urakawa Town, Hokkaido. It serves as a center for regional programs to support more than 100 persons with mental disabilities. Bethel House has been conducting evacuation drills four times a year since 2004. At the time of the Great East Japan Earthquake, all 60 members who live close to the sea evacuated to the higher ground before the tsunami arrived.

Information was key to their success. It is a challenge not only to provide information to those with intellectual or mental impairments, but also to get them to flee using information provided to them. Thus, information should be concise and easy for everyone to understand, so that everyone can act immediately.

Bethel House disaster management planning has attracted international attention, with methods and experiences having been shared at various international conferences and workshops on disability-inclusive disaster management.

- The idea of evacuation drills is that persons with disabilities should gain basic knowledge, use it in practice, and so enhance their disaster management skills. The basic knowledge they are given is, for example, that they must go up 10 meters within four minutes, and why.
- An evacuation manual was produced and evacuation routes were prepared. Some members of Bethel House had mobility difficulties, while wheelchair users had to find or create routes avoiding stairs.
- The manual was made not only to be read and understood, but also to urge readers to take the actions described therein. In order that users would remain focused, the manual was developed based on cognitive-behavioral intervention and ICT in a multimedia format using DAISY. For the same purpose, the manual is short (seven minutes) and, to make sure that the experience would correctly use the five senses, Bethel House members created it, and stated the main points in short, affirmative sentences.
- The drill included an evacuation and a stay-at-the-site alternative.

²⁷⁷ [Miwa 2011](#).

²⁷⁸ Kawamura, Hamada, and Kawamura 2013.

- The evacuation drill consists of watching and listening to the manual, doing as instructed, and carrying out the lessons learned in the follow-up drills. They are conducted four times a year, with members of the Urakawa town hall and community associations. As a result of the drills, Bethel House residents had a chance to communicate and interact with neighbors.

3-4-11. Agricultural/Rural Development and Disability

Current situation	<ul style="list-style-type: none"> • In developing countries, most persons with disabilities live in rural areas where healthcare, education, and employment are limited. Consequently, they live in poverty. • In rural areas, not only persons with disabilities but also their families face poverty. • Without access to accurate information, some people misunderstand disabilities.
Points to consider	<ul style="list-style-type: none"> • Set out in <i>CBR Guidelines</i>, “Social component.”
Recommendations	<ul style="list-style-type: none"> • Targets: Include persons with disabilities in agricultural/rural development programs. Look at case studies of those with disabilities who make a living in agriculture and fishery.²⁷⁹ • Capacity-development: Provide for, and coordinate, help and guidance, so that persons with disabilities can work as their aptitude allows. • Participation: Encourage persons with disabilities to be beneficiaries, as well as participants in discussions.
References	<p>JICA</p> <ul style="list-style-type: none"> • Papua New Guinea (Gant Aid), Project for Rehabilitation of Madang Town Market (2013–2016).²⁸⁰ • The Philippines (TCP), Creation of Non-handicapping Environment for Filipinos with Disabilities in the Rural Areas (2008–2012), (appendix 2-7). <p>Others</p> <ul style="list-style-type: none"> • COCO FARM & WINERY.²⁸¹ • Ministry of Agriculture, Forestry and Fisheries, Japan.²⁸² • World Bank, The Andhra Pradesh District Poverty Initiatives Project, India.²⁸³

²⁷⁹ [APCD 2013](#).

²⁸⁰ At the time of the preparatory survey, wheelchair users were found in the project area so the design of market was changed.

²⁸¹ COCO FARM & WINERY is run by persons with intellectual disabilities. Junior high school students with intellectual disabilities cultivated vineyard in the 1950s. Kokoromi Gakuen, which started a school for persons with intellectual disabilities nearby in 1969, established the company in 1984. There, all people, including those with disabilities, exercise their full abilities. Their wines have a good reputation and were served at a dinner during the Kyūshū-Okinawa Summit in 2000. For details, see the [COCO FARM & WINERY](#) website.

²⁸² [Ministry of Agriculture, Forestry and Fisheries of Japan n.d. “Shōgaisya shūrō jirei \(Cases of employment of persons with disabilities\)”](#).

²⁸³ [Government of Andhra Pradesh, India 2002](#).

3-4-12. Governance and Disability

<p>Current situation</p>	<ul style="list-style-type: none"> • Many countries have not enacted comprehensive legislation and thus do not yet have appropriate policies and regulations regarding disability. • In some countries, even after ratifying the CRPD and making it a legal requirement, the rights of those with disabilities are not respected, due to a lack of commitment to the laws and regulations, insufficient understanding of disabilities on the part of government officers, and prejudice toward persons with disabilities.²⁸⁴ • Exclusionary clauses, such as disqualification clauses for persons with disabilities, inhibit their social participation.²⁸⁵ • Most developing nations lack disability-related data.
<p>Points to consider</p>	<p>Set out in:</p> <ul style="list-style-type: none"> • The CRPD, article 13, “Access to justice.”²⁸⁶ • The CRPD, article 31, “Statistics and data collection.”²⁸⁷
<p>Recommendations</p>	<ul style="list-style-type: none"> • Legislation: Support the drafting of disability legislation and efforts to improve access by persons with disabilities to laws and the legal system.²⁸⁸ • Capacity development: Provide training for government officers, so that they might enact or improve disability-related legislation and policies. • Statistics: Support the provision of national statistics on disability, and add the component of disability to existing statistics.²⁸⁹
<p>References</p>	<p>JICA</p> <ul style="list-style-type: none"> • Malaysia (TCP), Project for Capacity Building on Social Welfare Programs for the Disabled (2005–2008), (appendix 2-9).

²⁸⁴ [World Bank 2013d](#)

²⁸⁵ A law disqualifies people from obtaining licenses if they have impairments ([Durocher et al 2012](#)).

²⁸⁶ “States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others,” and “States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.”

²⁸⁷ “States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention,” and use it “to help assess the implementation of States Parties’ obligations” and “ensure their accessibility to persons with disabilities and others.”

²⁸⁸ Masayuki Kobayashi’s research group at the Institute of Developing Economies has researched disability-related laws. See, Kobayashi, Masayuki, ed. 2010; 2012; 2013.

²⁸⁹ For the importance of statistics, see 3-1-1.

	<ul style="list-style-type: none">• Bolivia (TCP), Project for the program of the unified registration of the person with disability (Phase 2) (2009-2012), (Appendix2-3)• Myanmar (TCP), Project for Supporting Social Welfare Administration—Promotion of the Social Participation of the Deaf Community (Phases 1 and 2) (2006–2014), (appendix 2-2)• South Africa (Expert), Disability Mainstreaming Advisor (2012–2014), (appendix 2-11).
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3-5. Challenges and measures

As mentioned in 2-3-1, “Twin-track approach,” it is critical to work on both disability mainstreaming and disability-specific interventions while building an inclusive society where persons with disabilities can enjoy full and equal enjoyment of their human rights while participating fully in society. JICA has considerable experience in disability-specific projects, but less in disability mainstreaming.

Therefore, to identify the challenges and measures it faced, JICA conducted a survey on the engagement of disability in JICA programs.²⁹⁰ The results show four issues that need to be addressed: (1) The need for indicators; (2) The need to reflect disability perspectives in projects, from the planning stage through to implementation, monitoring, and evaluation; (3) How to ensure the provision of reasonable accommodation; and (4) Furthering understanding of disability. This document, however, was designed to focus on disability mainstreaming only in the context of ODA program implementation. JICA’s internal response to disability will be discussed in a separate document.²⁹¹

3-5-1. Indicator Development

To pursue disability-inclusive development, disability indicators should be developed to calculate the gaps between persons with and those without disabilities, just as the Gender Inequality Index, which the UNDP developed to measure inequality between the genders.²⁹² We have already examined global efforts to develop disability indicators in 1-3-4. It is important that JICA devote its knowledge and experience to the development of indicators, while incorporating global indicators into its programs. JICA has already created indicators based on its own project-related experience, and shall develop these further.

²⁹⁰ In December 2013, we asked JICA offices in Japan and abroad to fill in the questionnaire on disability sensitivity.

²⁹¹ JICA is committed to institutional disability inclusion. It supports adherence to statutory employment rates for persons with disabilities and provision of reasonable accommodation for JICA staff.

²⁹² The Gender Inequality Index measures gender inequalities from three aspects of human development—reproductive health, measured using the maternal mortality ratio and adolescent birth rates; empowerment, measured using the proportion of parliamentary seats occupied by women and the proportion of women and men aged 25 years and older with at least some secondary education; and economic status, expressed as labor-market participation and measured by the labor force participation rate of female and male populations aged 15 years and older. Worldwide results appear each year in the *Human Development Report*.

3-5-2. Incorporating a disability perspective in programs

Referring to its experience in gender mainstreaming,²⁹³ JICA should establish a system to incorporate a disability perspective at every stage of a program, from the planning stage through implementation, monitoring, and evaluation to feedback for the following program. Since 2006, ODA loans as a form of cooperation have included the requirement that, from the planning stage, barrier-free considerations and universal design be incorporated in all programs. To this end, certain steps are required.

- There should be goal-related disability mainstreaming in mid-term plans and JICA country analysis papers.
- Disability-related data should be collected when surveys or research are undertaken; information about the population with disabilities and a population distribution map should be made available for use when planning programs. Thus, the Human Development Department will determine the disability data to be collected when revising country profiles concerning disability, or planning programs. This will lead other departments to add a disability component to surveys conducted preparatory to new programs.
- Persons with disabilities should not be excluded as beneficiaries and/or stakeholders (e.g., DPOs and other disability-related support groups in interview surveys), while due consideration should be given to ways of enhancing participation by persons with disabilities.
- Experts, volunteers, and mission members should be dispatched and trainees accepted, to ensure that reasonable accommodation be properly given (e.g., by arranging personal assistants, sign language interpreters, accessible accommodations and transportation, as well as by providing textbooks in digital format for those with visual impairment).
- Universal design should be implemented in the constructing of facilities and buildings, in the form of ramps, railing, and toilets for wheelchair users.
- Disability components should be added to JICA's official documents, including project surveys, ex-ante evaluation papers and project plans that indicate points that require consideration.
- Manuals that enable JICA staff to incorporate disability perspectives into their programs.

²⁹³ JICA has been engaging in gender mainstreaming since 2000. The gender team felt their efforts bear fruit when we interviewed them in 2013 (Interview with the staff in charge of gender projects in September 2013).

- Expenditure standards and policies regarding budgetary outlays for reasonable accommodation.²⁹⁴
- The Social Protection Knowledge Management Network will be a point of reference for the revision, by other sectors, of thematic guidelines and the discussion of ways to include the perspective of disability in thematic issues.

Box 18: How Does Disability Mainstreaming Work at JICA?

Disability mainstreaming of JICA programs requires that the perspective of disability be incorporated into all forms of cooperation, programs, and sectors, and that a system be established according to which persons with disabilities participate in the planning, implementation, monitoring, and evaluation of all sectors. Changes are required in the attitudes of JICA staff toward those with disabilities (elimination of intuitional barriers/prejudices), the construction of barrier-free facilities (elimination of obstacles and barriers to accessibility), diversification of the means by which information is conveyed and communication is established (elimination of cultural and information barriers), as well as toward the revision of regulations related to the dispatch of experts and volunteers with disabilities (elimination of institutional barriers).

Disability mainstreaming is an issue that other development agencies also have been tackling,²⁹⁵ and the following five points represent the challenges that disability mainstreaming faces.²⁹⁶

1. Lack of broad institutional support for mainstreaming;
2. Poor implementation of policies;
3. Failure to break down prejudice against disability;
4. Lack of practical guidelines; and
5. Inadequate resourcing

²⁹⁴ The survey of the disability sensitivity of JICA resulted in the following comments. According to one individual, "After we have not even planned to assist persons with disabilities, we find ourselves wanting to do so, but having an insufficient budget. The question then arises whether we should exceed our budget to pay for this assistance." Another person said that, "To accept persons with disabilities requires time and effort. For example, one must acquire and prepare special devices and facilities for persons with visual and hearing impairments. Then, there is the question of the number of coordinators needed, and the additional cost of making accessible textbooks. Further, when we draw up our budget for training courses, we do not know whether there will even be a trainee with disabilities taking part. It is difficult to draw up an appropriate budget at the beginning of the fiscal year."

²⁹⁵ The difficulty in incorporating disability perspectives into development action was reported by the development donor agencies that have already implemented disability-inclusive projects. The factors are various, including ignorance or disregard for disability, as well as low-budgets, and policies and regulations without binding power. The greatest challenge is that the framework of development projects has to be changed. In addition, precise steps are not provided in the policies and guidelines ([Kuno 2006: 49](#)).

²⁹⁶ Albert, Dube and Riis-Hansen [2005: 11](#).

3-5-3. Provision of reasonable accommodation

The principal actions required to enable disability mainstreaming are institutional reforms, such as the improvement of accessibility in overseas offices and facilities in Japan, and adequate provision of reasonable accommodation as determined by individual needs. As mentioned in 3-2. “Points to bear in mind for program implementation,” JICA should commit to holistic cooperation, taking into account that the barriers facing, and the needs of, persons with disabilities vary according to impairment (physical, visual, hearing, intellectual, and/or mental). To that end, it is important to stress the need for individual interviews with, and flexible responses to, persons with disabilities. It is also necessary to discuss with counterpart countries how best reasonable accommodation might be provided.

JICA may need to provide a number of reasonable accommodations in connection with necessary modifications or adjustments to the work environment. These include the following.

- Diversify the provision of information: Remove barriers to information (i.e., make the JICA website accessible);
- Ensure that JICA centers and country offices are accessible;
- Training programs: Provide curriculums and textbooks appropriate to the needs of trainees with disabilities; and
- Dispatch of experts: Review policy on the dispatch of experts with disabilities, so that they might decide the number of assistants required and select them.

Research on the accessibility of JICA offices in Japan and abroad shows that the former are satisfied with the current physical accessibility, although information accessibility has room for improvement. Most of the latter offices, however, lack physical and information-related accessibility, despite the fact that these are basic to persons with disabilities in their bid to attain social participation. The physical barriers need to be removed from JICA offices and conference rooms.

3-5-4. Initiative on understanding of disability

It is important that all stakeholders correctly understand the meaning of the term disability. If the government officers of counterpart countries comprehend the

importance of disability-inclusive development, the development of the countries will be inclusive.

To that end, JICA needs to provide training for all stakeholders. The perspective of disability should be included in JICA's existing training programs for staff, including new employees and those assigned to new departments, as well as training for experts and volunteers prior to being dispatched abroad.²⁹⁷ It is also important that there be training for consultants, who engage in preparatory surveys, as well as for NGOs, which implement grassroots technical cooperation projects.²⁹⁸

²⁹⁷ See box 16.

²⁹⁸ See appendix 2 for details of a project in which a consultant, on recognizing the needs of persons with disabilities, had relevant adjustments made.

Appendix 1. JICA's Experience

1-1. History

JICA undertook its first program in the field of disability and development in 1976, when it dispatched a physical therapist to Malaysia through the good offices of the Japan Overseas Cooperation Volunteers (JOCVs) program. In the early 1980s, various disability-related programs were implemented under such forms of cooperation as technical training in Japan, grant aid, and technical cooperation.²⁹⁹ These projects focused mainly on the capacity development of those engaged in medical, educational, vocational, and social rehabilitation; on the development of disabled people's organizations (DPOs) and their leaders; as well as on the improvement of the manufacturing skills of those involved in producing such assistive devices as prosthetics.

The 2nd Asian and Pacific Decade of Disabled Persons (2003–2012) was co-proposed to the UN and backed by Japan and China to promote the social participation of persons with disabilities. Japanese efforts included financial support for the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and the establishment of the Asia–Pacific Development Center on Disability (APCD).

In response to the global disability movement and the growing recognition that disability issues are key to development, in the late 1990s JICA reviewed its disability programs and sought ways to make its cooperation more effective through research, such as Participation of Japanese Disabled People in International Cooperation Programs (phases 1 and 2) and Assistance for Persons with Disabilities in Thailand (a thematic evaluation survey).

As a result, JICA formed the Review Committee on Disabled People's Welfare in 1998, and then in 2000, with external advisors, it created the Issue-specific Assistance Committee for Disability and Development. The *Thematic Guidelines on Disability* were published in 2003. Furthermore, a focal unit on disability issues was set up to comprehensively address disability issues and to manage, in an integrated manner, the promotion of disability mainstreaming in JICA operations and projects.

Initially, JICA focused on the medical and vocational rehabilitation of

²⁹⁹ [Kinoshita 2006:148–149.](#)

individuals, with a view to helping them recover from, and improve, their impairments. Beginning in 1995, JICA adopted a social model of disability as its new framework, and shifted its focus to emphasizing the social participation of persons with disabilities. In recent years, JICA activities have shifted to emphasize aspects of social development, such as empowerment through building capacity and the empowerment of leaders with disabilities, as well as building an inclusive society.

More specifically, JICA has supported medical, vocational, and community-based rehabilitation; education of adults and children with disabilities; leadership training for persons with disabilities; the capacity-development of DPOs; independent living support; and the promotion of accessibility.

1-2. Experiences

As of March 31, 2014, JICA has implemented 309 disability- and development-related programs, comprising 53 technical cooperation projects (to the value of around ¥13.1 billion); 72 instances of individual experts having been dispatched; 59 JICA Partnership Program projects (implementation cost, ¥0.99 billion); 39 programs in grant aid (grant total, ¥19.1 billion); 79 programs in loan assistance (approved loans totally in around ¥2.15 billion); and four public-private partnership projects. In addition, to date there have been 2,647 volunteers involved in disability- and development-related activities.³⁰⁰

By region, 199 projects have been implemented in Asia (64.4%), followed by 34 in Latin America (11.0%), 31 in Africa (10.0%), 29 in the Middle East (9.4%), 12 in Europe (3.9%), and four in Oceania (1.3%). Asia has had the largest share of projects across all forms of JICA cooperation; Latin America and the Middle East have had the most technical cooperation projects; the Middle East hosted the most JICA Partnership Program projects; while Africa has received the most grants aid.

³⁰⁰ Data was collected targeting the following seven forms of cooperation: (1) Technical cooperation projects; (2) Individual projects; (3) the JICA Partnership Program; (4) Training; (5) Grant aid; (6) Loan assistance; and (7) Volunteer programs. Points (1), (2), (3), and (4) refer to the list published in the *Thematic Guidelines on Disability* (2009). The disability- and development-related programs were extracted from the JICA Knowledge Site. When a project has more than one phase, each phase was counted as an independent project. Data for (5) was collected from (a) the JICA Knowledge Site (from 1995–February 4, 2014), (b) interviews with the Grant Aid Management II and III of the Financing Facilitation and Procurement Supervision Department in January 2014, and (c) a questionnaire on disability mainstreaming, which was sent to all JICA centers in Japan and country offices around the world. Data for (6) includes (a) programs listed in Fukuda and Dobashi (2006), (b) programs mentioning persons with disabilities in the ex-ante evaluation sheets, which were listed on the JICA Knowledge Site by January 16, 2014, and (c) the programs mentioned in the questionnaires. Information on (7) was collected from the JICA Knowledge Site.

Table 1: JICA's Programs on Disability and Development

As of March 31, 2014

	Asia ^{*1}	Oceania	Latin America	Middle East	Africa	Europe	Total
Total (%)	199 (64.4)	4 (1.3)	34 (11.0)	29 (9.4)	31 (10.0)	12 (3.9)	309 (100)
Technical Cooperation Project	27	0	10	7	5	4	53
Dispatch of Individual Expert	38	1	9	17	3	4	72
JICA Partnership Program	42	2	11	1	3	0	59
Grant Aid	20	1	3	1	16	1	42
Loan Assistance	69	0	1	3	3	3	79
Public-Private Partnership (BOP)	3*	0	0	0	1	0	4

*1: The program implemented in Thailand, India, Brazil and the Philippines was reckoned as Asia.

1-2-1. Technical Cooperation Projects

As of March 31, 2014, 53 disability- and development-related projects have been implemented as technical cooperation projects.³⁰¹ Most are concentrated in Asian countries, such as China, Malaysia, and Myanmar.

Past disability- and development-related technical cooperation projects are given below.

Table 2: Disability and Development Projects in Technical Cooperation Projects

As of March 31, 2014

Country	Title of Project	Implementation Period
Peru	Project for Development of Community Mental Health Service	May 80—May 87
Thailand	Industrial Rehabilitation Center	February 84—March 92
China	Rehabilitation Research Center for the Physically Handicapped	November 86—November 93
China	Polio Prevention Project	December 91—December 99

³⁰¹ Referring to the list published in the *Thematic Guidelines on Disability* (2009), "Disability and Development" related programs were extracted by using JICA Knowledge Site. In the case that a project has more than 1 phase, each phase was counted as one project.

Country	Title of Project	Implementation Period
Indonesia	Solo Center for Physically Disabled People	December 94–December 97
Indonesia	Project for the National Vocational Rehabilitation Center for Disabled People	December 97–December 02
Myanmar	Hansen's Disease Prevention, Improvement of Primary Health Care Services	April 00–November 06
Chili	Rehabilitation for Disabled People Project in the Republic of Chile	August 00–July 05
Ethiopia	Polio Prevention Project	April 01–April 04
China	Human Resource Development of Rehabilitation Professionals	November 01–March 08
Thailand	Asia–Pacific Development Center on Disability	November 02–July 07
Bosnia and Herzegovina	Community Approach Project to Rehabilitation and Integration (Phase1)	November 02–March 04
Bosnia and Herzegovina	Development on Rehabilitation Technique for Disabled People	June 03–April 04
Indonesia	Project for Improvement of National Vocational Rehabilitation Center for Disabled People	July 03–March 06
Cambodia	Project for Human Resource Development of Co-medicals	September 03–September 08
Indonesia	Project for Improvement of National Vocational Rehabilitation Center for Disabled People	July 03–March 06
Cambodia	Project for Human Resource Development of Co-medicals	September 03–September 08
Sri Lanka	Mannar District Rehabilitation and Reconstruction through Community Approach Project	March 04–March 08
Bosnia and Herzegovina	Development on Rehabilitation Technique for Disabled People (CBR)	December 04–October 05

Country	Title of Project	Implementation Period
Ethiopia	Follow-up Cooperation for Laboratory Support for Polio Eradication Project	March 05
Malaysia	Project for Capacity Building on Social Welfare Services for People with Disabilities (PWDs) in Malaysia	July 05–July 08
Bosnia and Herzegovina	Community Approach Project to Rehabilitation and Integration (Phase2)	September 05–March 07
Rwanda	Skills Training for the Reintegration of Demobilized Soldiers with Disabilities	December 05–December 08
Pakistan	Technical Cooperation Project for Designing Prototype Aseismatic and Barrier-free BHUs and RHCsin NWFP and AJK	February 06–October 06
Chili	International Course on the Attention System of Rehabilitation for Disabled People	April 06–March 11
Malaysia	Economic Partnership Program (EPP) "Training and Attachment Program for Special Education"	April 06–March 09
Myanmar	Project for Supporting Social Welfare Administration—Promotion of the Social Participation of the Deaf Community (Phase 1)	July 06–December 10
Bolivia	Project for implementation of the Unified Registration of the Handicapped Person in La Paz	August 06–October 07
Afghanistan	Strengthening Special Education in Afghanistan	September 06–March 08
Pakistan	EPI/Polio Control Project	September 06–September 11
Egypt	Project for Empowering People with Disabilities through Community Development in the Sharqiya Governorate	November 06–November 09

Country	Title of Project	Implementation Period
Indonesia	International Training Course on Vocational Rehabilitation for Persons with Disabilities	November 06–March 11
China	Project for Surveillance and Control for Vaccine-Preventable Diseases	December 06–December 11
Laos	Training for Trainers on Policy Formulation and Internal Management in Labor and Social Welfare	January 07–March 09
Costa Rica	Reinforcement of the Integral System of Rehabilitation with Community Participation in Brunca Region of Republic of Costa Rica, with focus on Human Security Project	March 07–March 12
Thailand	Asia-Pacific Development Center on Disability (Phase 2)	August 07–July 12
Kyrgyz	Inclusion of the Disabled People into Society	September 07–March 10
China	Project for Human Resource Development of Rehabilitation in the Central and Western Region in China	April 08–March 13
Bosnia and Herzegovina	Comprehensive Pain Management in Bosnia and Herzegovina	May–08–May–10
Myanmar	Strengthening of Rehabilitation	July 08–July 13
Colombia	Strengthening the Integral Rehabilitation System for Persons with Disabilities, Especially for Victims of Landmines	August 08–August 12
Paraguay	Project for Reduction of Mental Retardation	October 08–September 11
The Philippines	Creation of Non-Handicapping Environment for Persons with Disabilities in the Rural Areas	October 08–September 12
Ecuador	Strengthening of the Occupational Training for the Vulnerable Sector	November 08–October 11

Country	Title of Project	Implementation Period
Afghanistan	Strengthening of Teacher Education on Special Education	November 08–May 10
Pakistan	Project for the Promotion of Social Participation of Persons with Disabilities	December 08–November 11
Bolivia	Project for the Program of the Unified Registration of the Person with Disability (Phase 2)	March 09–March 12
Malaysia	Project to Support Participation of Persons with Disabilities (Phase 1)	September 09–August 12
Rwanda	Skills Training for the Reintegration of Demobilized Soldiers with Disabilities (follow-up)	October 09–March 10
Viet Nam	Project for Strengthening Medical Rehabilitation Service in the Southern Area of Vietnam	March 10–February 13
Bolivia	Teachers Training in Special Needs Education	June 10–December 13
Rwanda	Skills Training and Job Obtainment Support for Social Participation of Ex-Combatants and Other People with Disabilities	March 11–March 14
Myanmar	Project for Supporting Social Welfare Administration—Promotion of Social Participation of the Deaf Community (Phase 2)	August 11–August 14
Malaysia	Project to Support Participation of Persons with Disabilities (Phase 2)	September 12–August 15
Afghanistan	Project for Strengthening of Teacher Education on Special Needs Education Phase2 (STESE2)	January 13–December 15

1-2-2. Dispatch of individual experts

Seventy-two individual experts were dispatched between 1980 and March 31, 2014.³⁰² The main destinations were Thailand and Indonesia, although many experts were also sent to the Middle East.

The following table lists the destination, sub-field, and time spent in the field by the disability- and development-related experts.

Table 3: Dispatch of Individual Experts for Disability and Development

As of March 31, 2014

Year	Country	Speciality	Dispatch Period
1980	Sri Lanka	Education for Children with Hearing Impairment	-*1
1882	Sri Lanka	Education for Children with Hearing Impairment	-*1
1984	Sri Lanka	Equipment for Education for Children with Hearing Impairment	-*1
1987	Indonesia	Vocational Rehabilitation	-*1
1987	Sri Lanka	Education for Children with Hearing Impairment	-*1
1988	Indonesia	Vocational Rehabilitation for Persons with Disabilities	-*1
1988	Mexico	Special Education (Autism)	-*1
1989	Philippines	Social Education for Children with Disabilities	-*1
1989	Mexico	Special Education	-*1
1990	Indonesia	Seminar (Vocational Rehabilitation)	-*1
1991	Indonesia	Vocational Rehabilitation Seminar for Persons with Disabilities	-*1
1991	Indonesia	Training for Vocational Trainers for Persons with Disabilities	-*1
1992	Thailand	Prosthetics	-*1
1993	Panama	Vocational Training for Persons with Disabilities	-*1
1993	Sri Lanka	Production of Textbook VTR (Education for Children with Hearing Impairment)	-*1

*1: No record on dispatch period

³⁰² Referring to the list published in the *Thematic Guidelines on Disability* (2009), disability- and development-related programs were extracted from the JICA Knowledge Site. When projects have more than one phase, each phase was counted as a separate project.

Year	Country	Specialty	Dispatch Period
1993	Uruguay	Education Methods for Children with Autism	—*1
1994	Thailand	Access of Persons with Disabilities to Public Transportation	—*1
1995	Indonesia	Policy on Vocational Rehabilitation	—*1
1995	Thailand	Prosthetics	—*1
1996	Sri Lanka	Education for Children with Hearing Impairment	—*1
1996	Uruguay	Life Therapy for Children with Autism (Music)	—*1
1996	Uruguay	Life Therapy for Children with Autism (General)	—*1
1997	Chile	Rehabilitation Medicine	—*1
1998	Cambodia	Management Training on Social Welfare Program	—*1
1998	Thailand	Vocational Rehabilitation	—*1
1998	Laos	Leadership Training for Persons with Disabilities	—*1
1998	Thailand	Special Education	—*1
1999	Uruguay	Life Therapy for Children with Autism	—*1
1999	Saudi Arabia	Education for Children with Disabilities	—*1
1999	Cambodia	Group Counseling	—*1
2000	Egypt	Rehabilitation Program for Persons with Disabilities	—*1
2000	Saudi Arabia	Computer Training for Persons with Disabilities	—*1
2000	Saudi Arabia	Development of Special Education Curriculum	—*1
2000	Saudi Arabia	Rehabilitation Training for Persons with Disabilities	—*1
2000	Thailand	Industrial Rehabilitation	—*1

*1: No record on dispatch period

Year	Country	Specialty	Dispatch Period
2000	China	Promotion of Public Transportation Considering Persons with Disabilities	—*1
2001	The Philippines	Social Welfare Policy Advisor	—*1
2001	Thailand	DAISY Production Trainer	—*1
2001	Bangladesh	Polio Control	—*1
2002	Afghanistan	Education for Children with Disabilities	2002—, March 05—April 05
2002	The Philippines	Welfare Program for Persons with Disabilities (Social Rehabilitation)	—*1
2002	Bangladesh	Advisor for Vocational Training for Persons with Disabilities	—*1
2002	Syria	Vocational Training for Persons with Disabilities	—*1
2002	Cambodia	Social Welfare Advisor	—*1
2002	Egypt	Rehabilitation for Persons with Disabilities	February 03—May 03
2003	Indonesia	Vocational Rehabilitation	July 03—March 06
2003	Syria	Promotion of Community-Based Rehabilitation (CBR) Program	October 03—December 06, March 07—April 07, August 08—August 10
2003	Afghanistan	Advisor for Teacher Training Development (Special Needs Education)	—*1
2003	Laos	Survey on Labor Social Welfare Administration	—*1
2003	Uzbekistan	Sign Language Interpreter Training	—*1
2003	Nigeria	Polio Control	—*1
2003	Bosnia Herzegovina	Training on Rehabilitation Equipment	—*1

*1: No record on dispatch period

Year	Country	Specialty	Dispatch Period
2003	Bosnia Herzegovina	Development of Medical Statistical Data on Physical Rehabilitation	–*1
2003	Bosnia Herzegovina	Set Up of Database on Physical Rehabilitation	–*1
2004	Uzbekistan	Sign Language Interpreter	October 04
2004	Bosnia Herzegovina	Rehabilitation for Persons with Disabilities	–*1
2005	Pakistan	Physical Therapy	April 05—August 05
2005	Rwanda	Planning for the Project of Skills Training and Job Obtainment Support for Social Participation of Ex-Combatants and Other People with Disabilities	–*1
2005	Pakistan	Community-Based Rehabilitation	–*1
2006	Fiji	Baseline Assessment on Disability	–*1
2007	East Timor	Support for Social Vulnerable Groups	March 07, December 07, February 08
2007	Jordan	Support for the People with Disabilities	March 07—April 07, August 08
2007	Syria	Promotion of Community-Based Rehabilitation	Mar-07—Aug-10
2007	Laos	Labor and Social Welfare Issues	August 07—August-09
2008	China	Chief Advisor for Project for Human Resource Development of Rehabilitation in the Central and Western Region in China	June 08—November 08
2009	Jordan	CBR Expert	May 09—May 11
2011	Thailand	Development of Motion Analysis System for Improvement of Clinical Services and Researches in Rehabilitation Service	February 11—September 12

*1: No record on dispatch period

Year	Country	Specialty	Dispatch Period
2011	Jordan	Adviser of Disability Affairs	May 11—May 13
2011	Uzbekistan	Dispatch of Expert for Improvement of Social and Rehabilitation of Disabled People	June 11—March 14
2012	Honduras	Enforcement of the DIGEPEPDI's capacity for the improvement of CBR strategy	April 12—March 15
2012	Pakistan	Advisor on the Promotion of Social Participation of Persons with Disabilities	December 12—November 15
2012	South Africa	Disability Mainstreaming Advisor	December 12—December 14
2013	Jordan	Expert for Accessibility of Persons with Disabilities	March 13—March 13

1-2-3. JICA Partnership Program

The JICA Partnership Program relating to disability and development took off in 2000 with the project, Support to Production of Wheelchair in National Rehabilitation Center project in the Lao PDR. As of March 31, 2014, 59 projects have been implemented, mostly in Southeast Asia and Latin America.³⁰³ The emphasis on empowerment has had a positive impact, as can be seen from two of the projects, Developing and Expanding Education Programs for Children with Intellectual Disabilities in Order to Raise the School Attendance Rate in Vietnam, and the HIV/AIDS Literacy Education for Disabled People through Capacity Development of Deaf Organization.

The disability- and development-related projects in the JICA Partnership Program have covered various thematic issues, such as health, education, employment and labor, capacity development, water resources/disaster management, and citizen participation.

The disability- and development-related projects in the JICA Partnership

³⁰³ Referring to the list published in the *Thematic Guidelines on Disability* (2009), disability- and development-related programs were extracted from the JICA Knowledge Site. When projects have more than one phase, each phase was counted as a separate project.

Program are the following.

Table 4: Disability and Development Projects in JICA Partnership Program

As of March 31, 2014

Country	Title of Project	Implementation Period
Laos	Wheelchair Production Project at National Center for Medical Rehabilitation in Lao PDR	December 00—December 03
Honduras	Technical Transfer the Education Method for the Independence of Children with Autism	July 01—June 02
Viet Nam	Rehabilitation on Phonetic Function for Head and Neck Cancer Patients	June 03—January 04
Thailand	Developing Vocational Opportunities and Creative Activities for People with Disabilities and Commercializing Hill-Tribes Peoples' Crafts in Thailand	October 02—October 05
Cambodia	Ex-Combatants Support in Takéo Province and in Kampong Speu Province	February 03—January 04
Viet Nam	Education Support for Persons with Disabilities	April 03—March 04
Indonesia	Network for supporting Persons with Hearing Impairments in Indonesia	August 03—July 06
Viet Nam	Assistance to the Management of Braille Library in Viet Nam	November 03—October 04
Viet Nam	Training Program for Specially Trained Teachers on Education for Children with Disabilities in Viet Nam	April 03—March 04
Peru	Improvement of Local Health System	July 03—March 05
Fiji	Human Recourse Training on Welfare in the Asia Pacific Region	September 03—December 05
China	Development of Human Resources to Enhance the Understanding of the Present Situation of Visually Handicapped Farmers in Low Income Rural China	January 04—January 07

Country	Title of Project	Implementation Period
Laos	Support for Wheelchair Provision to Persons with Disabilities	November 04—October 07
Malaysia	Manufacturing Wheelchair/Promotion of Sports for Wheelchair Users in Southeast Asia	December 04—March 07
China	Support for Special Education of Children with Intellectual Disabilities	June 04—March 06
Kenya	Massage Technique for Persons with Visual Impairments	July 04—March 05
The Philippines	Project for Self-Support of Intellectually Disabled People	September 05—March 07
Cambodia	Community Mental Health Project in Siem Reap Province	November 05—November 07
Malaysia	Development Program of Trainers on Educational and Psychological Rehabilitation for Children with Disabilities	December 05—December 08
Viet Nam	Support for Persons with Physical Disabilities through Community-Based Rehabilitation and Empowerment	January 06—December 2008
Thailand	Training Project for Teachers of Schools for Children with Hearing Impairments (Hearing Aid and Other Assistive Devices)	February 06—March 08
Peru	Support Work for Independent Living of Disabled Person (Phase 1)	April 06—March 09
Viet Nam	Capacity Development of Special Needs Education in Chiba and Viet Nam	June 06—March 09
Cambodia	Training of Prosthetics and Orthotics for Cambodian	July 06—January 07
China	Japan–China Education Technology Exchange Program	October 06—March 09

Country	Title of Project	Implementation Period
Mexico	Training of the Best Strategy for Stroke Prevention in Mexico	October 06—February 09
The Philippines	Project for Supporting Deaf Education by Making Use of Hearing Sense in the Philippines	December 07—December 10
China	Development of Employment Project at Dalian Disabled People's Professional Skills Training Center	April 08—March 09
Fiji	Physiotherapists Clinical Skill Training in Fiji	April 08—March 10
Uzbekistan	Community Based Rehabilitation Project for People with Disability in Tashkent City	May 08—April 10
Laos	Improvement of the Quality of Wheelchair Services and Handover of Operation to NRC	June 08—May 11
Viet Nam	Developing Education Programs for Children with Intellectual Disabilities in Order to Raise the Attendance Rate at Primary Schools in Viet Nam	August 08—August 11
Brazil	HIV/AIDS Education for Disabled People with Literacy through Capacity Development of Deaf Organization Phase 1	October 08—September 11
Argentina	To Train Instructors for Disabled Children in Argentina	April 09—March 11
Laos	Sports Promotion for Persons with Disabilities	April 09—March 12
China	Technical Training Project of Audio Information for the Visually Impaired	June 09—March 11
Kenya	A Training Course on the Applying Skill and Theory of Anma (Japanese Style Massage) for the Visually Impaired	June 09—April 12

Country	Title of Project	Implementation Period
China	Training Project for Teachers of Autism Children in He Bei	April 10—March 13
Viet Nam	Integrated Approach to the Vulnerable People to Cope with Natural Disasters in Central Viet Nam	October 10—September 13
India	Project Plan to Develop Music Instructors for Cultivating Slum Children's Self-Reliance	January 11—January 14
Viet Nam	Project for Establishment of Training System on Inclusive Education in Dong Nai Province	May 11—December 13
Thailand	Supporting the Educational Training in Teaching Basic Mathematics/Science to the Students with Impairments in Thailand	July 11—February 14
Viet Nam	Developing and Expanding Education Programs for Children with Intellectual Disabilities in Order to Raise the School Attendance Rate in Viet Nam.	September 11—August 13
China	Staff Training Project in the Field of Medical Welfare in Shanghai	September 11—March 14
Brazil	HIV/AIDS Education for Disabled People with Literacy through Capacity Development of Deaf Organization (Phase 2)	October 11—March 13
Peru	Support work for Independent living of Disabled Person (Phase 2)	October 11—October 16
Costa Rica	Promoting Independent Living in Costa Rica	April 12—April 17
Laos	Employment Support Program for the Social Independence of Persons with Disabilities in Northern Rural Areas of Lao PDR	July 12—June 15
Myanmar	Project for Promotion Of Acupuncture, Moxibustion, and Acupressure (AMA)	July 12—July 14

Country	Title of Project	Implementation Period
The Philippines	Community-Based Adaptation and Resiliency Against Disasters	July 12—March 15
Brazil	Project for Horticultural Therapy for the Inclusion of People with Disabilities in Brazil	December 12—June 15
India	Vocational Education Support for the Visually Impaired in India	January 13—December 15
South Africa	Human Resource Development for Establishment of Center for Community Living of Persons with Disabilities	April 13—April 16
Brazil	Therapeutic and Educational Project for Autistic Children through Supporting PIPA School for the Autistic Children	July 13—March 16
Bhutan	Social Inclusion Project for Differently Abled People	January 14—January 17
Viet Nam	Project for Developing Rehabilitation Model and Human Recourse Training on Rehabilitation with Application of Pedaled Wheelchair in Viet Nam	January 14—January 17
Pakistan	Project for Promoting Independent Living of Persons with Severe Disabilities by Utilizing Electric Wheelchairs in Lahore, Pakistan	March 14—September 17
Laos	Promotion of Small Scale Entrepreneurship of Person with Disabilities in Lao PDR	March 14—July 16

1-2-4. Grant Aid

Thirty-nine grant aid were awarded between 1980 and March 31, 2014.³⁰⁴

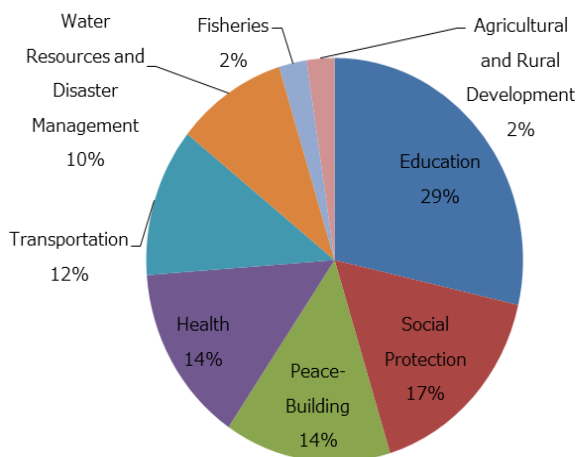
These were mainly construction projects involving rehabilitation centers and

³⁰⁴ Data was collected from (a) the JICA Knowledge Site (from 1995 to February 4, 2014), (b) an interview with the Grant Aid Management II and III of the Financing Facilitation and Procurement Supervision Department in January 2014, and (c) a questionnaire on disability mainstreaming, sent to all JICA centers in Japan and country offices around the world.

schools. The main geographical focus, as in other forms of cooperation, was Southeast Asia (e.g. Cambodia). Eastern Africa (e.g. Kenya) also benefited from the projects, as did Latin America and the Middle East.

Various thematic issues were covered: education (29%); social protection (17%); peace-building (14%); health (14%); transportation (12%); water resources/disaster management (10%); fisheries (2%); and agricultural/rural development (2%).

Chart 1. Grant Aid Related to Disability and Development



The list of disability- and development-related grant aid as follow.

Table 5: Grant Aid for Disability and Development

As of March 31, 2014

Adopted Year	Country	Title of Grant Aid
1985	China	Plan for the Construction of the Rehabilitation Research Center for Persons with Physical Disabilities
1986	China	Plan for the Construction of the Rehabilitation Research Center for Persons with Physical Disabilities
1993	Indonesia	Plan for the Construction of Vocational Training Center
1993	Thailand	Rehabilitation Program Development in the Sirindorn Vocational Training School
1995	Indonesia	Construction Project for the National Vocational Rehabilitation Center for Disabled People (Detailed Design)

Adopted Year	Country	Title of Grant Aid
1996	Indonesia	Construction Project for the National Vocational Rehabilitation Center for Disabled People
1998	Cambodia	Program for Integrated Mine Clearance and Landmine Victim Assistance (Phase 1)
1999	Cambodia	Program for Integrated Mine Clearance and Landmine Victim Assistance (Phase 2)
2000	Kenya	Project for Improvement of Health Services with a focus on Safe Motherhood in the Kisii and Kericho Districts
2000	Jordan	Project for Improvement of Equipment for Vocational Training for the People with Disabilities
2001	Azerbaijan	The project for Improvement of Rehabilitative Equipment in Rehabilitation Centers
2002	Bosnia and Herzegovina	Project for Improvement of Community-Based Rehabilitation Centers
2002	Cambodia	Program for Integrated Mine Clearance and Landmine Victim Assistance (Phase 3)
2003	Thailand	Construction Project for the Construction of the Asia-Pacific Development Center on Disability (Detailed Design)
2003	Thailand	Construction Project for the Construction of the Asia-Pacific Development Center on Disability
2004	Cambodia	Program for Integrated Mine Clearance and Landmine Victim Assistance (Phase 4)
2005	Kenya	Project for Improvement of Health Services with a focus on Safe Motherhood in the Kisii and Kericho Districts
2007	Malawi	Project for Improvement of Blantyre City Roads
2007	Lesotho	The Project for Re-Construction and Expansion of Selected Community Day Secondary Schools
2008	Uganda	Project for Construction of Rice Research and Training Centre
2008	Uzbekistan	Project for Improvement of Equipment for National Center of Rehabilitation and Prosthesis of Persons with Disabilities

Adopted Year	Country	Title of Grant Aid
2008	Cambodia	Program for Integrated Mine Clearance and Landmine Victim Assistance (Phase 5)
2008	Peru	Construction Project for the National Rehabilitation Center for Persons with Disabilities (Detailed Design)
2009	Peru	Construction Project for the National Rehabilitation Center for Persons with Disabilities
2009	Uganda	Project for the Rehabilitation of Hospitals and Supply of Medical Equipment in the Central Region in Uganda (Detailed design)
2009	Kenya	Project for the Construction of Nairobi Western Ring Roads (Detailed Design)
2009	Costa Rica	Project for Improvement of Audiovisual Equipment of the National Theater of Costa Rica
2010	Uganda	Project for the Rehabilitation of Hospitals and Supply of Medical Equipment in the Central Region in Uganda
2010	Kenya	Project for the Construction of Nairobi Western Ring Road
2010	Cambodia	Program for Integrated Mine Clearance and Landmine Victim Assistance (Phase 6)
2010	Malawi	Project for Improvement of Blantyre City Roads (Phase2)
2010	Malawi	Project for Re-Construction and Expansion of Selected Community Day Secondary Schools
2010	Lesotho	Project for the Construction of New Secondary Schools and Upgrading of Facilities in Existing Secondary Schools
2011	Ethiopia	Project for Construction of Secondary Schools in Amhara Region
2011	Cambodia	Project for Flood Disaster Rehabilitation and Mitigation
2011	Kenya	Project for the Upgrading and Refurbishment of the Centre for Mathematics, Science and Technology Education in Africa
2011	Zambia	Project for the Improvement of the Living Environment in the Southern Area of Lusaka

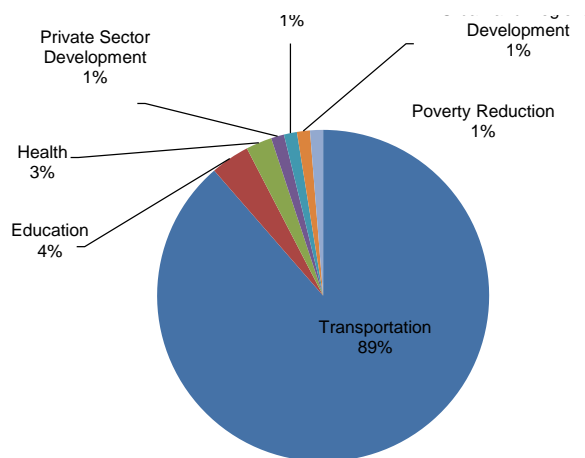
Adopted Year	Country	Title of Grant Aid
2011	Malawi	The Project for Re-Construction and Expansion of Selected Community Day Secondary Schools
2013	Papua New Guinea	Project for Rehabilitation of Madang Town Market he Project for Rehabilitation of Madang Town Market

1-2-5. Loan Assistance

There were 79 instances of disability and development loan-related assistance given between 1996 and March 31, 2014.³⁰⁵ The bulk of the loans were spread out, from India, Thailand, and Indonesia, to Uzbekistan and Turkey.

As for the sectors that take disability into consideration, transportation leads (89%). The remaining sectors are spread out over education (4%), health (3%), environmental management (1%), poverty reduction (1%) and urban and regional development (1%).

Chart 2: Loan Assistance Related to Disability and Development



The list of loan assistance related to disability and development are as follows.

Table 6: Loan Assistance for Disability and Development

As of March 31, 2014

³⁰⁵ Data includes (a) programs listed in Fukuda and Dobashi (2006), (b) programs mentioning persons with disabilities in the ex-ante evaluation sheet, on the JICA Knowledge Site by January 16, 2014, and (c) programs mentioned in the questionnaires.

Adopted Year	Country	Title of Loan Assistance
1995	The Philippines	Metro Manila Strategic Mass Rail Transit Development Project (Phase 1)
1996	Thailand	MRTA Initial System Project (Blue Line) (Phase 1)
1996	Thailand	Second Bangkok International Airport Development Project (Phase 2)
1996	Indonesia	Railway Double Tracking on Java South Line
1996	Uzbekistan	Three Local Airports Modernization Project (Phase 1)
1996	India	Delhi Mass Rapid Transport System Project (Phase 1)
1995	The Philippines	Metro Manila Strategic Mass Rail Transit Development Project (Phase 2)
1997	Thailand	Second Bangkok International Airport Development Project (Phase 2)
1997	Thailand	Second Bangkok International Airport Development Project (Phase 2)
1998	The Philippines	Metro Manila Strategic Mass Rail Transit Development Project (Phase 3)
1998	The Philippines	Selected Airports (Trunkline) Development Project (Phase 1)
1998	Thailand	Second Bangkok International Airport Development Project (Phase 3)
1998	Kazakhstan	Astana Airport Reconstruction Project
1999	Turkey	Bosphorus Rail Tube Crossing Project (Phase 1)
1999	Thailand	Second Bangkok International Airport Development Project (Phase 3)
1999	Thailand	Second Bangkok International Airport Development Project (Phase 4)
1999	Uzbekistan	Three Local Airports Modernization Project (Phase 2)
2000	The Philippines	New Iloilo Airport Development Project

Adopted Year	Country	Title of Loan Assistance
2000	Thailand	MRTA Initial System Project (Blue Line Phase 5)
2000	Thailand	Second Bangkok International Airport Development Project (Phase 4)
2000	India	Delhi Mass Rapid Transport System Project (Phase 2)
2001	The Philippines	Selected Airports (Trunkline) Development Project (Phase 2)
2001	Bulgaria	Sofia Metro Extension Project
2002	India	Delhi Mass Rapid Transport System Project (Phase 3)
2002	Thailand	Second Bangkok International Airport Development Project (Phase 5)
2003	India	Ajanta–Ellora Conservation and Tourism Development Project (Phase 2)
2003	India	Delhi Mass Rapid Transport System Project (Phase 4)
2004	India	Delhi Mass Rapid Transport System Project (Phase 5)
2004	Indonesia	Railway Double Tracking on Java South Line (Phase 2)
2004	Thailand	Second Bangkok International Airport Development Project (Phase 6)
2004	Turkey	Bosphorus Rail Tube Crossing Project (Phase 2)
2005	Egypt	Borg El Arab International Airport Modernization Project
2005	India	Delhi Mass Rapid Transport System Project (Phase 6)
2005	Thailand	Second Bangkok International Airport Development Project (Phase 7)
2006	India	Delhi Mass Rapid Transport System Project Phase (Phase 2)
2006	India	Bangalore Metro Rail Project
2006	Egypt	Grand Egyptian Museum Construction Project
2006	Indonesia	Jakarta Mass Rapid Transit Project (E/S)
2006	Indonesia	Railway Double Tracking on Java South Line (Phase 3) (E/S)
2006	Indonesia	Technical Cooperation Project for the Development of the Engineering Faculty of the Hasanudin University (UNHAS), South Sulawesi

Adopted Year	Country	Title of Loan Assistance
2006	India	Delhi Mass Rapid Transport System Project (Phase 2)
2006	Viet Nam	Ho Chi Minh City Urban Railway Construction Project: Ben Thanh—Suoi Tien Section (Line 1) (Phases 1 and 2)
2007	China	Hunan Municipal Solid Waste Treatment Project
2007	Viet Nam	The 6th Poverty Reduction Support Credit
2007	India	Kolkata East–West Metro Project (Phase 1)
2007	India	Delhi Mass Rapid Transport System Project (Phases 2,3)
2007	Indonesia	Development of World Class University at University of Indonesia
2007	Indonesia	Railway Double Tracking on Java South Line (Phase 3)
2007	Thailand	Mass Transit System Project in Bangkok (Purple Line) (Phase 1)
2007	Viet Nam	Hanoi City Urban Railway Construction Project (Line1) (E/S)
2008	Mongol	New Ulaanbaatar Airport Construction Project
2008	India	Delhi Mass Rapid Transport System Project (Phase 2)
2009	Viet Nam	Hanoi City Urban Railway Construction Project: (Nam Thang Long—Tran Hung Dao Section (Line 2) (Phase 2)
2009	Thailand	Mass Transit System Project in Bangkok (Red Line) (Phase 1)
2009	Indonesia	Jakarta Mass Rapid Transit Project (Phase 1)
2009	Viet Nam	Terminal 2 Construction Project in Noi Bai International Air (Phase 1)
2009	India	Kolkata East–West Metro Project (Phase 2)
2009	India	Chennai Metro Project (Phase 2)
2009	India	Delhi Mass Rapid Transport System Project Phase (Phase 2-5)
2010	Bangladesh	Dhaka–Chittagong Railway Development Project
2010	Thailand	Mass Transit System Project in Bangkok (Purple Line) (Phase 2)
2011	India	Bangalore Metro Rail Project (Phase 2)
2011	Pakistan	Polio Eradication Project

Adopted Year	Country	Title of Loan Assistance
2011	Malaysia	Development Project for Malaysia–Japan International Institute of Technology
2012	Sri Lanka	Project for Improvement of Basic Social Services
2012	Sri Lanka	Bandaranaike International Airport Development Project (Phase 2)
2012	India	Delhi Mass Rapid Transport System Project Phase (Phase 3)
2012	Viet Nam	Terminal 2 Construction Project in Noi Bai International Air (Phase 2)
2012	Viet Nam	Ho Chi Minh City Urban Railway Construction Project: Ben Thanh—Suoi Tien Section (Line 1) (Phase 2)
2012	Egypt	Greater Cairo Metro Line No.4 Phase1 Project
2012	Brazil	Belem Metropolitan Trunk Bus system Project
2013	Bangladesh	Dhaka Mass Rapid Transit Development Project
2013	The Philippines	Capacity Enhancement of Mass Transit Systems in Metro Manila
2013	The Philippines	New Bohol Airport Construction and Sustainable Environment
2012	India	Chennai Metro Project (Phase 3)
2013	India	Mumbai Metro Line 3 Project
2013	Viet Nam	Terminal 2 Construction Project in Noi Bai International Air (Phase 3)

1-2-6. Volunteer programs³⁰⁶

JICA dispatched 45,985 volunteers between 1965 and March 31, 2014. Of these, 2,647 volunteers (5.8%) engaged in disability- and development-related activities (see table 7).³⁰⁷ In terms of occupation, also dispatched were volunteers in the area of special education (640), physical therapy (448), social

³⁰⁶ Volunteers engaged in disability and development-related activities were taken from data on the JICA Knowledge Site.

³⁰⁷ Volunteer programs include Japanese Overseas Cooperation Volunteers (JOVCs), Senior Volunteers, and Youth and Senior Volunteers for Nikkei (Japanese Descendant) Communities Volunteers.

work (371), occupational therapy (307), acupuncture moxa cautery massage (51), speech therapy (35), and prosthetists and orthotists (22). Indirectly, volunteers on youth activities (132), handicrafts (89), as well as some on computers and dress making have contributed to the livelihood of persons with disabilities. The main geographical regions where these volunteers were dispatched are Asia (36%) and Latin America (32%).

Table 7: Volunteer Program and Disability and Development

As of March 31, 2014

Speciality	Asia	Ocean	Europe	Middle East	Africa	Latin America	Total
	929	144	41	291	387	855	2,647
	35.1%	5.4%	1.5%	11.0%	14.6%	32.3%	100.0%
Nursing of Persons with Disabilities ^{*1}	222	38	19	83	59	219	640
Physical Therapy ^{*2}	156	66	7	35	49	135	448
Social Work/Social Welfare ^{*3}	101	3	9	15	39	204	371
Occupational Therapy ^{*4}	139	8	1	33	27	102	310
Acupuncture Moxa Cautery Massage ^{*5}	38	1	0	0	3	9	51
Prosthetists and Orthotists/Assistive Products ^{*6}	5	0	0	5	7	5	22
Speech Therapy ^{*7}	4	6	0	3	6	16	35
Physical Education ^{*8}	34	0	0	24	8	24	90
Assistance and Education for Persons with Disabilities ^{*9}	7	3	0	2	3	1	16
Youth Activities ^{*10}	38	3	0	26	31	34	132
Handicrafts ^{*11}	34	2	0	16	13	24	89
Home Arts and Life Improvement ^{*12}	17	1	0	9	38	2	67
Medicine ^{*13}	19	1	1	4	17	28	70
Community Development ^{*14}	30	4	0	3	38	6	81
Arts ^{*15}	15	0	0	13	2	13	43
Primary Sector ^{*16}	4	1	0	4	18	12	39
Secondary Sector ^{*17}	26	0	0	2	11	2	41
Tertiary Sector ^{*18}	1	2	0	0	0	2	5
Education ^{*19}	11	3	1	5	7	9	36
Sports ^{*20}	9	0	3	3	0	5	20
Technology ^{*21}	19	2	0	6	11	3	41

JV: Japan Overseas Cooperation Volunteer

SV: Senior Volunteer

Nikkei: Japanese Descendant Communities Volunteer

*1: Include Former JV (Nursing of Disabled People) and Former SV (Nursing of Disabled People)

*2: Include Former JV/SV/Nikkei Youth/Third Generation (Physical Therapy)

*3: Include Former JV/SV/Third Generation (Social Work), Former SV(Social Welfare), Former Nikkei Youth (Social Work), Former Nikkei Youth (Welfare Trainer), Former Nikkei Youth (Welfare Caretaker) and Former SV (Welfare)

*4: Include Former JV/Third Generation (Occupational Therapy)

*5: Include JV/SV/Nikkei Youth/Third Generation (Acupuncture Moxa Cautery Massage), Former SV (Acupuncture Moxa Cautery Massage) and Former SV (Acupuncture Moxa Cautery Massage)

- *6: Include Former JV (Prosthetists and Orthotists) and Former Third Generation (Assistive Products)
- *7 Former JV (Speech Therapy)
- *8 Include Former JV/SV/Third Generation (Gymnastics) and Former SV (Gymnastic for Persons with Disabilities)
- *9: Include Former Third Generation (Assistance for Persons with Disabilities)
- *10 Include Former JV/SV/Third Generation (Youth Activities)
- *11: Include Former JV/SV/Third Generation (Handicraft), Former JV (Chinaware), Former JV (Bamboo Craft), Former JV (Carpentry), Former JV (Leather Craft) and Former JV (Knitting)
- *12: Include Former JV (Hair Dressing), Former JV (Home Arts), Former JV/SV (Cooking) and Former JV/SV (Dress Making)
- *13: Include Former SV (Medicine), Former SV (Dental Hygiene), Former JV/SV (Nursing), Former JV/SV (Public Health Nursing), Former JV (Pharmacy), Former JV/*Nikkei* Senior (Nutrition) and Former JV (Infection and HIV/AIDS Control)
- *14: Include Former JV/SV (Rural Community Development), Former JV/SV (Program Officer) and Third Generation (Community Development)
- *15: Include Former JV (Photography), Former JV (Film Production), Former JV (Music), Former JV/SV/Third Generation (Fine Arts), Former SV (Culture) and Former SV (Landscape Architecture)
- *16: Include Former JV (Food Crops and Rice Culture), Former (Flower Growing), Former JV (Vegetable Growing), Former JV (Fruit Growing), Former JV (Animal Husbandry), Former JV (Forestry and Afforestation) and Former JV (Aquatic Products Processing)
- *17: Include Former JV (Textile), Former JV (Printing and Book Binding), Former JV (Machine Tools), Former JV/SV (Refrigeration and Air Conditioning), Former JV (Electric and Electronic Apparatus), Former JV (Automobile Maintenance), Former JV/SV (Architecture), Former JV (Food Processing) and Former JV/SV (Quality Management)
- *18: Include Former JV/SV (Business Administration), Former SV (Public Administration) and Former SV (Group Facilitator)
- *19: Include Former JV (Science Education), Former JV (Primary School Education), Third Generation (Primary School Education), Former JV/SV (Early Child Education) and Former JV/SV (Audio-visual Education)
- *20: Include Former JV (Track and Field), Former JV/Third Generation (Swimming), Former JV (Table Tennis), Former JV (Volleyball), Former JV (Basketball), Former JV (Baseball), Former JV (Karatedo) and Former JV (Judo)
- *21: Include Former JV/Third Generation (Computer Technology), Former JV (PC Instructor), Former SV (Mechanical Engineering) and Former SV (Electronic Engineering) and Former SV (Science)

1-2-7. Training Programs

As of March 31, 2014, Japan hosted 3,892 participants on disability- and development-related training programs (2,717 participants were hosted through group training courses; 791 in region-focused training; 218 in a training program for young leaders; and 166 in country-focused training).

Disability-specific training includes the leadership training for persons with disabilities, which started in 1986. In this course, Japanese leaders with disabilities share, with leaders with disabilities from various countries, practical knowledge based on their own experiences, to help persons with disabilities live independently in the community. Some of the participants have become key individuals, broadly engaged in their respective countries.

Disability- and development-related training courses are noted below.

Table 8: Training Program for Disability and Development

As of March 31, 2014

Type	Year	Country /Region	Title of Course	Number of Participants																			
				'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	Sum	
International Training and Dialogue	1980	N/A	Intellectual Disabilities in Community Activities	139	8	9	9	10	8	9	11	10	8	8	8	11	8	3	6	8	11	284	
	1980	N/A	Intellectual Disabilities ¹	139	8	9	9	10	8	9	8	8										208	
	1980	N/A	Intellectual Disabilities II	139	8	9	9	10	8	9	11	10	8	9								230	
	1981	N/A	Prosthetic and Orthotic Technicians ²	76	6	5	4	4	4	4	4	4	4	2	4	2	4					127	
	1983	N/A	Rehabilitation of Persons with Disabilities: Vocational Rehabilitation and Workshop Management ³	138	9	11	11	9	10	10	8											206	
	1986	N/A	Leaders of Persons with Disabilities ³	102	7	11	12	9	10	9	10	10	9	7	10	9	8	8	7	8	7	253	
	1989	N/A	Practice Course on Therapy and Prevention of Leprosy ⁴	36	5	5	4	5	4	4	5	5	5	4								82	
	1990	N/A	Leadership Training Program for Future Leaders in Sports for Persons with Disability ⁵	67	9	11	12	10	11	12	12	10	11	9	11	8	7	4	9	6		219	
	1991	N/A	Laboratory Diagnosis Techniques for Global Polio Eradication ⁶	38	11	15	11	4	7	6	10	7	7	9	5	3	13	8	9	16		186	
	1992	N/A	Seminar for Senior Officers in Psychiatric Team-Care (Asia)	33	6	10	8	6	8	9	10	10										100	
	1995	N/A	Technical Aid for Visually Disabled Persons (Asia and Pacific)	15	8	10	8	0	10	9	7											67	
	1995	N/A	Leadership Training for Deaf Persons ⁷	15	8	8	8	7	8	8	8	8	8	9	10	7	5	9	9			143	
	1996	N/A	Vaccine Quality Control Technology ⁸	59	6	6	5	6	3	4	4	4	4	4	4	3	4					116	
	1997	N/A	Independent Living for Disabled Persons ⁹		5	8	8	8	9	8	8	6	6									66	
	1999	N/A	Instructors' Training of Esophageal Vocalization (Asia)									5										5	
	1999	N/A	Seminar on Eradication of Vaccine Preventable Disease ¹⁰			9	7	6	8	7	8	9										54	
	2001	N/A	Medical Staff Training Course (Radiological Technology, Rehabilitation) II									13	13									26	
	2003	N/A	Therapeutic Massage Instructors for Visually Impaired Persons (Asia and Pacific) ¹¹								8	10	3	1	5							27	
	2004	N/A	Vocational Rehabilitation and Employment Promotion of Persons with Disabilities: Workshop Management ¹²									10	9	7	10	6						42	
	2006	N/A	Seminar on Epidemiology and Control Measures of Vaccine Preventable Diseases: Polio End Game										8	7	7		5	5	4			36	
	2007	N/A	Medical Staff Training Course (Radiological Technology, Rehabilitation) ¹³											10	9	7						26	
	2008	N/A	Maternal and Child Health and Welfare Workshop										10									10	
	2007	N/A	Study Programme for the Senior Social Welfare Administrators ¹⁴											10	5	6						21	
	2010	N/A	Employment Promotion of Persons with Disabilities and Realization of Decent Work for All (A) ¹²														5	6	9	11	8	39	
	2010	N/A	Improvement of the Social Welfare System															11	9	9		29	
	2010	N/A	Medical Staff Training (A) ¹³															5	5	4		14	
	2011	N/A	Development of Leadership and Networking of Persons with Disabilities ³																	7	8	7	22
	2012	N/A	Medical Staff Training [Group A:Radiological Technologists, Group B:Physical or Occupational Therapists] (B) ¹³																		5	5	
	2012	Jordan	Economic Empowerment of Persons with Disabilities(PWDs) through a Community-Based Employment Support (A)																		6	5	11
	2012	N/A	Economic Empowerment of Persons with Disabilities(PWDs) through a Community-Based Employment Support (B)																		16	16	32
2012	N/A	Mainstreaming of Persons with Disabilities for African Countries ¹⁵																	10	10	11	31	
Region-Focused Training and Dialogue	1986	Third-Country Training	DPI Disability Leadership Training Seminar	304	37	25	19	40	56	26											507		
	2002	Africa	Mainstreaming and Empowerment of Persons with Disabilities in Africa ¹⁶							10	10	10	11	10	5	5	4					65	
	2006	Oceania	Human resource development in the field of social welfare in Oceania ¹⁷											8	10	6						24	
	2006	Latin America	Education for Children with Disabilities for South American Countries ¹⁸												12	11						23	
	2006	Latin America	Support for the Establishment of Neonatal Screening System for Congenital Hypothyroidism for Latin American Countries											6	6							12	
	2006	Africa (French)	Seminar on Epidemiology and Control Measures of Vaccine Preventable Diseases											4	6	7						17	
	2007	Middle East	Promotion of the CBR Program in the Middle East												6	5	6	6				23	
	2008	Central America and the Caribbean	Independent Living Activity of Persons with Disabilities in Central American and Caribbean Countries ²⁰													7	7	5	9	7	8	43	
	2009	Jordan, Tunisia	Economic Empowerment of Persons with Disabilities (PWDs) through a Community-Based Employment Support														3	4	4			11	
	2009	Bolivia, Ecuador, Paraguay	Education for Children with Disabilities for South American Countries														7	9	6			22	
	2010	Thailand, Viet Nam, Myanmar	Special Needs Education for Asian Region																	3	6	6	15
	2010	Central Asia and the Caucasus	Mainstreaming and Empowerment of Persons with Disabilities (PWD) in Central Asian Countries																	7	9	6	29

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Type	Year	Country /Region	Title of Course	Number of Participants													Sum					
				'96	'97	'98	'99	00	01	02	03	04	05	06	07	08		09	10	11	12	13
Training Program for Young Leaders	2008	Malaysia	Training Programme for Young Leaders for Malaysia/Social Welfare(People with Disabilities)															16	15	17	16	64
	2009	Thailand	Training Programme for Young Leaders for Thailand/Support System for Persons with Disabilities Course																14	17	15	46
	2009	Central Asia and the Caucasus	Training Program for Young Leaders for Central Asian/Caucasus Countries/Support System for Persons with Disabilities Course																17	20	11	48
	2010	The Philippines	Training Program for Young Leaders for the Philippines/Support System for Persons with Disabilities Course																	16		16
	2010	Africa	Training Program for Young Leaders for African Countries (English)/Support System for Persons with Disabilities Course																	23		23
	2013	Latin America	Training Program for Young Leaders for Latin American Countries (Spanish)/Support System for Persons with Disabilities Course																		21	21
Country-Focused Training	1998	Thailand	Supporting Measures to the Persons with Disabilities				6															6
	1998	Thailand	Special Education for Persons with Disabilities				5															5
	1998	Malaysia	Special Education Training Course				3															3
	2000	Myanmar	The Leprosy Control and Basic Health Services Project									7										7
	2002	Cambodia	Social Welfare Administration							5												5
	2002	Malaysia	Training Course for CBR Workers in Malaysia ²¹							6			6	6								18
	2002	Uruguay	Daily Life Therapy for Children with Autism							1												1
	2004	The Philippines	Promotion of the Employment of Persons with Disabilities									11										11
	2004	Jordan	CBR Leadership Training									2	6	6	6							20
	2005	Nepal	Measures to Social welfare for Persons with Disabilities									1										1
	2006	Cameroon	Training for Gender Mainstreaming in Social Welfare Policy										1									1
	2006	Malaysia	Economic Partnership Program (EPP) Training and Attachment Programme for Special Education										2	6								8
	2006	Laos	Support for Socially Vulnerable People											1	4							5
	2008	Nepal	Special Needs Education																			1
	2008	Jordan	Economic Empowerment of Persons with Disabilities																8			8
	2009	Iran	Job Training of the Disabled Persons																	2		2
	2010	Syria	Formation of Supports for Persons with Disabilities in Syria																		8	8
2010	Jordan	Community Rehabilitation																		7	7	
2011	Jordan	Economic Empowerment of Persons with Disabilities (Phase 2)																		8	4	12
2012	Libya	Improvement of Management on the rehabilitation of persons with Disabilities ²²																			28	28
2013	Jordan	Improving Accessibility for Persons with Disabilities																			9	9
				1284	238	264	245	146	189	165	142	155	122	140	161	145	119	163	171	228	118	3892

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*1: The title was "Welfare for Intellectual Disability" in 1980's and from 2000.

*2: It was conducted as a special course and an International Training and Dialogue from 1981 and from 1986 respectively.

*3: It has started as a special course since 1983. In 1983, it diverted into two courses: "Rehabilitation of Persons with Disabilities: Vocational Rehabilitation and Workshop Management" and "Leaders of Persons with Disabilities." In 2011, the title was changed as "Development of Leadership and Networking of Persons with Disabilities".

*4: The title was "Seminar on Leprosy Research" from 1989 and "Practice Course on Therapy and Prevention of Leprosy" from 1989.

*5: The title was "Leadership Training for Persons with Physical Disabilities" from 1990, "Leadership Training for Sports for Persons with Disabilities" from 2000, "Social Integration through Sports for Persons with Disabilities" from 2005, "Promotion of Social Participation of Persons with Disabilities through Sports" from 2006 and "Leadership Training Program for Future Leaders in Sports for Persons with Disabilities" from 2010.

*6: The title was "Biological Techniques for the Polio Eradication Program" from 1991, "Improvement of Biological Techniques for the Global Polio Eradication Program" from 2002, "Laboratory Diagnosis Techniques for Global Polio Eradication" from and "Laboratory Diagnosis Techniques for the Control of Vaccine Preventable Diseases, including Poliomyelitis and Measles" from 2010.

*7: The title was "Leadership Training for Deaf Persons II" from 2005, "Leadership Training for Deaf Persons" from 2007, "Leadership Training for Deaf Persons: Empowerment of Deaf Organisations" from 2010.

*8: The title was "Biotechnology Course" from 1987 and "Vaccine Quality Control Technology" from 1994.

*9: The title was "Independence of Disabled People" from 1997 and "Independent Living for Disabled Persons" from 2002.

*10: The title was "Seminar on Eradication of Vaccine Preventable Disease" from 1999 and "Seminar on Eradication of Vaccine Preventable Disease II -for Polio End Game & Measles Elimination-" from 2004.

*11: The title was "Support for Visually Impaired Persons with Therapeutic Massage (Asia Pacific)" from 2003 and "Therapeutic Massage Instructors for Visually Impaired Persons (Asia Pacific)" from 2004.

*12: The title was "Vocational Rehabilitation and Employment Promotion of Persons with Disabilities -Workshop Management-" from 2004, "Promoting Employment of Persons with Disabilities and Realization of Decent Work for All" from 2010, "Promoting Employment of Persons with Disabilities and Realization of Decent Work for All (A)" and "Promoting Employment of Persons with Disabilities and Realization of Decent Work for All (B)" from 2013.

*13: The title was "Medical Staff Training Course" from 2010, "Medical Staff Training (A)" from 2010 and "Medical Staff Training [Group A: Radiological technologists, Group B: Physical or Occupational Therapists" from 2012.

*14: The title was "Study Program for Senior Social Welfare Administrators" from 2004 and "Study Program for the Senior Social Welfare Administrators" from 2007.

*15: The title was "Mainstreaming of Persons with Disabilities for African Countries" from 2012, "Mainstreaming of Persons with Disabilities for African Countries -Independent Living Program-" from 2013 and "Independent Living and Mainstreaming for Persons with Disabilities in Africa" from 2014.

*16: It was conducted as "Mainstreaming and Empowerment of Persons with Disabilities in Southern Africa" in the International Training and Dialogue from 2002 and in the Region-Focused Training and Dialogue from 2008.

*17: The title was "Human Resource Development in the Field of Social Welfare in Oceania" from 2006 and "Human Resource Development in the Field of Special Needs Education and Social Welfare in Oceania" from 2008.

*18: The title was "Education for Children with Disabilities" from 2006 and "Education for Children with Disabilities in Latin America" from 2007.

*19: The title was "Disaster Nursing and Rehabilitation" from 2008 and "Disaster Nursing and Rehabilitation Course in Asia" from 2009.

*20: The title was "Independent Living Activity of Persons with Disabilities in Central America and Caribbean Countries" from 2008 and "Independent Living Activity of Persons with Disabilities in Central and South American Countries" from 2011.

*21: The title was "Method of taking care of Intellectual disability" from 2002 and "Training Course for CBR Workers in Malaysia" from 2006.

*22: In 2012, "Improvement of Management on the rehabilitation of persons with Disabilities", "Rehabilitation Techniques (A) and (B)" and "Rehabilitation Techniques (Prosthetic and Orthotic Techniques)" were attended by 14 participants, 12 participants and 2 participants respectively.

1-2-8. Public-private partnership

The first public-private partnership program related to disability and development was launched in 2012. Since then, four projects have been undertaken as of March 31, 2014. The projects have been diverse, ranging from a survey on utilization of pedal-driven wheelchairs and prosthetics, to accessibility of information, to education and employment for those with visual impairment.

Table 9: Public-Private Partnership for Disability and Development

As of March 31, 2014

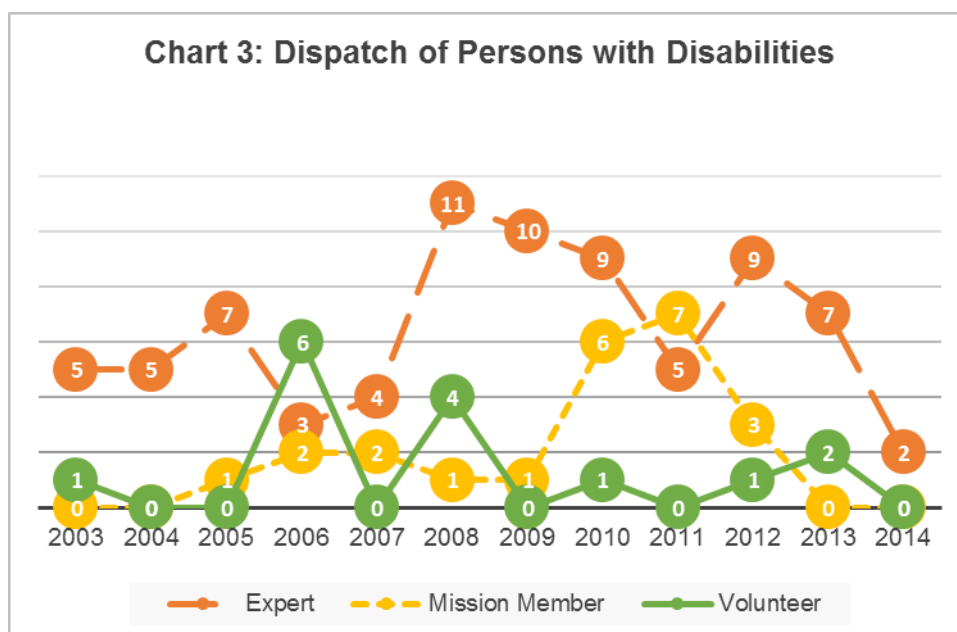
Adopted Year	Country	Title of Project	Proposer	Co-Proposer
2012	Vietnam	Investigative Report on Preparation for BOP Business of A Pedal-Driven Wheelchair aiming for Disabled People Social Rehabilitation	TESS Co., Ltd.	re:terra lab. TEPIA Corporation
2012	Vietnam	Special artificial limbs and orthosis	SAKIMA Prosthetics & Orthotics Co.,	Okinawa Research Ltd

Adopted Year	Country	Title of Project	Cooperation	Consult Company
2012	Thailand, India, Brazil, the Philippines	A Survey of ODA Needs for Achieving Equitable Access to Knowledge for Persons with Print Disabilities	EX Research Institute	
2012	Sudan	Project Formulation Survey on Education and Employment Support for Persons with Visual Impairment in Sudan	Nippon Telesoft, Co., Ltd	Earth System Science Co., Ltd

1-2-9. Dispatch of persons with disabilities

Between 2003 and March 31, 2014, JICA sent overseas 115 persons with disabilities (77 individual experts, 23 mission members, and 15 volunteers),

mainly as technical cooperation project experts (chart 3).³⁰⁸ The numbers are growing, with ever more persons with disabilities contributing to JICA projects. Their assignments are diverse: peer-counselling for empowerment, capacity development of persons with disabilities, independent living support, and accessibility.



1-3. JICA documents on disability and development

As part of an organizational responsiveness toward disability and development issues, JICA has trained its staff and raised awareness through JICA-Net multimedia textbooks and references for inclusive education. In 2013, JICA published a brochure, “JICA’s activities on Disability and Development” for the public. The list of JICA documents and publications in this area follows:

1-3-1. Internal Documents

- JICA. 2005. “Shōgai borantea haken no chōsa” (A survey on the dispatch of volunteers with disabilities).
- JICA. 2007. “Kensyū tantōsha no tameno shōgaisha ukeire tebiki” (Handbook for training instructors: How to accept persons with disabilities).
- JICA. 2009. “Shōgai o yūsuru senmonka haken gaidorain” (Guidelines on the

³⁰⁸ There is no record of all the experts and mission members with the Department of Human Development

dispatch of experts with disabilities).³⁰⁹

- JICA. 2009. “Shōgaisha no borantea sankā ni kansuru gaidorain” (Guidelines on the participation of persons with disabilities in JICA’s volunteer programs).
- JICA. 2009. “Inkurūshibu kyōiku shitsumu sankō shiryō” (Reference materials on inclusive education).
- JICA. 2010. “Infra seibi jigyō ni okeru bariafurī hairyo jisshi no tameno shitsumu sankō shiryō (Yen shakkan jigyō)” (Reference materials on the implementation of barrier-free infrastructure projects [ODA Loan]).
- JICA-Net. 2010. “30 pun de wakarū! Kaihatsu ni yakudatsu shōgai nyūmon” (A Helpful 30-minute Introduction to Disability and Development).

1-3-2. Public Documents

- JBIC. 2006. “Making Development Projects Inclusive/Accessible for Persons with Disabilities in ODA Loan Operations.”
- JICA. 2011. “Tokusyu: ishiki o kaeru, shakai ga kawaru” (Special report: Change mind-set, society will change). *JICA’s World* (December 2011).
- JICA. 2013. “JICA’s activities on Disability and Development”.

1-3-3. Studies, research and visiting researcher reports³¹⁰

- JICA Research Institute. 1996. “Heisei 7 nendo kokumin sankagata kyōryoku suishin kichō chōsa ‘shōgaisha no kokusai kyōryoku jigyō eno sankā’ (Dai 1 fēzu)” (1995 Basic survey of citizen participation: The role of persons with disabilities in international cooperation [Phase 1]).
- JICA Research Institute. 1997. “Heisei 8 nendo kokumin sankagata kyōryoku suishin kichō chōsa “shōgaisha no kokusai kyōryoku jigyō eno sankā (Dai 2 phase) (Data collection survey for the citizen participatory cooperation in 1996: The participation of persons with disabilities in International cooperation [Phase 2]).”
- JICA. 2000. “Heisei 11 nendo tokutei tēma hyōka chōsa hōkokusho: Tai shōgaisha shien” (Report on thematic evaluation of JICA’s support for persons with disabilities in Thailand).
- Kuno, Kenji and David Seddon. 2003. *Kaihatsu ni okeru shōgaisha bun'ya no twin-track approach no jitsugen ni mukete: Kaihatsu no shōgai bunseki to community-based rehabilitation CBR no genjō to kadai soshite kōkatekina*

³⁰⁹ It was made along with the publication of the *Thematic Guidelines on Disability and Development* in 2009.

³¹⁰ For other seminar reports, see the JICA Knowledge Site.

jissen ni tsuite no kōsatsu (For the realisation of a twin-track approach in development: an analysis of disability and development).

- Nagata, Kozue. 2005. Arabu isuramu chiiki ni okeru shōgaisha ni kansuru jūyō kadai to shōgaisha shien apurōchi ni kansuru kenkyū (Study of important issues of disability and approaches to support persons with disabilities in the Arab–Islam region).

Appendix 2. JICA's Programs

Appendix 2 presents JICA programs that have been implemented since 2000, categorizing them in two sections: “Disability-specific programs” (section 2-1.) and “non-specific disability programs” (section 2-2.) as supplementary to the main body of this document. Keywords are added to identify how the projects are relevant to 2-3 “Disability and development approaches” in chapter 2 as well as 3-1 “JICA’s focus” and “JICA’s thematic issues” and 3-2 “Points to bear in mind for program implementation” in chapter 3.

2-1. Disability-specific programs

Appendix 2-1

Title	1. Project for the Construction of the Asia–Pacific Development Center on Disability (Exchange of Notes, June 2003) 2. Asia–Pacific Development Center on Disability (Phases 1 and 2), (August 2002–July 2012)
Country/region	1. Thailand 2. Asia–Pacific
Form of cooperation	1. Grant aid 2. Technical cooperation project
Overview	The Asia–Pacific Development Center on Disability (APCD) was established as a focal point for disability and development in 30 countries of the Asia–Pacific region. Its objectives were empowerment of persons with disabilities, social reform by these individuals, and the development of an accessible society. At the time, it was seen as an innovative disability-specific project.
Keywords	Approaches: Set up disability-specific systems; promote programs and services; person-centered approach; emphasize accessibility; carry out community-based rehabilitation (CBR); plan awareness raising.
	Mid-term objectives: Empowerment of persons with disabilities; disability-inclusive projects; formulation and exercise of policies and regulations.
	JICA’s thematic issues: Social protection; gender and development; poverty reduction.
Characteristic	• Promote collaboration with government agencies, international

activities	<p>organizations, disabled people’s organizations (DPOs), NGOs and the private sector.</p> <ul style="list-style-type: none"> • Disseminate information on disability. • Provide training for leaders with disabilities and government officials (regarding accessible buildings, transportation; ICT, CBR). • Support persons with intellectual disabilities (phase 2).
Outcomes	<ul style="list-style-type: none"> • The APCD promoted barrier-free environments, facilitated ICT use among persons with disabilities and set up independent living centers. • The APCD concluded a partnership agreement with 33 countries and built a network comprising more than 200 DPOs and NGOs. • Six regional networks were created (the CBR Asia–Pacific Network, Empowerment-café, ASEAN Autism Network, South Asia Disability Forum, Central Asia Disability Forum, and Asia–Pacific Federation of the Hard of Hearing and Deafened) with core members comprising JICA trainees with disabilities. • More than 1,600 persons (of which more than half were persons with disabilities) were trained to contribute to the capacity development of DPOs and CBR leader development. • Legislation and programs to empower persons with disabilities and eliminate social barriers were promoted. The APCD and its trainees supported this process. • In phase 2, the first DPOs comprising persons with intellectual disabilities was formed in Thailand. • In <i>Development Outreach</i>, published by the World Bank Institute, the APCD was introduced as one of six good practices of South–South cooperation.
Lessons learned	<ul style="list-style-type: none"> • The APCD took a comprehensive approach to: partnership and collaboration; information support; and human resources development. The synergy it created generated a positive effect. • As the project took a participatory approach in which persons with disabilities operated and managed the project right from the planning stage, persons with disabilities were able to identify what was needed to empower them, persons with disabilities and to remove social barriers. Moreover, the project raised public awareness about persons with disabilities. • The role model approach taken by persons with disabilities

	<p>contributed to self-empowerment. Persons with disabilities able to function as resources or leaders were invited as lecturers and trainees. After the period of training ended, the APCD supported the trainees' activities.³¹¹</p> <ul style="list-style-type: none"> • How to provide conditions necessary to realize a barrier-free, rights-based society, accessible facilities, and information. • Communication among governments and DPOs in developing countries can be limited and may hinder empowerment of persons with disabilities and promotion of accessible societies. The APCD, a regional cooperation agency recognized by initiatives implementing the Biwako Millennium Framework, helped governments and DPOs network. • In order to select persons with disabilities who would be role-models of empowerment, a preliminary survey and analysis of the needs of DPOs was carried out. In addition, questionnaires were distributed, field surveys conducted in some countries, and steps to evaluate projects taken. • The APCD held discussions with governments, sharing and promoting understanding of its mission to collaborate with them. • Recognizing the need to focus on rural and urban areas, it was found that developing and supporting community self-help groups was effective. Projects needed to be relatively large, with adequate sources of investment and relevant training provided.
References	<ul style="list-style-type: none"> • Terminal Evaluation Report (Phases 1) • Terminal Evaluation Report (Phase2). • JICA website.

Appendix 2-2

Title	<ul style="list-style-type: none"> • Project for Supporting Social Welfare Administration—Promotion of the Social Participation of the Deaf Community (Phase 1), (December 07–December 10). • Project for Supporting Social Welfare Administration—Promotion of the Social Participation of the Deaf Community (Phase 2), (August 2011–August 2014).
Country/region	Myanmar
Form of	Technical cooperation project

³¹¹ JICA [2008b.](#)

cooperation	
Overview	<p>Accessibility projects tend to focus on removing physical barriers (e.g., making levels uniform) to benefit those with physical disabilities. But this project addressed information accessibility for those with hearing impairment. The project supported human resources development, and developed systems and programs for sign language, which previously had not existed in Myanmar.</p> <p>The project aimed to develop sign language trainers' and supporters' skills,³¹² to spread sign language nationwide; and to help the socialization of the deaf by enhancing their communication skills.</p>
Keywords	Approaches: Promote disability-specific system, program and service; person-centered research; accessibility (information); awareness raising.
	Mid-term objectives: Empowerment of people with disabilities; disability-inclusive project.
	Thematic issues: Social protection; ICT.
Characteristic activities	<ul style="list-style-type: none"> • Analyze Myanmar sign language. • Produce Myanmar sign language conversation booklet. • Learn basic sign language teaching methods. • Raise disability awareness (among the general public).
Outcomes	<ul style="list-style-type: none"> • For the first time in Myanmar, the project produced sign language trainers (nine) and sign language supporters, who work as sign language interpreters (24). The project helped provide information for those with hearing impairment. • An extract from the <i>Myanmar Sign Language Conversation Booklet</i> was taken up in the <i>Health Digest</i>, a medical journal, that publishes 30,000 copies a week. This increased public recognition of sign language. • Sign language was used for TV news coverage of the ASEAN Paralympic Games in December 2013, following its use during the Southeast Asian Games. National media coverage helped raise rural awareness regarding sign language.
Lessons learned	<ul style="list-style-type: none"> • Empowering Deaf people helps promote their better understanding, and relations with the public. • Greater rural awareness about sign language helped promote use

³¹² Sign language support is communication, between persons with and without hearing impairment, made possible by using basic sign language. Sign language interpretation requires advanced techniques. It is difficult to train sign language interpreters in a short time and, therefore, this project aimed to produce sign language supporters.

	<p>of sign language nationwide.</p> <ul style="list-style-type: none"> • Through the creation of a sign language as a linguistic culture, Deaf people were empowered as decision-makers, people with special skills, and agents of social change. • Seeing the results of a project focusing on the needs of Deaf people, the public realized that disability-related programs are not limited to medical rehabilitation, but include access to information. This was important for those with visual and intellectual disabilities. • Cooperation synergy: The optic fiber laid with grant aid was used to broadcast Paralympic news in sign language.
References	<ul style="list-style-type: none"> • Terminal report for the project (Phase 2). • Terminal evaluation report • End of assignment reporting on March 19, 2014. • JICA's website.

Appendix 2-3

Title	<ul style="list-style-type: none"> • Project for implementation of the unified registration of the handicapped person in La Paz (August 2006–November 2009). • Project for the program of the unified registration of the person with disability (Phase 2), (March 2009–March 2012).
Country/region	Bolivia
Form of Cooperation	Technical cooperation project
Overview	JICA supported the construction of a unified registration system for persons with disabilities to get a more accurate picture of their situation. It also supported the drafting of a new disability law based on the analyzed data.
Keywords	Approaches: Disability-specific system, program and services; accessibility.
	Mid-term objectives: Disability-inclusive policy and regulations; disability-focused project; empowerment of persons with disabilities.
	Thematic issues: Social protection; peace-building; poverty reduction; governance; health.
Characteristic activities	<ul style="list-style-type: none"> • Establish a unified registration system for persons with disabilities. • Train human resources to assess disabilities. • Conduct a trial run of the registration system for persons with disabilities.

	<ul style="list-style-type: none"> • Examine and analyze the trial results. • Raise public awareness of the registration system. • Promote accessible environments at health facilities.
Outcomes	<ul style="list-style-type: none"> • A presidential decree was adopted on unified registration system for persons with disabilities. • Forty-three teams formed to determine types and degrees of individual impairments to be registered. By October 31, 2011, 38,738 persons with disabilities had been registered. • Causes of disabilities were analyzed; a new disability law was drafted. • A disability certificate system was established; National Disability Examination Units were set up in national labor health hospitals; and disability cards were issued to persons with disabilities in nine provinces. • The government recognized that the sustainability of disability and development is important. It set up a Disability and Rehabilitation Unit in the Ministry of Health and Sports.
Lessons learned	<ul style="list-style-type: none"> • Prompt decisions by the president and commitment by the minister of health allowed the project goals to be achieved in a short time. • Local consultants were assigned to each target province to coordinate stakeholders. Strengthening the partnership with the Ministry of Health and provincial governments resulted in cost-effectiveness and capacity development. • Technical transfers by a third-country expert from Ecuador was effective and went smoothly, owing to the similarities between Ecuador and Bolivia in terms of language, economy, and culture. • Training in neighboring countries, that are physically and culturally close, offered a good opportunity to share experiences, to learn from other countries, and to review the project from a fresh perspective. • Ideally, stakeholders should be selected and roles clarified from the planning stage. However, since staff mobility is politically inevitable, projects must take these realities into consideration.
References	<ul style="list-style-type: none"> • Terminal report for project (Phase 1) • Terminal report for project (Phase 2)

Appendix 2-4

Title	Reinforcement of the Integral System of Rehabilitation with Community Participation in Brunca Region of Republic of Costa Rica, with focus on Human Security Project (March 2007–February 2012).
Country/region	Costa Rica
Form of cooperation	Technical cooperation project
Overview	The project's focus shifted to disability-inclusive development from medical rehabilitation at the implementation stage. The project aimed to strengthen support for social participation by persons with disabilities through a total rehabilitation program in the Brunca region.
Keywords	Approaches: disability-specific system, program and service; person-centered approach; community-based; accessibility.
	Mid-term objectives: Empowerment; disability-inclusive project; disability-inclusive policies and regulations.
	Thematic issues: Social protection; poverty reduction; health.
Characteristic activities	<ul style="list-style-type: none"> • Various stakeholders committed to the project include the National Council on Disability Rehabilitation, Ministry of Health, Ministry of Education, Ministry of Labor, Ministry of Welfare, vocational training centers, disability-related organizations. • Medical rehabilitation: Training of medical staff, strengthening of referral system. • Empowerment of persons with disabilities: Leader training, capacity development of DPOs, support for employment of persons with disabilities, awareness raising targeting government officers and the community at large.
Outcomes	<ul style="list-style-type: none"> • Leaders with disabilities were conscientized and started speaking out more. • Government officers saw social participation by persons with disabilities as important, which led to improved administrative services.
Lessons learned	<ul style="list-style-type: none"> • The focus shifted to disability-inclusive development from medical rehabilitation during the implementation stage, reflecting the global trend, and adding a component of empowerment. This led to persons with disabilities being empowered and other

	<p>positive impacts, including better medical rehabilitation services; persons with disabilities being able to start their own businesses and having greater job opportunities; the promotion of CBR; and stronger links among stakeholders. Consequently, the effectiveness and sustainability of the project increased.³¹³</p> <ul style="list-style-type: none"> • Project results were reflected in the National Development Plan and Disability Policies. The project methodology may be extended to other regions. • JICA made an effort to publicize the project at international conferences and to share its experiences with neighboring countries. As a result, it was known as a disability-inclusive project, and attracted interest from neighboring countries.
References	<ul style="list-style-type: none"> • Terminal report. • JICA's website.

Appendix 2-5

Title	Project for Strengthening of Rehabilitation in Myanmar (July 2008–July 2013)
Country/region	Myanmar
Form of cooperation	Technical cooperation project
Overview	As Myanmar rapidly develops, road accidents and accidents at work are increasing, as is the need for rehabilitation. This project aimed to strengthen the functions, quality of service, and human resources at the National Rehabilitation Hospital (NRH), the sole hospital in Myanmar specializing in rehabilitation.
Keywords	Approaches: Disability-specific system, program and service.
	Mid-term objectives: Empowerment; disability-inclusive project.
	Thematic issue: Social protection; peace-building; poverty reduction; health.
Characteristic activities	<ul style="list-style-type: none"> • Training courses in Japan, and courses to train trainers about spinal cord injuries, cerebral palsy, and strokes. • Teams were created to handle tasks such as teaching material

³¹³ Voices from persons with disabilities who engaged in the project: "Through the project, I understood that persons with disabilities have rights. I recently met the vice-president to request improvement in the lives of persons with disabilities"; "Only one year has passed since I joined in the project. But my personality has completely changed. I learned that I can enrich my life, I can help others, and I can make decisions. I now can tell others this"; "Persons with disabilities became confident and were able to express their opinions. The assistants can easily understand what needs to be done and how."

	development, and risk management and evaluation form design.
Outcomes	<ul style="list-style-type: none"> • Introduced or improved templates (e.g., clients' questionnaires about services and accessible facilities, self-evaluation forms for rehabilitation staff) as a tool for monitoring and evaluation; as a result, monitoring was conducted regularly. • The National Rehabilitation Hospital became accessible. • Assistive devices were produced using local materials by those who attended training courses in Japan or training courses to train trainers. • The number of referral programs, such as member registrations, financial support, provision of wheelchairs and CBR, increased from 12 to 27. The number of users also increased. • The number of out-clients and hospitalized clients undergoing physical therapy and rehabilitation rose. The latter increased from 168 in 2009 to 245 in 2011.
Lessons learned	<ul style="list-style-type: none"> • By forming task-related teams, information sharing became easier, boosting motivation and the sense of responsibility. • The promotion of accessible environments and improved management (e.g., system for client records, referral services, and risk management), led to better rehabilitation services and appropriate responses to clients' needs became possible. The referral program became better and broader in scope, so that discharged clients could undergo vocational training and obtain financial support. • Although one of the goals was to reduce length of hospitalization, because this was not determined only according to the quality of rehabilitation, it was removed from the terminal evaluation. This lesson should be applied to future projects of a similar nature. • The next challenge is to expand the target area to villages, and to offer the services of occupational and speech therapists.
Reference	<ul style="list-style-type: none"> • Terminal report. • JICA's website.

Appendix 2-6

Title	Strengthening the Integral Rehabilitation System for Persons with Disabilities, Especially for Victims of Landmines (August 2008–August 2012)
Country/region	Colombia
Form of cooperation	Technical cooperation project
Overview	The project aimed to strengthen the rehabilitation system for persons with disabilities who were mainly victims of landmines and unexploded ordnance that had been used in armed conflicts between illegally armed groups and government forces.
Keywords	Approaches: disability-specific system; program and service; awareness raising.
	Mid-term objectives: Disability-inclusive project; empowerment of persons with disabilities.
	Thematic issue: Social protection; peace-building; poverty reduction; health.
Characteristic activities	<ul style="list-style-type: none"> • Develop the ability of rehabilitation practitioners at four hospitals in the Departments of Antioquia and Valle, where many landmine-victims live. • Improve emergency treatment—prior to treatment at a medical facility—for victims of landmines, to prevent secondary disability caused by landmine-related infection. • Help promote social participation by persons with disabilities.
Outcomes	<ul style="list-style-type: none"> • Rehabilitation was designed, bearing in mind the whole process, from emergency measures, rescue transfers, and emergency care to inclusion in society. • Since the right of persons with disabilities to social rehabilitation and social participation has been recognized by the general public, the self-esteem of persons with disabilities has been enhanced and changed community attitudes towards them.
Lessons learned	<ul style="list-style-type: none"> • Implementation structure and management: Since the project was geographically diverse, its components various, and stakeholders numerous, communication was critical and difficult. Emphasis was placed on direct in-person communication and regular meetings, instead of emails or telephone calls. The project strengthened the system whereby operations are

	<p>managed, including decision-making procedures, communication network tools, and documentation management. A special effort was made to manage decision-making, to ensure meetings minutes were taken and shared, to avoid discrepancies in opinions.</p> <ul style="list-style-type: none">• Training in Japan: To provide direction for the project, an overview was provided at the very first session by an expert who oversaw the project. The fact that a number of rehabilitation practitioners were able to travel to Japan helped build a common understanding of the Japanese concept of total rehabilitation. It also helped the Colombians adapt the Japanese method to their own hospitals, enabling staff to learn directly what they should do in practice when they returned home, thereby contributing to their capacity development.• By revising the system of product data management (PDM) during operational management training, indicators became clearer, as also the project's focus.• Medical organizations supported by the JICA Partnership Program, were involved in this project.• Use the strengths of organizations involved: Public hospitals engaged in the project as the general hospitals serving the community; private hospitals quickly took action to maximize results in a short time (e.g., by installing useful devices, setting up goals and developing an Internet-based knowledge management tool to share information gained from training with other rehabilitation facilities and experts). NGOs used their networks to conduct awareness raising activities concerning rights and responsibilities, and to promote first aid/emergency care at the community level.• Share the mission and objectives of total rehabilitation services, which takes a holistic approach, combining health, medicine, and welfare (the services include, for example, prevention of diseases and injuries causing impairments, medical treatment and rehabilitation for functional recovery, and social skills development). We shared the mission and objectives to implement this project with stakeholders, including the government, local authorities, hospitals, and NGOs. They
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	<p>understood the nature of the services, fulfilled their expected roles, and collaborated together. This led to the successful implementation of the project.</p> <ul style="list-style-type: none"> • Cascade training: Since the trainees were expected to teach others, they felt motivated and brought about positive results. • Use local resources: Workshops on mine risk education, first-aid for the main stakeholders at the community level—in collaboration with specialist agencies based in each department—and mine situation assessment and prevention, led to a furthering understanding and promotion of the project. • Involvement of government ministries and sustainability: The “Presidential Program for Mine Action (PAICMA)” coordinated eight organizations. At the beginning, the Ministry of Health and Social Protection was involved in the project in a technical advisory capacity; but with the mid-term evaluation, their responsibility was increased. To sustain the outcomes of the project, it is recommended that greater importance be given to the government ministry with the budget for such activities. • Since the relationship between clients and doctors is patriarchal, clients were not able to choose the medical treatment they wished. Meanwhile, there was a case where a patient’s voice was reflected in his medical treatment with the support of an NGO. Thus, it is efficient to work with NGOs to increase the participation of patients and persons with disabilities when promoting participation in integrated rehabilitation services.
Reference	<ul style="list-style-type: none"> • Terminal Report

Appendix 2-7

Title	Creation of Non-Handicapping Environment for Persons with Disabilities in the Rural Areas (October 2008–September 2012)
Country/region	The Philippines
Form of cooperation	Technical cooperation project
Overview	This project took a person-centered approach to improve rural accessibility. It aimed to promote social accessibility (especially in creating a barrier-free building environment, laws and attitudes); to create a non-handicapping environment (NHE) in rural areas; and

	to establish networks among stakeholders.
Keywords	Approaches: Disability-specific system; program and service (e.g., peer-counseling); person-centered; physical accessibility; community-based approach; disability equality training (DET).
	Mid-term objectives: Empowerment of persons with disabilities.
	Thematic issue: Social protection; poverty reduction.
Characteristic activities	<ul style="list-style-type: none"> • To remove four types of barriers (physical, institutional, informational, and attitudinal), the project focused on capacity development, awareness raising, as well as networking with administrative agencies in two target villages. • Persons with disabilities played a key role in improving their environments.
Outcomes	<ul style="list-style-type: none"> • The impact of the NHE project was felt in areas outside the project area ultimately leading to the NHE becoming a national project. • Public understanding of barrier-free and universal design was enhanced. • The project was awarded the “International Association for Universal Design (IAUD) Award 2010”.³¹⁴
Lessons learned	<ul style="list-style-type: none"> • Disability is a cross-cutting issue requiring work with multiple stakeholders beyond an administrative framework: The National Council on Disability Affairs (NCDA) at the national level; the Regional Council for Disability Affairs (RCDA), serving as a bridge between the national and municipal levels; and at the community level, the mayor of two projects and the project management team (PMT), whose members were persons with disabilities, as well as their parents and municipal staff. Through regular meetings, monitoring, and feedback at each level, JICA built good relationships at all levels, which led to effective project management. • Persons with disabilities were motivated by becoming project team members. • The project included a component of awareness raising activities, where persons with disabilities played an important role in peer-counseling, DET, home visits, wall painting and sport competitions with the support of local authorities. This led to the

³¹⁴ For details, see “[Yunibasaru dezain fukyu eno daiippo](#)” (The first step of universal design) on JICA’s website.

	<p>understanding of disability by village officers and members, and fostered comprehension of an NHE at community level.</p> <ul style="list-style-type: none"> • DPOs were formed at village or community level, and many stakeholders were involved in the project. These contributed to the promotion of an NHE in public facilities such as markets, administrative offices, and hospitals. • To ensure sustainability, local material such as bamboo is used to create a barrier-free environment. • A coordination office was set up at national, regional, and municipal levels to obtain information, human resources, budgets, experience, and skills from various sectors and inject them into the project. This generated a synergistic effect and enabled cooperation at each level. • Training on livelihood activities, the operation and management of DPOs and other civil society organizations, encouraged persons with disabilities to participate in the project and activated local municipalities, DPOs, and other relevant organizations. • Two municipalities in the project area surveyed persons with disabilities on accessibility. Participation in these surveys by persons with disabilities contributed to an increase in the number of accessible buildings providing universal use. This led to better physical accessibility in the community. • The active involvement of mayors helped to create the legal system for NHE and budget its activities.
References	<ul style="list-style-type: none"> • Terminal report. • JICA's website.

Appendix 2-8

Title	Project for the Promotion of Social Participation of Persons with Disabilities (December 2008–November 2011)
Country/region	Pakistan
Form of cooperation	Technical cooperation project
Overview	The project implemented activities essential to the promotion of social participation by persons with disabilities (networking, capacity development of persons with disabilities and family leaders; DPOs establishment, awareness raising regarding the elimination of

	discrimination; improvement of welfare services, and accessibility through information services). Moreover, the project emphasized the importance of considering gender and promoting programs focusing on women with disabilities. ³¹⁵
Keywords	Approaches: Disability-specific system, program and services; person-centered approach; accessibility; awareness raising.
	Mid-term objectives: Disability inclusive development; empowerment of persons with disabilities.
	Thematic issue: Social protection; gender and development; poverty reduction.
Characteristic activities	<ul style="list-style-type: none"> • Focus on networking, capacity development of persons with disabilities, and the leaders of their families, setting up DPOs, raising awareness regarding the elimination of discrimination,³¹⁶ improvement of welfare services and accessibility through information services. • Promote the participation of persons with disabilities in the project. For example, more than half of management committee members were either, persons with disabilities or their family members, or staff with disabilities who conducted surveys, or persons with disabilities who were appointed as lecturers to conduct training sessions and workshops. • Pakistan's security forces carried out operations against militants in the North-West Frontier Province, which increased the number of internally displaced persons (IDPs). As there were many IDPs with disabilities, the project added support for IDPs with disabilities. This included the collection of basic information (through interviews), guidance concerning the national support system, counseling, capacity development, awareness raising workshops, and leisure activities, including sports games and drawing to promote social participation by persons with disabilities. • A gender-sensitive approach was taken when conducting surveys and analyses. For example, the same number of male and

³¹⁵ There are three factors that the perspective of gender emphasized: (1) in the Cooperation Plans for Pakistan (2005), JICA aimed to rectify gender gaps and recognized the necessity to include the perspective of gender into its programs; (2) in the Biwako Millennium Framework (2002), gender was regarded as a primary issue; and (3) the participation of an expert on gender in the Detailed Planning in 2008 led to the inclusion of gender and social perspective in the project (Interview with a long-term expert in April 2014).

³¹⁶ [JICA 2011c](#).

	<p>female interviewers and interviewees were arranged; gender-related questions were added to the questionnaire; experts on gender were appointed and female staff were assigned to facilitate communication with female beneficiaries. Moreover, women’s self-help groups were supported when being set up; a rule to allocate a fixed number of women to the joint coordinating committee was decided on (50%); a Japanese female expert with disabilities was dispatched; an empowerment-through-craft program was carried out; and sports games for women were organized.</p>
<p>Outcomes</p>	<ul style="list-style-type: none"> • The Service Guidebook for Persons with disabilities, was published and distributed. This guidebook lists disability laws, public welfare services, aid organizations, and assistant programs. As a result, 950 persons with disabilities applied for and received a disability certificate when the certificates were introduced in the province. Consequently, persons with a disabilities could use the available social welfare services, and their lives improved. • As information about support services for persons with disabilities became available, the number of those undergoing rehabilitation rose from 60–70 a month to 800–1,000 a month. More children with disabilities started going to school, especially when they had access to special schools.
<p>Lessons learned</p>	<ul style="list-style-type: none"> • Recognizing the importance of networking, the project director participated in monitoring activities. This strengthened the ties between public and private agencies at province and division levels, making it possible to easily update information about the project’s progress and to provide immediate feedback. • A cooperative relationship was established among administrative offices at the national, state, and provincial levels, DPOs, and other NGOs. A framework or a systematic plan is more necessary than ad-hoc activities at the local community level for the sustainable development of disability- and development-related projects. • In order to promote gender and disability considerations, female staff were assigned, so that female beneficiaries could freely express their own opinions. In addition, gender and minority

	<p>questions were added to the questionnaire so that the needs of the beneficiaries could be adequately captured.</p> <ul style="list-style-type: none"> • Initially, data was collected and analyzed based on the International Classification of Functioning, Disability and Health (ICF); this took time and energy. Therefore, the project created a quick assessment sheet (1 page) to grasp changes experienced by persons with disabilities and their family members. As a result, outcome research could be conducted in a simple, effective manner. • Persons with disabilities were more likely to openly express their opinions when being interviewed by persons with disabilities, allowing more accurate information to be collected. Further, for persons with disabilities, being an interviewer was seen as highly significant in terms of social participation • The initiatives undertaken by persons with disabilities are key not only to promoting their social participation, but also to sustaining its effect. In this regard, it is important that persons with disabilities play a leading role in the operation and management of projects. • Project members should be from various arenas, from the government to the private sector. This promotes public–private interaction in the areas of networking, empowerment, and inclusion, all of which are important project components. • Social participation by persons with disabilities requires stakeholders’ commitment in various social situations as well as social and cultural considerations toward them. We should also understand that it takes time for good results to be produced. • Disability issues are less likely to be addressed in many developing countries including Pakistan. Since the national budget is limited, persons with disabilities and members of civil society need to try to find ways of getting around the financial difficulties and ensuring sustainability by utilizing local resources (human resources, financial resources, information, facilities and networks).
References	<ul style="list-style-type: none"> • Terminal evaluation report. • Ikeda 2009. • JICA’s website.

Appendix 2-9

Title	<ul style="list-style-type: none"> • Project for Capacity Building on Social Welfare Services for People with Disabilities (PWDs) in Malaysia (July 2005–July 2008) • Project to Support Participation of Persons with Disabilities (Phase 1), (September 2009–August 2012) • Project to Support Participation of Persons with Disabilities (Phase 2), (September 2012–August 2015)
Country/region	Malaysia
Form of cooperation	Technical cooperation project
Overview	<p>JICA has provided long-term technical support since 2005. The project focused on the capacity development of the Social Welfare Department, the government of Malaysia, who exercised the measures and policies relating to the independence and social participation of persons with disabilities, based on social model of disability. Then, independent living centers were built and a pilot project was launched for employment support (training of job coaches) was implemented.³¹⁷</p> <p>Since 2009, the project has had a two-pronged strategy: Disability Equality Training (DET), and the job coach system. The latter has been adopted by various organizations to create job opportunities for persons with disabilities. DET is recognized by public and private organizations as a strategic educational approach to further understanding of disability.</p> <p>This project serves as an example of good practice for community-based programming to support the independence and social participation of persons with disabilities (employment support). Moreover, it shows the importance of shifting the focus of disability-related social work from protection and functional recovery to rights-based support for the social participation of persons with disabilities. DET played an important role in this shift.</p>
Keywords	Approaches: Twin-track approach; accessibility; community-based;

³¹⁷ A job coach helps and employers to adjust the work environment and work areas, taking into account the ability of persons with disabilities, so that they can work in comfort and be productive. In addition, the role of a job coach is to establish a relationship of mutual understanding among persons with disabilities with employers, and colleagues, so that they can help persons with disabilities to work on improving the quality of services (Department of Social Welfare, the Government of Malaysia. [n.d.](#)). Japan, having brought the job coach system from the US, has promoted job coaching for the past 10 years (Reference: Ministry of Health and Labor, “Jobu koōchi shien seido ni tsuite” (Job coach support system)).

	awareness raising (DET).
	Mid-term objectives: Disability-inclusive development; empowerment of persons with disabilities; disability-inclusive policies and regulations.
	Thematic issue: Social protection; poverty reduction.
Characteristic activities	<ul style="list-style-type: none"> • Form self-advocacy groups comprising persons with disabilities. • Establish public–private cooperation to support the social participation of persons with disabilities. • Launch job coaching system (train job coach trainers, conduct job coach training, and manage subsidies for job coach services). • Introduce and conduct DET for NGOs and private companies.
Outcomes	<p>The Project for Capacity Building on Social Welfare Services for People with Disabilities (PWDs) in Malaysia</p> <ul style="list-style-type: none"> • Three independent centers were set up and 35 persons with disabilities were employed. • Five DET booklets were produced with Malaysian stakeholders.³¹⁸ • In July 2008, Malaysia implemented its first comprehensive disability measure. The Persons with Disabilities Act 2008 came into force, in addition to the Policy for Persons with Disabilities and the National Plan of Action for Persons with disabilities 2007–2012. • AirAsia, a major low-cost airline, introduced DET to its staff training curricula. <p>The Project to Support Participation of Persons with Disabilities (Phase 1)</p> <ul style="list-style-type: none"> • Fifteen job coach trainers were trained. • Various organizations started using the job coach system. Some 126 persons with disabilities were employed and opportunities for the employment of persons with disabilities have grown. • The job coach service program was set up by the Department of Social Welfare.³¹⁹ Within six months of having been set up, 10 persons with disabilities were employed. • Companies that participated in job coach training employed

³¹⁸ Carr, Darke, and Kuno 2008; McLaughlin and Kuno 2008; Rickell, Yokotobi, and Kuno 2008; Rickell, Yokotobi, and Kuno 2008.

³¹⁹ Job Coach Network Malaysia [n.d.](#)

	<p>persons with disabilities without applying for (training) grants.</p> <ul style="list-style-type: none"> • Twenty DET trainers were trained. DET was conducted not only in Malaysia, but also in Thailand, Indonesia, Nepal, the Philippines, India, and Papua New Guinea. The social participation of persons with disabilities also was promoted in these countries, too.
<p>Lessons learned</p>	<ul style="list-style-type: none"> • When persons with disabilities play an important role as experts or resource people, Malaysian stakeholders were able to visualize what the social participation of persons with disabilities might be like. Moreover, persons with disabilities living in Malaysia became role models of social participation and social change. • By getting support not only from the government but also from NGOs and private companies, efficient and effective activities became possible, especially regarding sustainability and further development. For example, as a result of establishing a partnership with the major retailer GCH Retail for employment support, and with AirAsia and railway company KTM for DET, persons with disabilities were able to secure employment in these companies. • Resource Development Approach: Instead of a pilot model approach, the project took a resource development approach which aimed to develop resources that could be used widely, such as human resources, information, experiences, networks, systems, and policies. The resources developed through the project were widely utilized in NGOs, private organizations, and governmental agencies. This thus led to the development of the entire disability field. • Twin-track approach: Promoting the social participation of persons with disabilities requires two actions: removal of barriers and the provision of the services necessary for social participation. It is important to note that these actions should be done as enablement, which means enlarging possibilities in the social environment, and the empowerment of persons with disabilities to become agents of social change and service providers. • Conceptual change: DET helped stakeholders change their

	<p>disability program goals from protection and recovery to social participation. It produced a system that backs social participation by persons with disabilities and increases their social participation.</p> <ul style="list-style-type: none"> • Synergy resulted from the cooperation between JICA volunteers and those who underwent technical training in Japan.
References	<ul style="list-style-type: none"> • Terminal evaluation of The Project for Capacity Building on Social Welfare Programs for People with Disabilities (PWDs) in Malaysia. • Terminal evaluation of The Project to Support Participation of Person with Disabilities (Phase 1) • Final report for The Project for Capacity Building on Social Welfare Programs for Persons with disabilities • JICA's website.

Appendix 2-10

Title	The Skills Training and Job Obtainment Support for Social Participation of Ex-Combatants and Other People with Disabilities (March 2011–March 2014)
Country/region	Rwanda
Form of cooperation	Technical cooperation project
Overview	This project serves as a pioneering project in peacebuilding. Rwandan stakeholders were able to visualize a road to peace by means of the project, which provided vocational training and employment support not only for persons with disabilities but also for ex-combatants with disabilities.
Keywords	Approach: Accessibility.
	Mid-term objectives: Disability-inclusive project; empowerment of persons with disabilities.
	Thematic issue: Social protection peace-building.
Characteristic activities	<ul style="list-style-type: none"> • Provide vocational training for persons with disabilities, including former combatants with disabilities. Develop their skills and ability to manage in a cooperative society. • Make the vocational training center accessible.
Outcomes	<ul style="list-style-type: none"> • Since the project began, there have been 1,539 trainees (645 former combatants with disabilities and 894 persons with

	<p>disabilities), with a 98% course completion rate and 66% employment rate as of March 2014. The satisfaction of trainees was 99% in 2013.</p> <ul style="list-style-type: none"> • Eight vocational training centers became accessible with the installation of ramps and renovation of toilets in the training rooms and dormitories • One of the former combatants had not had a job for three years after having been discharged from military services due to injuries. He had to depend on his parents but, after receiving vocational training in welding, he set up a welding cooperative with six course mates who were also former combatants and villagers. Today, he employs local people, teaches the unemployed youth vocational skills, and is contributing to the creation of a better society.³²⁰ • Cooperative unions were set up by trainees included ex-combatants with disabilities, other persons with disabilities, and ordinary citizens. Working together for community development promoted the reconciliation between those who had fought against each other in the conflict. • One of these cooperative unions as one of the best cooperatives in 2012 by the Rwanda Demobilization and Reintegration Commission.
Lessons learned	<ul style="list-style-type: none"> • Information about former combatants is generally more easily available than that regarding persons with disabilities Therefore, the strategy has been to firstly target ex-combatants, accumulating experience and knowledge through working with them before expanding the target to include persons with disabilities in general is effective. • In the future, former combatants will be integrated into the administrative category of persons with disabilities. Thus, it was good to include persons with disabilities in this project, since it encourages the social inclusion of ex-combatants. • By training together, former combatants with disabilities and members of the community with disabilities at large were reconciled. Moreover, the training improved the overall status of persons with disabilities.

³²⁰ [JICA, 2012b.](#)

References	<ul style="list-style-type: none"> • Detailed planning survey. • JICA's website.
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Appendix 2-11

Title	Disability Mainstreaming Advisor (December 2012–December 2014)
Country/region	South Africa
Form of cooperation	Dispatch of Individual Expert
Overview	To promote disability mainstreaming in policies and social development projects, the project aimed to strengthen the strategies and capacity of the Department of Social Development in designing and formulating plans.
Keywords	Approaches: Disability mainstreaming; person-centered approach; accessibility; awareness-raising.
	Mid-term objectives: Disability-inclusive policies and regulations; disability-inclusive project.
	Thematic issue: Social protection; governance.
Characteristic activities	<ul style="list-style-type: none"> • Provide disability mainstreaming training, monitoring, evaluation, and networking. • Conduct surveys in each state with the Department of Social Development to collect basic information on disability before training. • Regularly publish articles on disability mainstreaming in two major newspapers, which are available even where access to the Internet is limited.
Outcomes	<ul style="list-style-type: none"> • Countries neighboring South Africa were also interested in the project. Briefings on disability mainstreaming and training sessions were organized in Lesotho, Swaziland, and Namibia. • DET was conducted in 2014, with the involvement of neighboring participant countries.
Lessons learned	<ul style="list-style-type: none"> • The project is on-going, so therefore its impact is not known.
References	<ul style="list-style-type: none"> • JICA's website.

Appendix 2-12

Title	Sports Promotion for Persons with Disabilities (April 2009–March 2012) Implementing Organization: Asian Development with the Disabled Persons (ADDP)
Country/region	Laos
Form of cooperation	JICA Partnership Program
Overview	The project aimed to develop the capacity of the Lao Paralympic Committee (LPC) and its secretariat so that they could work to popularize sports for persons with disabilities.
Keywords	Approaches: Person-centered approach; accessibility; awareness raising.
	Mid-term objectives: Empowerment of persons with disabilities; disability-inclusive project.
	Thematic issue: Social protection.
Lessons learned	<ul style="list-style-type: none"> • This project carried out various activities (training in Japan and on-the-job for LPC staff) by using a private company-developed support program. This brought about visible results (outstanding performance of sports instructors and successful fund-raising). • Participation in sports motivated persons with disabilities to seek employment to generate and cover their transportation costs to go to the gym. • To empower persons with disabilities, activities were designed according to organizational capacity. This strategy led to better results than initially expected. • This project's success was the result of LPC commitment and close communication among stakeholders. This was proved by the organization of the National Sports Games for Persons with Disabilities in the final year of project (2012). • The JICA Partnership Program played a role by placing a priority on community benefits and community participation. The ADDP had already been implementing a new project to work on the challenges that had become apparent during this project (to associate motivation to play sports with motivation to work; and

	to disseminate sports for persons with disabilities in the northern part of Laos.) ³²¹ This reflects nifty footwork, one NGO strongpoint. From JICA's perspective, it was able to support the participation of civil society in international cooperation.
References	<ul style="list-style-type: none"> • JICA knowledge site. • JICA's website.

Appendix 2-13

Title	<ul style="list-style-type: none"> • HIV/AIDS Education for Persons with Disabilities through Capacity Development of Deaf Organization (Phase 1), (October 08–September 11) • HIV/AIDS Education for Persons with Disabilities through Capacity Development of Deaf Organization (Phase 2), (October 11–March 13) <p>Implementing organization: Japan National Assembly of Disabled Peoples' International (DPI–Japan)</p>
Country/region	Brazil
Form of cooperation	JICA Partnership Program.
Overview	The improvement of access to public services and information is key to preventing HIV/AIDS infection among the poor. This project aims to enable non-literate persons with disabilities, especially those with hearing impairment, to access HIV/AIDS education.
Keywords	<p>Approaches: Disability-specific system program and service; person-centered.</p> <p>Mid-term objectives: Disability-inclusive project; empowerment of persons with disabilities.</p> <p>Thematic issues: Social protection; health.</p>
Characteristic activities	<ul style="list-style-type: none"> • Deaf people themselves became implementers. • The project targeted illiterate persons with disabilities. To this end, it developed a play using gestures and a picture-card show, so that participants could acquire knowledge about HIV/AIDS prevention and how to access related public services. • Capacity development of the Deaf Organizations. • Deaf HIV/AIDS workers were trained in collaboration with the

³²¹ ADDP has been implementing the project, [Employment Support Program for the Social Independence of Persons with Disabilities in Northern Rural Areas of Laos](#) (July 2012–June 2015).

	Regional Health Department.
Outcomes	<ul style="list-style-type: none"> • A strong sense of self-confidence and motivation developed among Deaf people implementers and illiterate participants. • Communication went beyond the various kinds of disability; requests from local governments increased; working networks for disability issues were developed in the community.
Lessons learned	<ul style="list-style-type: none"> • Persons with hearing are generally considered beneficiaries; but in this participatory project, they played an important role as those who solved their own problems, from planning to monitoring and evaluation. This led to their capacity development and empowerment. • Persons with disabilities attained a means for eliminating social barriers (through physical means and knowledge). It is important to develop public awareness that persons with disabilities can themselves create such means. • In order to establish a mechanism where persons with disabilities were themselves implementers, the project, vis-à-vis governmental institutions, persisted in placing priority on the independence and opinions of persons with disabilities. Although in the beginning, the government agencies did not understand these intentions, once they saw the textbooks and workshops developed by the project, a sense of trust was created. This gradually changed to respect for the autonomy of persons with disabilities. • Local organizations cannot implement projects unless they meet certain conditions, such as administrative registration and have a bank account. These conditions are difficult to overcome by organizations whose members are poor or inexperienced youth. In this context, the JICA Partnership Program was helpful, in that it allowed local organizations to collaborate with a Japanese organization which implemented projects. • By involving the government agencies in the project from the beginning, ownership was fostered through the feeling that “this is the project I am engaged in,” and “I looked after this project,” ensuring the project’s sustainability. • The JICA Brazil office frequently visited and monitored the project. Over time, this led to the timely and appropriate

	understanding of the various steps required. Moreover, a good cooperative relationship with local stakeholders was achieved through activated discussions and frequent communication.
Reference	<ul style="list-style-type: none"> • Final report.

2-2. Disability-inclusive projects

Appendix 2-14

Title	<ul style="list-style-type: none"> • Terminal 2 Construction Project in Noi Bai International Airport (March 2010–January 2016) • Hanoi City Urban Railway Construction Project: Nam Thang Long—Tran Hung Dao Section (Line 2), (I), (March 2009–December 2020)
Country/region	Viet Nam
Form of Cooperation	Loan assistance.
Overview	Adoption of the principles of universal design.
Keywords	Approaches: Disability mainstreaming; accessibility.
	Mid-term objective: Disability-inclusive project.
	Thematic issue: Transportation.
Characteristic activities	<ul style="list-style-type: none"> • Principles universal design were adopted at the planning stage, in accordance with Viet Nam’s domestic laws and international standards. • JICA organized briefing sessions and discussion with DPOs to explain universal design so that airport and railway construction reflects the views and needs of older persons and persons with disabilities.
Outcomes	<ul style="list-style-type: none"> • Steps were eliminated, while ramps, elevators, and escalators were installed.
Lessons learned	<ul style="list-style-type: none"> • The appointment, as consultant, of an architect familiar with universal design enabled universal design to be adopted in the project and explanations to be given to DPOs.
References	<ul style="list-style-type: none"> • Hearing from stakeholders in January 2014. • Ex-ante project evaluation.

Appendix 2-15

Title	Delhi Mass Rapid Transport System Project (1997–2009)
Country/region	India
Form of cooperation	Loan assistance
Overview	For this barrier-free subway construction project, JICA organized a series of discussion with DPOs right from the planning stage, to reflect needs and opinions of persons with disabilities regarding the metro construction.
Keywords	Approaches: Disability mainstreaming; accessibility.
	Mid-term objective: Disability-inclusive project.
	Thematic issue: Transportation.
Characteristic activities	<ul style="list-style-type: none"> • By adopting barrier-free measures for the project, which was designed to reduce traffic congestion, the metro was made accessible for persons with disabilities. The steps taken include the installing of elevators and ramps, as well as the elimination of gaps and differences in the levels of platforms and trains.
Outcomes	<ul style="list-style-type: none"> • Train cars and stations became accessible to persons with disabilities and were to the satisfaction of all customers, both those with and those without disabilities. • Motivation to make the facilities accessible was fostered within the Metro Rail Corporation Limited. • The project also had a positive impact on agencies in charge of road management. For example, maintenance was carried out on street lights around stations and in parking areas, and aboard buses were constructed.
Lessons learned	<ul style="list-style-type: none"> • Through a series of discussions with DPOs, the metro provided accessibility that reflected the needs of persons with disabilities.
References	<ul style="list-style-type: none"> • “Tokusyu: ishiki o kaeru, shakai ga kawaru” (Special report: Change mind-set, society will change). <i>JICA's World</i> (December 2011). • JICA's website.

Appendix 2-16

Title	Community Empowerment Project through Small Business Promotion by One Village One Product (OVOP) Approach in Issyk-Kul region (January 2012–January 2015)
Country/region	Kyrgyzstan
Form of cooperation	Technical cooperation project.
Keywords	Approach: Disability mainstreaming.
	Mid-term objective: Disability-inclusive project.
	Thematic issue: Agricultural/rural development.
Characteristic activities	<ul style="list-style-type: none"> • Production of paper bags by persons with disabilities and orphans as part of the activities carried out by the One Village One Product Union. The paper bags are being used in shops where the Union’s products are sold. • Reasonable accommodation and safety: The production of paper bags is simple, but only Union or facility staff without disabilities are allowed to use scissors and cutters, to ensure that the entire process is safe.
Outcomes	<ul style="list-style-type: none"> • Persons with disabilities have been excluded from society since the days when the Soviet Union’s military was present in the country. While the negative attitude toward persons with disabilities has remained since, this project has enhanced the social participation and self-confidence of persons with disabilities. • Income from producing paper bags provided an incentive for persons with disabilities to become involved, and helped cover the facility’s operating costs.
Lessons learned	<ul style="list-style-type: none"> • We announced that everyone living in Issyk-Kul was welcome to join the activities. “Everyone” included orphans and persons with disabilities.
Reference	<ul style="list-style-type: none"> • The survey on disability-inclusive projects in JICA (December 2013). • JICA’s website.

Appendix 2-17

Title	<ul style="list-style-type: none"> • Improving Maternal and Child Health/Reproductive Health in Palestine (Phase 1), (August 2005–July 2008) • Improving Maternal and Child Health/Reproductive Health in Palestine (Phase 2) ,(November 2008–November 2012)
Country/region	Palestine
Form of cooperation	Technical cooperation project
Overview	The project concerns maternal and children’s health, and includes the perspective of persons with disabilities.
Keywords	Approach: Disability mainstreaming.
	Mid-term objective: Disability-inclusive project.
	Thematic issue: Health.
Characteristic activities	<ul style="list-style-type: none"> • The project produced and disseminated the Maternal and Child Health (MCH) Handbook. • It aims to encourage mothers to examine their children’s physical and intellectual development according to the growth curve of height and weight.
Outcomes	<ul style="list-style-type: none"> • The handbook includes information leading to the early detection of a child’s developmental impairment. A section on birth and infancy enables mothers to examine children’s conditions, referring to the list of check points to identify congenital anomalies.³²²
Lessons learned	<ul style="list-style-type: none"> • Health workers have learned the proper use of the handbook through training, and have been able to explain its use to mothers. This has enabled mothers themselves to fill out the handbook. This also enhanced their understanding of disabilities.
Reference	<ul style="list-style-type: none"> • Interviews with stakeholders in January 2014. • JICA’s website.

Appendix 2-18

Title	Study on the Improvement of the Early Childhood Environment in the Republic of Senegal (January 2002–July 20 04)
Country/region	Senegal
Form of cooperation	Development survey

³²² Interview with Dr. Akiko Hagiwara, senior advisor on health, JICA, on January 21, 2014.

Overview	This survey focuses on the health and nutritious of children from birth to six years of age, and issues surrounding preschool children.
Keywords	Approach: Disability mainstreaming.
	Mid-term objective: Disability-inclusive project.
	Thematic issue: Social protection.
Characteristic activities	<ul style="list-style-type: none"> Initially, the survey did not include children with disabilities. Through discussions with local educational stakeholders, however, it became clear that children and adults with disabilities had to give up education due to the lack of consideration for their disabilities. Therefore, JICA proposed that the project include a component to improve the life of children with disabilities. The design of a preschool, the Children’s Center, ensured the property would be barrier-free to accommodate the needs of wheelchair users and those with visual impairments.
Outcomes	<ul style="list-style-type: none"> The government of Senegal built 500 Children’s Centers across its 10 regions, referring to four Children Centers which JICA built.
Lessons learned	<ul style="list-style-type: none"> Attention to the perspectives of persons with disabilities from the preparatory survey stage of the project made it inclusive.
References	<ul style="list-style-type: none"> “Tokusyu: ishiki o kaeru, shakai ga kawaru” (Special report: Change mind-set, society will change). JICA's World (December 2011).

Appendix 2-19

Title	The Project for the Rehabilitation of Madang Town Market (October 13–May 16)
Country/region	Papua New Guinea
Form of cooperation	Grant Aid
Overview	The project aims to provide a proper hygienic environment in the Madang Town Market, where local agricultural and fishery products are sold, by reconstructing and repairing the market building and facilities. It also hopes to contribute to the sustainable growth of the local economy by reflecting the needs of retailers and the community. At the preparatory survey stage, a consultant recognized the needs of persons with disabilities, which resulted in the project being designed to reflect their needs, and succeeded in incorporating consideration for persons with disabilities.

Keywords	Approach: Accessibility.
	Mid-term objective: Disability-inclusive project.
	Thematic issues: Agricultural/rural development; fisheries.
Characteristic activities	<ul style="list-style-type: none"> • The preparatory survey found that there were customers with disabilities who were facing difficulties in using the market facilities. The government also requested that persons with disabilities be taken into consideration. Therefore, the design adopted is barrier-free, in recognition of the highly public nature of the market that is used by many.
Outcomes	<ul style="list-style-type: none"> • Ramps were constructed and toilets for persons with disabilities were renovated. This did not cause costs to increase exponentially.
Lessons learned	<ul style="list-style-type: none"> • Sensitization of consultants is critical. • Perspectives of disability were integrated in the preparatory survey. • Cost-wise, a large increase is not expected if the perspective of disabilities is included from the beginning. • Universal design is effective.
References	<ul style="list-style-type: none"> • JICA's website.

Appendix 3. Trends in Major Development Agencies' Approaches

Appendix 3 is a compilation of recent trends among major donor agencies and NGOs that work in the areas of disability and development. It was produced JICA in 2009, since when it has served as a useful reference.³²³ Supplementing the set of trends with a collection of good practices produced by the United Nations Social Development Network is highly recommended.³²⁴

3-1. UN Agencies

United Nations Development Programme (UNDP)	
Policy	<ul style="list-style-type: none"> • The UNDP does not have a specific policy on disability. However, it promotes “inclusive development” as one of eight priority issues and addresses the rights of persons with disabilities within this framework.
Recent activities	<ul style="list-style-type: none"> • In 2011, a guidance note for disability inclusion was issued.³²⁵ • An online learning tool was developed to raise awareness concerning the rights of persons with disabilities among UNDP staff members.³²⁶ • The UNDP works on empowerment by focusing on the capacity development of disabled people’s organizations (DPOs). It also pursues disability mainstreaming by including persons with disabilities as beneficiaries in civil education and participatory development projects. • The UNDP’s Poverty Practice serves as the Technical Secretariat for the UN Partnership to Promote the Rights of Persons with Disabilities (UNPRPD) Multi-donor Trust Fund (2011–2016).³²⁷
Recent projects	<ul style="list-style-type: none"> • The Albanian Mine Action Program (March 2003–December 2010): Estimated total budget, US\$3,929,266. The UNDP aimed to develop the capacity of central and local governments to ensure the elimination of mines and unexploded ordnance (UXO) contamination.³²⁸ It also assisted landmine survivors to receive medical treatment, undergo rehabilitation, receive assistance from social services, and receive prosthetics.³²⁹ • Rights to Live in a (Croatian) Community: Social Inclusion and Persons

³²³ JICA 2009i.

³²⁴ UNSDN. n.d. “Disability ”

³²⁵ UNDP 2011a.

³²⁶ Lord, Janet, Aleksandra Posarac, Marco Nicoli et. al. 2010: 7.

³²⁷ See “UN Partnership to Promote the Rights of Persons with Disabilities (UNPRPD).”

³²⁸ Albanian Mine Action Executive n.d.

³²⁹ UNDP 2011b.

	<p>with Disabilities (April 2007–December 2013): The 2012 budget was US\$23,164. The project aimed to facilitate the social participation of persons with disabilities, and realize their right to go to mainstream schools and to work. Attention was particularly focused on deinstitutionalization; development of models for inclusive education; employment in an open labor market; introduction of the CRPD’s indicators to the National Strategy of Equalization of Opportunities for Persons with Disabilities (2007–2015); awareness raising regarding accessibility of public institutions, services, and information; and capacity development of accessibility audit groups.³³⁰</p> <ul style="list-style-type: none"> • Turkmenistan: the UNDP provided job assistance for persons with physical disabilities. From 2005 to 2009, it supported the Deaf and Blind Society to help more than 220 persons with visual and hearing impairment gain productive employment.³³¹
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World Health Organization (WHO)	
Policy	<ul style="list-style-type: none"> • The 67th World Health Assembly in May 2014 adopted a resolution endorsing the WHO Global Disability Action Plan 2014–2021: Better Health for All People with Disability.³³² This action plan emphasizes the importance of disability-inclusive development. It has three objectives: <ul style="list-style-type: none"> • To remove barriers and improve access to health services and programs; • To strengthen and extend rehabilitation, habitation, assistive technology, assistance and support services, and community-based rehabilitation; and • To strengthen collection of relevant and internationally comparable data on disability, as well as on support research concerning disability and related services.
Recent activities	<ul style="list-style-type: none"> • Model Disability Survey (MDS)³³³: the MDS is a general population survey that allows direct comparison between groups with different levels and profiles of disability, including comparison with persons without disability. The MDS aims to assist governments to collect reliable data and evidence needed to implement the CRPD. The WHO and the World Bank developed the MDS questionnaire in collaboration

³³⁰ UNDP. n.d. “[Social Inclusion and People with Disabilities.](#)”

³³¹ UNDP [2012:6.](#)

³³² WHO [2014a.](#)

³³³ WHO n.d. “[Model Disability Survey: Providing evidence for accountability and decision-making.](#)”

with the Washington Group on Disability Statistics, Statistics Norway, and a diverse range of other stakeholders, including the International Disability Alliance. This work is funded by the governments of Australia, Germany, and Norway. Pilot studies and the first national survey were planned for 2014.

- The WHO created a Task Force on Disability in 2008³³⁴. Some of their achievements are as follows:
 - Access audits were carried out at Headquarters and regional offices, which led to improved physical accessibility;
 - Information access issues were addressed while improvements were carried out at the headquarters and all regional offices;
 - Accessibility training was made available to all web developers and content producers, involving 196 members of staff at the headquarters and regional offices.
 - The WHO Press developed a training module in accessible print, which was given to 100 members of staff;
 - A new policy on employment and disability was developed; and
 - Guidelines on inclusion were developed for regional office staff.
- In 2009, UNAIDS, the WHO and the UNHCR agreed on a Disability and HIV Policy.³³⁵
- In 2010, *Community-based Rehabilitation: CBR Guidelines* was published.³³⁶
- In 2011, the WHO and World Bank published *World Report on Disability*.³³⁷ As of August 2015, the *Report on Disability in WHO Eastern Mediterranean Region* is in production.
- In 2011, the WHO and USAID issued the Joint Position Paper on the Provision of Wheelchairs and Other Mobility Devices.³³⁸
- In 2012, the WHO and UNICEF published *Early Childhood Development and Disability: A discussion paper*.³³⁹
- In 2012, the *Wheelchair Service Training Package: Basic Level* was produced.³⁴⁰

³³⁴ WHO 2012a: 13.

³³⁵ UNAIDS, WHO and OHCHR 2009.

³³⁶ WHO 2010a.

³³⁷ WHO and World Bank 2011a.

³³⁸ WHO and USAID 2011.

³³⁹ WHO and UNICEF 2012.

³⁴⁰ WHO 2012b.

	<ul style="list-style-type: none"> • In 2013, the International Perspectives on Spinal Cord Injury was published.³⁴¹ • In 2013, the Guidance Note on Disability and Emergency Risk Management for Health was issued in collaboration with the Christian Blind Mission (CBM), the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Organization for Migration (IOM), UNICEF, and the UN Office for Disaster Risk Reduction (UNISDR).³⁴² • In 2014, the Wheelchair Service Training Package: Intermediate Level was published.³⁴³
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International Labour Organization (ILO)	
Policy	<ul style="list-style-type: none"> • The ILO's disability program promotes equality of opportunity and treatment for persons with disabilities undergoing vocational rehabilitation, as well as in training and employment, as reflected in the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159)³⁴⁴ and the ILO Code of Practice on Managing Disability in the Workplace,³⁴⁵ adopted in 2001. • The ILO encourages governments to develop and implement effective policies and laws to ensure that persons with disabilities have equal opportunities and are treated equally in employment and workplaces.
Recent actions	<ul style="list-style-type: none"> • In 2003, a practical guide titled, <i>Inclusion of People with Disabilities in Vocational Training: a Practical Guide</i> was published³⁴⁶. • In 2008, <i>Count us in!: How to make sure that women with disabilities can participate effectively in mainstream women's entrepreneurship development activities</i> was published.³⁴⁷ • In 2010, the ILO developed the ILO Global Business and Disability Network, comprising consisted of multinational companies, national employers' organizations, business networks and DPOs working in collaboration to promote disability inclusion in the workplace.³⁴⁸ The network focuses on four main goals:

³⁴¹ WHO 2013.

³⁴² WHO, CBM. International Federation of Red Cross and Red Crescent Societies, IOM, UNICEF, and UNIDR 2013.

³⁴³ WHO 2014a.

³⁴⁴ ILO n.d. "C159—Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159)," ILO 2009.

³⁴⁵ ILO 2002.

³⁴⁶ ILO 2013b.

³⁴⁷ ILO 2008.

³⁴⁸ For further details, see [the](#) ILO Global Business and Disability Network website.

	<ul style="list-style-type: none"> • Sharing knowledge and identifying good practices among companies and employers' organizations; • Developing joint products and services for companies and employers to facilitate hiring and retention; • Strengthening the work of employers' organizations and business networks that have greater access to small and medium-size companies at the national level, and building their technical expertise on disability issues; and • Linking companies to ILO activities and partners at the national level, as well as working through local offices and supply chains. <ul style="list-style-type: none"> • The ILO published <i>Disability in the Workplace: Company Practices</i>, which presents the contemporary experiences of 25 companies, including Accor, Carrefour, IBM, and Honda, and their work on the issue of disability.³⁴⁹ • In 2011, <i>Moving towards disability inclusion</i> was published, providing insights into how the perspective of disability can be incorporated into policies, laws, services, programs, and the essential elements for sustainable and inclusive growth of societies.³⁵⁰ It includes case stories, examples of good practice and lessons learned from the projects on disability (INCLUDE and PEPDEL) operating in Cambodia, Ethiopia, Thailand, and Viet Nam. • In 2013, the ILO published <i>Disabled Beggars in Addis Ababa, Ethiopia</i>, contributing to a better understanding, and identifying possible areas, of intervention that might sever the links between disability and poverty.³⁵¹
Recent projects	<ul style="list-style-type: none"> • ILO–Irish Aid Partnership Program³⁵²: The program funds projects that focus on the specific needs of persons with disabilities, such as PEPDEL, which started in 2001,³⁵³ and INCLUDE, implemented mainly in Southeast Asia and Africa.³⁵⁴ • PEPDEL Project: Supported the review and reform of disability-related training, laws, and policies. It aims to develop government stakeholder capacity, to strengthen the exercise of, and adherence to, employment laws, as well as to make lawyers aware of relevant matters. Through

³⁴⁹ ILO 2010.

³⁵⁰ ILO 2011.

³⁵¹ ILO 2013a.

³⁵² ILO 2009.

³⁵³ ILO n.d. "PEPDEL Promoting the Employability and Employment of People with Disabilities through Effective Legislation," [ILO 2009a](#).

³⁵⁴ ILO n.d. "Fact sheet—Promoting Decent Work for People with Disabilities through a Disability Inclusion Support Service (INCLUDE)," [ILO 2009b](#).

	<p>phases I (2001–2004), II (2005–2008) and III (2009–2011), the project operated in Ethiopia, Kenya, Lesotho, Malawi, Mauritius, the Seychelles, South Africa, Sudan, Uganda, Tanzania, Zambia, Australia, Cambodia, China, Fiji, India, Japan, Malaysia, Mongolia, Pakistan, Sri Lanka, Thailand, Timor-Leste, Thailand, and Viet Nam.</p> <ul style="list-style-type: none"> • INCLUDE Project (2008–2011): Aimed to ensure inclusion of persons with disabilities in policies and services (employment, vocational training, enterprise development, microfinance). It operated in Ethiopia, Tanzania, Zambia, Kenya, Uganda, Viet Nam, Cambodia and Laos.
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United Nations Children’s Fund (UNICEF)	
Policy	<ul style="list-style-type: none"> • UNICEF is mandated to protect the rights of children with disabilities as an integral part of its programs within the Convention on the Rights of the Child. UNICEF focuses on equity, and seeks to identify and address the root causes of inequality so that all children, including those with disabilities, can realize their rights. • UNICEF has no specific policy on disability, but its three goals are: <ul style="list-style-type: none"> • To be an inclusive organization for ALL; • To develop leadership regarding the rights of children with disabilities and to build capacity among its staff and partners; and • To mainstream disability across all its policies and programs, both in development and humanitarian action.³⁵⁵
Recent activities	<ul style="list-style-type: none"> • With the adoption of the CRPD, UNICEF established the Task Force on Disability and has reinforced its efforts to mainstream disability issues in its programs (health, nutrition, water and sanitation, social policy, early child development, communication in development, and HIV/AIDS). • In 2008, UNICEF published <i>It’s About Ability: an explanation of the Convention on the Rights of Persons with Disabilities</i>, a brochure on CRPD for children.³⁵⁶ <ul style="list-style-type: none"> • • As part of its internal reform, a human resources policy on employment of persons with disabilities came into force and a housing fund for staff with disabilities and their families was established.³⁵⁷ UNICEF also

³⁵⁵ UNICEF 2013e.

³⁵⁶ UNICEF 2008.

³⁵⁷ UNICEF 2013e.

	<p>developed an introductory web-based course on disability (40-minute video).³⁵⁸ Since 2012, the online course has become mandatory training for its staff.</p> <ul style="list-style-type: none"> • In September 2012, UNICEF hosted the First Forum of the Global Partnership on Children with Disabilities, a network of more than 100 international and national NGOs, governments, academics and organizations representing persons with disabilities. Its aim is to mainstream disability rights, building them into child-focused agendas around nutrition, education, humanitarian efforts, and assistive technology.³⁵⁹ In September 2013, a second forum was organized to ensure that perspectives of children with disabilities were included in the post-2015 development agenda.³⁶⁰ • In 2013, UNICEF published the <i>State of the World's Children 2013: Children with Disabilities</i>, which was the first time since 1980, UNICEF selected children with disabilities as the main theme of its keynote publication the <i>State of the World Children</i>.³⁶¹ • In 2013, UNICEF published the guidelines, <i>Take Us Seriously! Engaging Children with Disabilities in Decisions Affecting their Lives</i>, which explains the importance of participation by children with disabilities.³⁶²
Recent projects	<ul style="list-style-type: none"> • The UNICEF–Special Olympics Global Partnership: This international partnership was formalized in 2007 to provide year-round sports training and athletic competition in a variety of Olympic-type sports, to enable children to develop physical fitness with the goal of providing greater inclusion of children with disabilities, including intellectual disabilities. The pilot project was implemented in Bulgaria, Cambodia, China, El Salvador, Indonesia, Jamaica, Kazakhstan, Uzbekistan, Malaysia, Panama, and Romania³⁶³. • Kazakhstan: UNICEF and the Special Olympics support the Promotion of Inclusive Communities for Children with Disabilities through the Power of Sports, Health, and Education Programs (2012–2015) by the Akimat of East Kazakhstan Oblast (EKO). The idea objective is to promote understanding of the needs of persons with intellectual

³⁵⁸ UNICEF 2013b.

³⁵⁹ UNICEF 2012a: 4, 25.

³⁶⁰ UNICEF 2013g.

³⁶¹ UNICEF 2013a.

³⁶² UNICEF 2013c.

³⁶³ Special Olympics. n.d. "UNICEF."

	<p>impairment and their social participation through sports, education, and health.³⁶⁴</p> <ul style="list-style-type: none"> • UNICEF–AusAID Partnership on Disability (2011–2014): This alliance supported the Rights Education and Protection (REAP) project to make education and child protection systems more inclusive for children with disabilities. Pilot activities were implemented in Viet Nam and Bhutan.³⁶⁵ In Bhutan, for example, mapping exercises were done to identify existing strengths, resources, and connections that would support inclusion, as well as barriers and challenges preventing inclusion.³⁶⁶ • Somalia: UNICEF provided orthopedic appliances and physical therapy through the Disability Action Network (DAN), which introduced CBR in the three villages of Erigavo, El-Af-Weyn, and Yufle.³⁶⁷ • Bangladesh: the Child Sensitive Social Protection Project supported 2,000 children in Dhaka, including 19 children with disabilities.³⁶⁸ • Iraq: The project, Increasing Access to Quality Primary Education through Improving Water and Sanitation Facilities and Educational Opportunities for Disabled Children and Youth, was implemented with financial support from AusAID. It aimed to rehabilitate the water and sanitation systems in 200 schools; impart management, training, and capacity-development skills; and introduce inclusive education for children with disabilities (by setting up inclusive education-related policies, strategies, and programs).³⁶⁹
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United Nations Educational, Scientific and Cultural Organization (UNESCO)	
Policy	<ul style="list-style-type: none"> • UNESCO promotes inclusive education. In 2008, <i>UNESCO Policy Guidelines on Inclusion in Education</i> was published.³⁷⁰
Recent activities	<ul style="list-style-type: none"> • In 2003, UNESCO started the Flagship Program for Education for All, as well as the Right to Education for Persons with Disabilities: Towards Inclusion, in partnership with the University of Oslo.³⁷¹

³⁶⁴ UNICEF 2014a.

³⁶⁵ UNICEF 2011.

³⁶⁶ UNICEF 2014b.

³⁶⁷ UNICEF 2013e.

³⁶⁸ UNICEF 2013f.

³⁶⁹ [UNICEF 2012b](#).

³⁷⁰ [UNESCO 2009b](#).

³⁷¹ UNESCO n.d. "[The Flagship on Education for All and the Right to education for Persons with Disabilities: Towards Inclusion.](#)"

	<ul style="list-style-type: none"> • Knowledge sharing platforms were set up. <ul style="list-style-type: none"> • WSIS Knowledge Communities³⁷²: UNESCO set up a web-based community called “Building inclusive societies for persons with disabilities,” to build an inclusive society for persons with disabilities.³⁷³ • Inclusive Education in Action (IEA) project: UNESCO and the European Agency for Development in Special Needs Education joined forces to promote effective policies and knowledge sharing.³⁷⁴ • UNESCO and UNICEF led the Inclusive Education Task Force of the Global Partnership for Children with Disabilities to address Article 24 of the CRPD.³⁷⁵ • In 2002, the UNESCO/Emir Jaber Al-Ahmad Al-Jaber Al-Sabah Prize was set up to reward, bi-annually, outstanding activities of individuals, organizations, groups, and centers that promote quality education for persons with intellectual disabilities.³⁷⁶ • In 2009, <i>Towards Inclusive Education for Children with Disabilities</i> was published, financed by the government of Japan.³⁷⁷ • In 2013, the <i>UNESCO Global Report Opening New Avenues for Empowerment: ICTs to Access Information and Knowledge for Persons with Disabilities</i> was published.³⁷⁸ • In 2013, the <i>Promoting Inclusive Teacher Education Series</i> was published by UNESCO Bangkok.³⁷⁹ The guide explains barriers to inclusive education and ways to sensitize people to inclusive education. The series of five guides was designed to improve pre-service teacher education, with a view to achieving more inclusive education. • In 2005, <i>Making it Happen. Examples of Good Practice in Special Needs Education and Community-based Programmes</i> was published³⁸⁰. It includes good practices from Austria, China, Ghana, Guyana, India, Jamaica, Jordan, the Netherlands, and Norway.
Recent	<ul style="list-style-type: none"> • Colombia: Rehabilitation and Training for Children with Disabilities

³⁷² UNESCO n.d. “[WSIS Knowledge Community](#).”

³⁷³ UNESCO n.d. “[Building Inclusive societies for Persons with Disabilities](#).”

³⁷⁴ The website of UNESCO and the European Agency for Development in Special Needs Education, “Inclusive.”

³⁷⁵ The Global Partnership for Children with Disabilities website, “[Inclusive Education Task Force](#).”

³⁷⁶ UNESCO [2014](#).

³⁷⁷ UNESCO 2009a.

³⁷⁸ [UNESCO 2013a](#).

³⁷⁹ UNESCO [2013b](#).

³⁸⁰ UNESCO 2005.

project	Program provides rehabilitation and vocational training for those children with disabilities aged from 12 to 16 years. ³⁸¹
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UN Partnership to Promote the Rights of Persons with Disabilities (UNPRPD)	
Policy	<ul style="list-style-type: none"> In 2011, this partnership was launched to bring together UN agencies, governments, DPOs and civil societies under the common goal of realizing the CRPD's vision of a "society for all" in the 21st century through capacity building by national stakeholders, particularly governments and organizations of persons with disabilities.³⁸²
Recent activities	<ul style="list-style-type: none"> Participating institutions are the ILO, the Office of the United Nations High Commissioner for Human Rights (OHCHR), UNDP, WHO, as well as the UN Department of Economic and Social Affairs (UN-DESA), and UNICEF. To support the work of the UNPRPD, a Multi-Donor Trust Fund was established (June 8, 2011–May 31, 2016). It is administered by the UNDP Multi-Partner Trust Fund Office (MPTF Office).³⁸³ In 2013, the UNPRPD published <i>Towards and Inclusive and Accessible Future for All: Voices of Persons with Disabilities on the Post 2015 Development Framework</i>. It explains the importance of including a disability perspective in the post-2015 development agenda.³⁸⁴
Recent projects	<ul style="list-style-type: none"> According to its 2012 Annual Report, the UNPRPD implemented eight projects in 11 countries.³⁸⁵ The results of these projects are documented and managed as knowledge as part of a collaboration knowledge management project with the Center for Global Impact (GCI) of Trinity College Dublin.³⁸⁶ Accelerating the Implementation of the CRPD in South Africa Project (February 2013–July 2014)³⁸⁷: The project aimed at achieving three outcomes: (1) Strengthening the capacity of monitoring and evaluation

³⁸¹ UNESCO n.d. "[Colombia—Rehabilitation and training for children with disabilities.](#)"

³⁸² UNPRPD [2012a](#).

³⁸³ The governments of Australia, Cyprus, Finland, Sweden, and Mexico gave a total of US\$295 million to the UNPRPD Fund in 2012. US\$240 million was approved. For further details, see "UN Partnership to Promote the Rights of Persons with Disabilities Multi-Donor Trust Fund (UNPRPD MDTF)" [and](#) "2012 Annual Report of the UNPRPD."

³⁸⁴ UNPRPD 2013.

³⁸⁵ The eight projects in 11 countries are: Ukraine (Promoting Mainstream Policies and Services for People with Disabilities in Ukraine); Costa Rica (National Plan for Labor Inclusion of Persons with Disabilities); Indonesia (Promoting the Rights of People with Disabilities in Indonesia); Moldova (Paradigm Shift: UNCT Moldova Strategic Action Supporting CRPD Implementation); Mozambique (United Nations Partnership to Promote the Rights of Persons with Disabilities in Mozambique); Occupied Palestinian Territories (Strengthening Respect for the Human Rights of Persons with Disabilities through Legislation, Services and Empowerment); Cook Islands, Fiji, Vanuatu and Papua New Guinea ("Pacific Enable"); Togo (Promoting the Rights of Children with Disabilities).

³⁸⁶ UNPRPD 2012:17.

³⁸⁷ UNDP n.d. "[Accelerating the implementation of the CRPD in South Africa.](#)"

	<p>for effective oversight and awareness raising for the promotion of rights of persons with disabilities; (2) Establishing a CRPD-compliant legal and policy framework to implement the CRPD in South Africa; and (3) Reducing the economic vulnerability of persons with disabilities. The UNDP was the lead agency, UNICEF provided technical expertise on child disability issues, the OHCHR focused on international standards and legislation on the rights of persons with disabilities, while technical expertise on the needs of women with disabilities was provided by the UNFPA and UN Women.</p>
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3-2. Regional Integration Organizations

UN Economic and Social Commission for Asia and the Pacific (ESCAP)	
Policy	<ul style="list-style-type: none"> • In 2012, the Asian and Pacific Decade of Persons with Disabilities, 2013–2022 was formulated³⁸⁸. • The Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific comprises 10 goals, 27 targets, and 62 indicators.³⁸⁹
Recent activities	<ul style="list-style-type: none"> • “Make the Right Real!” Campaign: Launched by ESCAP in 2010, this regional drive aims to accelerate the ratification and implementation of the CRPD in the Asia–Pacific region.³⁹⁰ • Disability indicator for the Incheon Strategy: Goal 8 of the Incheon Strategy accords particular priority to data collection, calling for the improvement of reliable and comparable disability data across countries in the region. Member states have specifically committed to establishing a baseline with reliable statistics by 2017, the midpoint of the Asian and Pacific Decade of Persons with Disabilities.³⁹¹ In this regard, a regional survey on the availability of national baseline data for the Incheon Strategy was conducted from April to July 2013,³⁹² and an expert group meeting in November 2013³⁹³ reviewed and provided feedback on the draft of the <i>Guidebook on the Incheon Strategy Indicators</i>, published in December 2014.³⁹⁴ The first session of the working group was

³⁸⁸ UNESCAP 2012b.

³⁸⁹ UNESCAP 2012b.

³⁹⁰ UNESCAP n.d. “[Make the Right Real!](#)”

³⁹¹ UNESCAP 2014d.

³⁹² UNESCAP 2013a.

³⁹³ UNESCAP 2013b.

³⁹⁴ UNESCAP 2014d.

	<p>organized in Incheon in February 2014 to draft the roadmap for the implementation of the Incheon Strategy.³⁹⁵</p> <ul style="list-style-type: none"> • ESCAP Champions and Promoters for the Asian and Pacific Decade of Persons with Disabilities, 2013–2022: ESCAP and the government of the Republic of Korea honored ten Asia–Pacific Champions of Disability Rights and seven Promoters for the new Asian and Pacific Decade of Persons with Disabilities, 2013–2022. The champions and promoters are expected to be the vanguard to raising awareness and catalyzing the implementation of the Incheon Strategy.³⁹⁶ • Disability-inclusive business: The ESCAP–Sasakawa Award for Disability-inclusive Business in Asia and the Pacific was established to: (1) Publicly recognize and reward businesses that demonstrate good practices in response to the needs of persons with disabilities in their business operations; (2) Raise awareness regarding the opportunities available to the private sector for inclusion of persons with disabilities in business; and (3) Catalyze Asia–Pacific leadership in disability-inclusive business. The first Award was conferred on December 3, 2013.³⁹⁷ • Accessibility: ESCAP supports member states to ensure accessibility of the physical environment, public transportation, knowledge, information, and communication. For example, ESCAP organized the Global IT Challenge for Youth with Disabilities in Asia and the Pacific, an event at which around 120 youth with disabilities from 10 Asian countries competed on a wide range of computer-based ICT skills.³⁹⁸ • Disability-inclusive disaster risk reduction: In April 2014, the Asia–Pacific Meeting on Disability-inclusive Disaster Risk Reduction: Changing Mind-sets through Knowledge was held in Sendai, Japan. The discussion focused on how disability should be articulated in the Hyogo Framework for Action, then was updated as Sendai Framework for Disaster Risk Reduction 2015-2030 in March 2015 at the Third World Conference on Disaster Risk Reduction, hosted by Japan in Sendai.³⁹⁹
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³⁹⁵ UNESCAP 2014a.

³⁹⁶ UNESCAP. n.d. "[ESCAP Champions and Promoters for the Asian and Pacific Decade of Persons with Disabilities, 2013–2022.](#)"

³⁹⁷ See the [UNESCAP-Sasakawa Award](#) website for further details.

³⁹⁸ UNESCAP 2013c.

³⁹⁹ UNESCAP 2014c.

UN Economic and Social Commission for Western Asia (UN-ESCWA)	
Policy	<ul style="list-style-type: none"> • In October 2013, at the end of the Arab Decade for Persons with Disability 2004–2013, ESCWA and the League of Arab States organized the Conference on the Arab Decade for Persons with Disability and beyond: Enhancing the Knowledge and Policy Infrastructure for the Implementation of the United Nations Convention on the Rights of Persons with Disabilities in the Arab Region. It reaffirmed country commitment to implementing the CRPD’s provisions, and called for elaborating a new regional framework to support government efforts to devise suitable policies.⁴⁰⁰
Recent activities	<ul style="list-style-type: none"> • ESCWA has collected disability-related data, studied regional policies, and published the following reports: <ul style="list-style-type: none"> • Disability and poverty. Follow-up on Priority Issues in the Field of Social Development in the ESCWA Region: Proposed Methods to Combat Poverty among Persons with Disabilities.⁴⁰¹ • National programs on disabilities. Making Change: Mainstreaming Disability into the Development Process⁴⁰² and Disability in the Arab Region: an Overview. • Jordan’s policy on disability. Mapping Inequity: Persons with Physical Disabilities in Jordan.⁴⁰³

European Union (EU)	
Policy	<ul style="list-style-type: none"> • In 2010, the European Disability Strategy 2010–2020 was set up by the European Commission.⁴⁰⁴ The commission identified eight main areas for action: (1) Accessibility, (2) Participation, (3) Equality, (4) employment, (5) Education and training, (6) Social protection, (7) Health, and (8) External action.⁴⁰⁵ • To implement the above strategy, a List of Actions 2010–2015, was elaborated.⁴⁰⁶

⁴⁰⁰ UN-ESCWA 2013.

⁴⁰¹ UN-ESCWA 2010.

⁴⁰² UN-ESCWA 2012.

⁴⁰³ UN-ESCWA 2009.

⁴⁰⁴ EC 2010a.

⁴⁰⁵ In the EU’s external action, the commission works where appropriate within a broader framework of non-discrimination to highlight disability as a human rights issue; raise awareness of the CRPD and the needs of persons with disabilities; consolidate the network of disability correspondents; ensure that candidate and potential candidate countries make progress in promoting the rights of persons with disabilities, and ensure that the financial instruments for pre-accession assistance are used to improve their situation ([EC 2010a](#)).

⁴⁰⁶ EC [2010b](#).

Recent activities	<ul style="list-style-type: none"> • In 2003, the EU declared, in the Guidance Note on Disability and Development for EU Delegations and Service, that the EU countries could not agree with the MDGs unless poverty issues were properly addressed through international disability and development work funded by the EU.⁴⁰⁷ • In 2007, the European Parliament and the council established the European Year of Equal Opportunities for All (2007)—towards a just society. This was to support member states in furthering efforts to implement legislation on equal treatment and non-discrimination of disadvantaged people, including persons with disabilities.⁴⁰⁸ • The EU signed and ratified the CRPD in 2008 and 2010 respectively.⁴⁰⁹ • The EU financed the Mainstreaming Disability in Development Cooperation Project, implemented by International Disability and Development Consortium (IDDC).⁴¹⁰
Recent projects	<ul style="list-style-type: none"> • From 2000 to 2009, the EU implemented 280 projects which specifically addressed disability, including capacity development, policy development, CBR, promotion of human rights, de-institutionalization, social inclusion, and database development.⁴¹¹ • The Gaibandha Food Security Programme for Ultra Poor Women in Bangladesh: This was a self-help initiative in which persons with disabilities took part. Persons with hearing impairments were trained in income generation and, with the support of sign language translators, learned about growing vegetables and livelihood improvement.⁴¹²

3-3. Development Banks

World Bank	
Policy	<ul style="list-style-type: none"> • The World Bank’s Environmental and Social Safeguard Policies are designed to mitigate social and environmental risks associated with World Bank projects. However, disability issues were not addressed in the existing policy. Through the revision of this policy, disability will be included as a vital component that, like gender, must not be left out of the development process. The first draft was issued on July 30, 2014.⁴¹³

⁴⁰⁷ EC [2003:2](#).

⁴⁰⁸ EU [2006](#), [McDonnell 2008](#).

⁴⁰⁹ UN Enable n.d. "[Convention and Optional Protocol Signatures and Ratifications](#)."

⁴¹⁰ IDDC n.d. "[Disability Mainstreaming into Development Co-operation](#)."

⁴¹¹ Lord, Posarac, Nicoli et.al. [2010:18](#).

⁴¹² WRENmedia 2013.

⁴¹³ World Bank [2014a](#).

	<p>The period July 2014 to the start of 2015 was to be used to discuss the first draft, while a period from 2015 will be used to incorporate the discussion and formulate a second policy draft.</p>
Recent activities	<ul style="list-style-type: none"> • Model Disability Survey (MDS): See WHO's "Recent Activities." • In 2011, the <i>World Report on Disability</i> was published in collaboration with the WHO. • The World Bank has conducted a variety of research on disability and poverty (e.g. <i>Disability and Poverty in Developing Countries: A Snapshot from the World Health Survey</i>⁴¹⁴). • In 2002, Judith E. Heumann was appointed, by former President James D. Wolfensohn, as the World Bank's first adviser on disability and development in the Human Development Network. Wolfensohn said in his speech at Heumann's inauguration ceremony, "Bringing marginalized populations into the mainstream of developing countries is a vital step in reducing poverty, and extending hope, and a chance to thrive, to people who may only have known discrimination and exclusion."⁴¹⁵
Recent projects	<ul style="list-style-type: none"> • In 2011, seven disability and development projects were implemented,⁴¹⁶ with financial support from the Japan Policy and Human Resources Development Fund (PHRD).⁴¹⁷ • The countries that have implemented the World Bank's project include: Albania, Armenia, Azerbaijan, Bangladesh, Bosnia and Herzegovina, Burundi, Cambodia, China, Ecuador, Ethiopia, India, Jordan, Malawi, Pakistan, Peru, Romania, Russia, Senegal, Serbia, Seychelles, Sierra Leone, Sri Lanka, Tunisia, Uganda, Uruguay, and Viet Nam. For details, see "Disability: All Projects" on the bank's website.⁴¹⁸

⁴¹⁴ Mitra, Posarac and Vick 2011.

⁴¹⁵ World Bank [2002](#).

⁴¹⁶ World Bank 2014b. The seven projects are Guinea (Developing Inclusive Education); India (Expanding Work on Mental Disability Issues in Tamil Nadu); Jamaica (Improving Services and Employment Opportunities for People with Disabilities); Morocco (Improving the Physical Accessibility of People with Limited Mobility); Peru (Mainstreaming Inclusive Design and University Mobility in Lima); Romania (Improving Policy-making and the Institutional Framework for People with Disability); and Moldova (Improving Access to Education for Children with Disabilities).

⁴¹⁷ The PHRD Fund was established in 1990 and supports a wide range of poverty alleviation and capacity development based on the recognition that the impact of financial aid cannot be increased without capacity-development of human resource and establishment and implementation of appropriate policies (World Bank n.d. "[PHRD](#)").

⁴¹⁸ World Bank n.d. "[Disability: All Projects](#)."

3-4. Inter-government development agency

US Agency for International Development (USAID)	
Policy	<ul style="list-style-type: none"> • In 1997, USAID Disability Policy was issued.⁴¹⁹ • Since then, it has regularly published the Report on the Implementation of USAID Disability Policy.⁴²⁰ • Based on this policy, USAID developed a USAID Policy on Standards for Accessibility for the Disabled in USAID-Financed Construction, to ensure that any new or renovation construction projects funded by the agency are accessible to persons with disabilities.⁴²¹
Recent activities	<ul style="list-style-type: none"> • “Disability Inclusive Development”, an online-based introductory course, was developed for USAID and its development partners.⁴²²
Recent projects	<ul style="list-style-type: none"> • USAID encourages participation of women with disabilities in all its programs: A notable example is that of a female entrepreneur with disabilities who, after attending a USAID-sponsored leadership training courses in Ho Chi Minh City, Viet Nam, successfully opened a sewing shop which now employs many disadvantaged young people, more than half of whom are women with disabilities.⁴²³

Norwegian Agency for Development Cooperation (NORAD)	
Policy	<ul style="list-style-type: none"> • In 1999, the Norwegian Plan for the Inclusion of Persons with Disabilities in Development Co-operation was issued.⁴²⁴ The policy was evaluated in 2002 and 2012.⁴²⁵
Recent activities	<ul style="list-style-type: none"> • According to the Policy Evaluation Report 2012, the disability-specific projects carried out between 2000 and 2010 were valued at a total of US\$240 million.⁴²⁶ The share of disability-specific projects in Norwegian development aid decreased gradually from 1 percent in 2000 to 0.5 percent in 2008. However, the total share of funds allocated to disability projects that had been mainstreamed or partially mainstreamed increased gradually over the years, from 0.2 percent in 2000 to 1 percent in 2007.⁴²⁷ 6 percent of the funds contributed to

⁴¹⁹ USAID 1997.

⁴²⁰ USAID 2000, [USAID 2003](#), [USAID 2005](#), [USAID 2008](#).

⁴²¹ USAID 2004a.

⁴²² USAID 2004b.

⁴²³ USAID 2012.

⁴²⁴ Norwegian Ministry of Foreign Affairs 1999.

⁴²⁵ NORAD 2002, [NORAD 2012](#).

⁴²⁶ NORAD [2012: ii, i](#)

⁴²⁷ NORAD [2012:26-27](#).

	disability-specific projects; 30 percent went to partly mainstreamed disability projects; and 24 percent to mainstreamed projects. ⁴²⁸
Recent projects	<p>These focused on:</p> <ul style="list-style-type: none"> • A support CBR program and capacity building of DPOs in Malawi. • Assisting capacity development of DPOs, the provision of services, and empowerment of persons with disabilities in Nepal. • Capacity development of DPOs and the provision of services in Palestinian territories. • Support to improve provision of services and capacity development of DPOs in Uganda.⁴²⁹

Australian Government Department of Foreign Affairs and Trade (DFAT) ⁴³⁰	
Policy	<ul style="list-style-type: none"> • In 2009, a strategy for disability inclusion called Development for all: Towards a disability-inclusive Australian aid program 2009–2014 was announced. It focuses on three outcomes: (1) Improved quality of life for persons with disability across all facets of social, economic, and political participation; (2) Fewer preventable impairments, initially focusing on avoidable blindness and road safety; and (3) Effective leadership on disability and development. The strategy was highly praised by the Development Assistance Committee (DAC) as a comprehensive development approach.⁴³¹
Recent activities	<ul style="list-style-type: none"> • The government of Australia recently appointed an ambassador for disability-inclusive development. The role of this ambassador extraordinary plenipotentiary is to raise awareness about persons with disability in developing countries, so that they might have equal access and rights in their communities, equal say in community decision-making processes, and inclusive development support. The ambassador would also be responsible for ensuring that Australia remains a global leader in this area, through its new development aid framework on inclusive development.⁴³² • DFAT will continue to explore partnerships with international groups

⁴²⁸ NORAD [2012: 27-28](#).

⁴²⁹ NORAD [2012](#).

⁴³⁰ Australian Agency for International Development (AusAID) was re-organized into the Australian Government Department of Foreign Affairs and Trade (DFAT).

⁴³¹ OECD 2013:[45](#), [47](#), [49](#).

⁴³² DFAT 2013.

	such as the UNDP, ICRC, WHO, Disability Rights Advocacy Fund, and International Disability Alliance (IDA), as well as with UNICEF. ⁴³³
Recent projects	<ul style="list-style-type: none"> • Countries where DFAT has implemented projects: Papua New Guinea, Vanuatu, Fiji, Samoa, Timor-Leste, the Philippines, Indonesia and Cambodia. For details, see “Disability-inclusive development” on the DFAT website.⁴³⁴

UK Department for International Development (DFID)	
Policy	<ul style="list-style-type: none"> • DFID’s Disability Framework 2014 was published in December 2014. The framework sets out its vision for disability, and steps to strengthen disability inclusion in its policies and programs.⁴³⁵
Recent activities	<ul style="list-style-type: none"> • Since 2000, DFID has supported the Disability Knowledge and Research Programme (Disability KaR).⁴³⁶ • In 2001, Healthlink Worldwide and the Centre for International Health and Development joined forces to start a disability information management project and a web-based information platform called the Source International Information Support Center. This is an online resource center with many resources on disability.⁴³⁷ • In 2010, the Guidance Note: A DFID practice paper, about inclusive education, was published.⁴³⁸
Recent projects	<ul style="list-style-type: none"> • Uganda: DFID set up the DFID Inclusive Education Project 2013–2016, implemented by AbleChildAfrica and the Uganda Society for Disabled Children.⁴³⁹

Gesellschaft für Internationale Zusammenarbeit (GIZ, the German Society for International Cooperation), Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ, the Federal Ministry for Economic Cooperation and Development)	
Policy	<ul style="list-style-type: none"> • In 2006, a policy paper on disability and development was published⁴⁴⁰. • In 2013, the Action Plan for the Inclusion of Persons with Disabilities 2013–2015 was issued. The BMZ identified three objectives for

⁴³³ DFAT 2014a.

⁴³⁴ DFAT 2014b.

⁴³⁵ DFID 2014.

⁴³⁶ DFID 2000, DFID 2003, Albert and Harrison 2005.

⁴³⁷ Handicap International UK joined the partnership soon after Source, an international online resource center, was set up in 2000//2001. For further details, see Source’s [website](#).

⁴³⁸ DFID 2010.

⁴³⁹ AbleChildAfrica [n.d.](#)

⁴⁴⁰ GIZ 2006.

	<p>including persons with disabilities in German development cooperation: (1) Raising commitment levels within its own organization; (2) Strengthening the inclusion of persons with disabilities in partner countries; and (3) Strengthening cooperation with civil society, as well as the private sector and multilateral organizations in this field.⁴⁴¹ Activities are being implemented across 10 sectors.</p> <ul style="list-style-type: none"> • German development policy takes a twin-track approach to ensure persons with disabilities have equal rights.⁴⁴²
Recent actions	<ul style="list-style-type: none"> • In 2010, <i>What do you need to know about: Disability and development cooperation—10 facts or fallacies?</i> was released.⁴⁴³ It lists 10 arguments we frequently hear (including, “Disability only affects a minority of people,” and “There’s no such thing as a universally accepted definition of disability”) with counterarguments. • In 2012, <i>A Human Rights-based Approach to Disability in Development</i> was published with CBM.⁴⁴⁴
Recent projects	<ul style="list-style-type: none"> • Social protection: In Vietnam and Indonesia, the BMZ works to include persons with disabilities in social protection programs.⁴⁴⁵ • Inclusive education: In Chile, the BMZ supports the National Board for Early Education to include children with disabilities in the nursery system and make nursery schools accessible to them, especially those from poor families.⁴⁴⁶ • Accessibility: In Nepal, the BMZ supported the construction of schools fitted with ramps in rural areas.⁴⁴⁷ • Emergency response: Following the earthquake in Haiti in January 2010, the BMZ provided support for the construction of temporary accommodations, which were modified to meet the specific needs of persons with disabilities.⁴⁴⁸

⁴⁴¹ BMZ 2013:4.

⁴⁴² BMZ 2013:9.

⁴⁴³ GIZ 2010.

⁴⁴⁴ GIZ and CMB 2012.

⁴⁴⁵ GIZ n.d. [“Inclusion of persons with disabilities—a key principle in Germany’s development policy.”](#)

⁴⁴⁶ GIZ n.d. [“Inclusion of persons with disabilities—a key principle in Germany’s development policy.”](#)

⁴⁴⁷ GIZ n.d. [“Inclusion of persons with disabilities—a key principle in Germany’s development policy.”](#)

⁴⁴⁸ GIZ n.d. [“Inclusion of persons with disabilities—a key principle in Germany’s development policy.”](#)

3-5 International NGOs

3-5-1. Major international NGOs working on disability and development

- **Handicap International:** An independent aid organization working in over 60 countries alongside persons with disabilities and vulnerable people in situations of poverty and exclusion, conflict, and disaster. It was founded in 1982 to meet the needs of persons with disabilities living in refugee camps in Cambodia and Thailand. With headquarters located in France and Belgium, it has branches in Switzerland, the UK, the US, Luxembourg, Canada, and Germany. It was a co-recipient of the 1997 Nobel Peace Prize as a founding member of the International Campaign to Ban Landmines, which led to the signing of the Mine Ban Treaty.⁴⁴⁹
- **Christian Blind Mission (CBM):** An international development organization, founded in 1908, headquartered in Germany and committed to improving the quality of life of persons with disabilities in the poorest communities of the world. The CBM implemented 672 projects in 68 countries in 2013. Its main activities involve CBR, education, rehabilitation, livelihood, and awareness raising.⁴⁵⁰
- **Leonard Cheshire Disability:** Established in 1949 and headquartered in the UK, This organization's activities in developing countries started with the Cheshire Home in Mumbai in 1955. Now it hosts the secretariat for the Leonard Cheshire Disability Global Alliance, a network of over 250 independently managed Cheshire organizations working in 54 countries across Africa, Asia, the Americas, and Europe. They implement projects related to education, livelihood, policy, and campaigning.⁴⁵¹ The Leonard Cheshire Disability and Inclusive Development Centre is an academic research center based at University College London. The center undertakes research on disability and poverty issues that helps to improve the lives of persons with disabilities, and those of their families and their communities, around the world.⁴⁵²
- **International Disability Alliance (IDA):** The IDA was established in 1999 as a global network of DPOs. The IDA's aim is to promote the effective and full implementation of the CRPD worldwide, as well as ensure compliance with the CRPD within the UN system. The IDA currently comprises seven global and four regional DPOs. The global DPOs are Down Syndrome International

⁴⁴⁹ See the [website](#) of Handicap International for more details.

⁴⁵⁰ See the [website](#) of Christian Blind Mission (CBM) for more details.

⁴⁵¹ Leonard Cheshire Disability n.d. "[International](#)."

⁴⁵² See the [website of Leonard Cheshire Disability and International Development Center](#) for more details.

(DSI), Inclusion International (II), the International Federation of Hard of Hearing People (IFHOH), the World Blind Union (WBU), the World Federation of the Deaf (WFD), the World Federation of Deafblind (WFDB), and the World Network of Users and Survivors of Psychiatry (WNUSP). The regional DPOs are the Arab Organization of Persons with Disabilities (AOPD), the European Disability Forum (EDF), the Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS), and the Pacific Disability Forum (PDF). Among the bilateral donors, the Swedish Development Agency (SHIA) supports the core activities and the Australian Government Department of Foreign Affairs and Trade (DFAT) supports other activities.

- **International Disability and Development Consortium (IDDC):** The IDDC is a global consortium of 25 disability and development NGOs, mainstream development NGOs, and DPOs supporting disability and development work in more than 100 countries around the world. The IDDC aims to promote inclusive development internationally, with special focus on the promotion of full and effective enjoyment of human rights by all persons with disabilities living in economically poor communities in lower- and middle-income countries.

The IDA and the IDDC published a joint statement on the post-MDGs frameworks, emphasizing that “the new framework has to be inclusive of persons with disabilities and compliant with the CRPD. All goals should be inclusive of persons with disabilities.”⁴⁵³

3-5-2. Non-Disability-Specific NGOs for Development

General development-focused NGOs with projects that do not generally focus on disability, have also started to work on disability-inclusive development.

- **World Vision:** Headquartered in the UK, the organization has a goal of pursuing the mainstreaming of disability in all programs. In 2012, it analyzed five of its projects and reported on lessons learned for disability-inclusive development.
- **WaterAid:** An international NGO making an effort to improve the access to water of persons with disabilities by renovating water points and spreading

⁴⁵³ IDA and IDDC [n.d.](#)

awareness on disability. In 2013, it published a report on how disability has been incorporated into water, sanitation, and hygiene (WASH) programs. According to the report, public consciousness and responsibility regarding disability inclusion had increased since 2002, although few disability-inclusive projects have been implemented.⁴⁵⁴

⁴⁵⁴ Jones 2013.

Appendix 4. Rights of Persons with Disabilities

Appendix 4 presents three important references with regard to the UN Convention on the Rights of Persons with Disabilities (CRPD). First, we provide extracted articles 1, 3, and 4 of the CRPD that point to JICA's obligations to make disability-inclusive projects. Second, we introduce three analytical categories of the CRPD by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ, German Society for International Cooperation) and the Christian Blind Mission (CBM), which help us to understand the CRPD.⁴⁵⁵ Third, we provide a list of the countries that have ratified the CRPD as of November 11, 2014.

We also look at the history of disability policies in Japan.

4-1. UN Convention on the Rights of Persons with Disabilities (CRPD)

4-1-1. Important articles for disability and development

Article 1: Purpose

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Article 3: General principles

The principles of the present Convention shall be:

- a. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;

⁴⁵⁵ GIZ and CBM. n.d. *A Human Rights-based Approach to Disability in Development*.

- b. Non-discrimination;
- c. Full and effective participation and inclusion in society;
- d. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- e. Equality of opportunity;
- f. Accessibility;
- g. Equality between men and women;
- h. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Article 4: General obligations

1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:

- a. To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;
- b. To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;
- c. To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programs;
- d. To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;
- e. To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;
- f. To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;
- g. To undertake or promote research and development of, and to promote the

availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;

- h. To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;
- i. To promote the training of professionals and staff working with persons with disabilities in the rights recognized in this Convention so as to better provide the assistance and services guaranteed by those rights.

2. With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.

3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.

4. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of persons with disabilities and which may be contained in the law of a State Party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State Party to the present Convention pursuant to law, conventions, regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.

5. The provisions of the present Convention shall extend to all parts of federal states without any limitations or exceptions.

4-1-2. Three categories of articles⁴⁵⁶

Civil and political rights	<p>Article 5 - Equality and non-discrimination</p> <p>Article 10 - Right to life</p> <p>Article 12 - Equal recognition before the law</p> <p>Article 13 - Access to justice</p> <p>Article 14 - Liberty and security of the person</p> <p>Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment</p> <p>Article 16 - Freedom from exploitation, violence and abuse</p> <p>Article 17 - Protecting the integrity of the person</p> <p>Article 18 - Liberty of movement and nationality</p> <p>Article 21 - Freedom of expression and opinion, and access to information</p> <p>Article 22 - Respect for privacy</p> <p>Article 23 - Respect for home and the family</p> <p>Article 29 - Participation in political and public life</p>
Economic, social, and cultural rights	<p>Article 24 - Education</p> <p>Article 25 - Health</p> <p>Article 26 - Habitation and rehabilitation</p> <p>Article 27 - Work and employment</p> <p>Article 28 - Adequate standard of living and social protection</p> <p>Article 30 - Participation in cultural life, recreation, leisure and sport</p>
Cross-cutting rights; rights of specific groups; rights of persons with disabilities in specific situations	<p>Article 5 - Equality and non-discrimination</p> <p>Article 6 - Women with disabilities</p> <p>Article 7 - Children with disabilities</p> <p>Article 9 - Accessibility</p> <p>Article 11 - Situations of risk and humanitarian emergencies</p> <p>Article 19 - Living independently and being included in the community</p> <p>Article 32 - International cooperation</p>

⁴⁵⁶ GIZ and CBM. n.d. *A Human Rights-based Approach to Disability in Development*.

4-1-3. Countries that have ratified the CRPD

One hundred fifty-one countries have ratified the CRPD as of 11 November 2014.⁴⁵⁷

	Country	Date Ratified		Country	Date Ratified
1	Afghanistan	September 18, 2012	36	Czech Republic	September 28, 2009
2	Albania	February 11, 2013	37	Denmark	July 24, 2009
3	Algeria	December 4, 2009	38	Djibouti	June 18, 2012
4	Andorra	March 11, 2014	39	Dominica	October 1, 2012
5	Angola	May 19, 2014	40	Dominican Republic	August 18, 2009
6	Argentina	September 2, 2008	41	Ecuador	April 3, 2008
7	Armenia	September 22, 2010	42	Egypt	April 14, 2008
8	Australia	May 17, 2008	43	El Salvador	December 14, 2007
9	Austria	September 26, 2008	44	Estonia	May 30, 2012
10	Azerbaijan	January 28, 2009	45	Ethiopia	July 7, 2010
11	Bahrain	September 22, 2011	46	European Union	December 23, 2010
12	Bangladesh	November 30, 2007	47	France	February 18, 2010
13	Barbados	February 27, 2013	48	Gabon	October 1, 2007
14	Belgium	July 2, 2009	49	Georgia	March 13, 2014
15	Belize	June 2, 2011	50	Germany	February 24, 2009
16	Benin	July 5, 2012	51	Ghana	July 31, 2012
17	Bolivia	November 16, 2009	52	Greece	May 31, 2012
18	Bosnia and Herzegovina	December 3, 2010	53	Grenada	August 27, 2014
19	Brazil	August 1, 2008	54	Guatemala	April 7, 2009
20	Bulgaria	March 22, 2012	55	Guinea	August 2, 2008
21	Burkina Faso	July 23, 2009	56	Guinea-Bissau	September 24, 2014
22	Burundi	May 22, 2014	57	Guyana	September 10, 2014
23	Cambodia	December 20, 2012	58	Haiti	July 23, 2009
24	Canada	March 11, 2010	59	Honduras	April 14, 2008
25	Cape Verde	October 10, 2011	60	Hungary	July 20, 2007
26	Chile	July 29, 2008	61	India	October 1, 2007
27	China	August 1, 2008	62	Indonesia	November 30, 2011
28	Colombia	May 10, 2011	63	Iran	October 23, 2009
29	Congo	September 2, 2014	64	Iraq	March 20, 2013
30	Cook Islands	May 8, 2009	65	Israel	September 28, 2012
31	Costa Rica	October 1, 2008	66	Italy	May 15, 2009
32	Cote d'Ivoire	January 10, 2014	67	Jamaica	March 30, 2007
33	Croatia	August 15, 2007	68	Japan	January 20, 2014
34	Cuba	September 6, 2007	69	Jordan	March 31, 2008
35	Cyprus	June 27, 2011	70	Kenya	May 19, 2008

⁴⁵⁷ The latest developments regarding ratification can be found on [UN Enable's website](#).

	Country	Date Ratified		Country	Date Ratified
71	Kiribati	September 27, 2013	111	Republic of Korea	December 11, 2008
72	Kuwait	August 22, 2013	112	Republic of Moldova	September 21, 2010
73	Lao P.D.R.	September 25, 2009	113	Romania	January 31, 2011
74	Latvia	March 1, 2010	114	Russian Federation	September 25, 2012
75	Lesotho	December 2, 2008	115	Rwanda	December 15, 2008
76	Liberia	July 26, 2012	116	San Marino	February 22, 2008
77	Lithuania	August 18, 2010	117	Saudi Arabia	June 24, 2008
78	Luxembourg	September 26, 2011	118	Senegal	September 7, 2010
79	Malawi	August 27, 2009	119	Serbia	July 31, 2009
80	Malaysia	July 19, 2010	120	Seychelles	October 2, 2009
81	Maldives	April 5, 2010	121	Sierra Leone	October 4, 2010
82	Mali	April 7, 2008	122	Singapore	July 18, 2013
83	Malta	October 10, 2012	123	Slovakia	May 26, 2010
84	Mauritania	April 3, 2012	124	Slovenia	April 24, 2008
85	Mauritius	January 8, 2010	125	South Africa	November 30, 2007
86	Mexico	December 17, 2007	126	Spain	December 3, 2007
87	Mongolia	May 13, 2009	127	St. Vincent and the Grenadines	October 29, 2010
88	Montenegro	November 2, 2009	128	State of Palestine	April 2, 2014
89	Morocco	April 8, 2009	129	Sudan	April 24, 2009
90	Mozambique	January 30, 2012	130	Swaziland	September 24, 2012
91	Myanmar	December 7, 2011	131	Sweden	December 15, 2008
92	Namibia	December 4, 2007	132	Switzerland	April 15, 2014
93	Nauru	June 27, 2012	133	Syrian Arab Republic	July 10, 2009
94	Nepal	May 7, 2010	134	Thailand	July 29, 2008
95	New Zealand	September 25, 2008	135	Macedonia	December 29, 2011
96	Nicaragua	December 7, 2007	136	Togo	March 1, 2011
97	Niger	June 24, 2008	137	Tunisia	April 2, 2008
98	Nigeria	September 24, 2010	138	Turkey	September 28, 2009
99	Norway	June 3, 2013	139	Turkmenistan	September 4, 2008
100	Oman	January 6, 2009	140	Tuvalu	December 18, 2013
101	Pakistan	July 5, 2011	141	Uganda	September 25, 2008
102	Palau	June 11, 2013	142	Ukraine	February 4, 2010
103	Panama	August 7, 2007	143	United Arab Emirates	March 19, 2010
104	Papua New Guinea	September 26, 2013	144	UK and Northern Ireland	June 8, 2009
105	Paraguay	September 3, 2008	145	Tanzania	November 10, 2009
106	Peru	January 30, 2008	146	Uruguay	February 11, 2009
107	Philippines	April 15, 2008	147	Vanuatu	October 23, 2008
108	Poland	September 25, 2012	148	Venezuela	September 24, 2013
109	Portugal	September 23, 2009	149	Yemen	March 26, 2009
110	Qatar	May 13, 2008	150	Zambia	February 1, 2010
			151	Zimbabwe	September 23, 2013

4-2. History of Disability Policy in Japan

The turning point for Japanese policy on disability was the International Year of Disabled Persons in 1981 and the United Nations Decade of Disabled Persons 1983–1992. Japan's policy on disability shifted its focus to normalization, home support for independent living, and social participation under the concept of independence. In 1980, the government set up the Japanese Council for the International Year of Disabled Persons in the Cabinet, and in 1983 formulated the Long-term Program on Measures for Persons with Disabilities. This long-term program outlined the vision and objectives of Japan's policy on disability for the following 10 years in the areas of awareness raising, health, education, employment, welfare, and living environment.

In 1993, the Japan Council on Disability—originally established as the Japan Council for the International Year of Disabled Persons in 1982—formulated the New Long-term Program for Government Measures for Disabled Persons (hereinafter “New Long-term Program”). Simultaneously, the Basic Law for Persons with Disabilities was established as a result of the full-scale revision of the Basic Act for Countermeasures Concerning Mentally and Physically Handicapped Persons. It broadened the category of disability, including physical disabilities, intellectual disabilities, and mental disabilities (including developmental disabilities)⁴⁵⁸; it established Disabled Persons' Day; and stipulated that the government must formulate the Basic Program for Persons with Disabilities (hereinafter “Basic Program”).

The Government Action Plan for Persons with Disabilities: A Seven-Year Normalization Strategy (hereinafter “Persons with Disabilities Plan”) was implemented from 1996 (ending March 31, 1997) through 2002, as an action plan for high priority policies of the New Long-term Program, which: (1) Set concrete goals with numerical targets to promote cooperation in implementing disability policies; and (2) Designed not only the health and welfare domain, but also other domains in pursuit of the goals of collaboration.

In 2002, the New Long-term Program and its Persons with Disabilities Plan came to an end. In their wake, a 10-year Basic Program and Five-Year Plan for Implementation of Priority Measures (hereinafter “Five-Year Plan”) were established. The Basic Program continued to follow the New Long-term Program's guiding principles of rehabilitation and normalization, setting the stage for Japan's disability policy during the following 10 years, with a stronger

⁴⁵⁸ The legislation was again amended in 2004, in response to changes in the movement toward the CRPD and other socioeconomic trends (DINF n.d. “Laws on Disabilities [The 38 Selected Japanese Laws Related to Persons with Disabilities](#).”).

emphasis on promoting the social participation of persons with disabilities and their social integration during the ten years from 2003 through 2012.

The Basic Program, with its objective to realize a society in which persons with disabilities are equal citizens in all aspects of life in accordance with their choices and decisions, established the following fundamental provisions: (1) Promotion of a barrier-free society; (2) User-oriented support; (3) Development of measures in accordance with diversity of disabilities, and (4) Promotion of comprehensive and effective measures. Priority was placed on (1) promotion of activities and participation of persons with disabilities; (2) Establishment of community bases for activities and the participation of persons with disabilities; (3) A comprehensive approach to measures for persons with mental disabilities, and (4) Enhancement of cooperation within the Asia–Pacific region.⁴⁵⁹ The Five-Year Plan emphasizes the enhancement of user-oriented systems for consultation and support, and the development of community-based support systems.

The Services and Supports for Persons with Disabilities Act was enacted in 2005, and came into force in 2006. Its objectives were to resolve differences among systems for three kinds of impairment (physical, intellectual, and mental) and to unify the services provided by municipalities. In addition, a new form of cooperation was introduced: welfare service users would now be required to bear 10% of the cost of the service received according to the new principle of payment according to income, instead of payment according to ability.⁴⁶⁰

At national level, the different policies for persons with disabilities are managed by many ministries. For example, the National Police Agency is responsible for the installation of traffic signals for persons with visual impairment; the Ministry of Finance, meanwhile, decides on, and distributes to ministries, budgetary allocations to cover their responsibilities for persons with disabilities, and oversees the reduced taxation or tax exemption of persons with disabilities; the Ministry of Health, Labour and Welfare oversees a wide range of issues, from prevention, medical care, welfare, and employment, to income security and related laws; the Ministry of Land, Infrastructure, Transport and Tourism promotes both an accessible environment through the Law for Promoting Easily Accessible Public Transportation Infrastructure for the Aged

⁴⁵⁹ Cabinet Office, government of Japan [2002](#).

⁴⁶⁰ See "[Point of 'Services and Supports for Persons with Disabilities Act'](#)" in Ministry of Health, Labour and Welfare, government of Japan [2008](#). Replacing the Services and Supports for Persons with Disabilities Act, the Comprehensive Support for Persons with Disabilities Act was established and promulgated in July 2012 and came into force on April 1, 2013.

and the Disabled, as well as the New Barrier Free Law; the Ministry of Internal Affairs and Communications makes efforts to eliminate barriers by revising the disqualification clause for persons with disabilities and by building an information network on disability: and the Ministry of Foreign Affairs is responsible for technical cooperation in the field of the rehabilitation of persons with disabilities.

The government of Japan signed and ratified the Convention on the Rights of Persons with Disabilities (CRPD) in September 2007 and January 2014, respectively. Right after the CRPD was signed, in December 2009 the Cabinet Office established the Disability Policy Committee and declared the following five years to be a period in which to concentrate on reforming the legal framework of national disability legislation and policies, in preparation for adopting the CRPD.⁴⁶¹ The reform included: (1) The August 2011 amending of the Basic Law for Persons with Disabilities, which had been enacted as the Basic Act for Countermeasures Concerning Mentally and Physically Handicapped Persons in May 1970 and changed its title as the Basic Act for Persons with Disabilities in December 1993⁴⁶²; (2) Passing the Comprehensive Support for Persons with Disabilities Act in June 2012⁴⁶³; (3) Passing the Act on the Elimination of Discrimination against Persons with Disabilities in June 2013⁴⁶⁴; and (4) Amending the Act for Promotion of Employment of Persons with Disabilities in June 2013.⁴⁶⁵

The Act on the Elimination of Discrimination against Persons with Disabilities, with the exception of some supplementary provisions, will be enforced on April 1, 2016. In accordance with the principle of the Basic Law, recognizing that all persons with disabilities should be, as equal as persons without disabilities, entitled to dignity as individuals with fundamental human rights and the right to live with dignity, the act aims to promote the elimination of discrimination against persons with disabilities and, as a result, it is ensured that no citizens are divided according to whether or not they have a disability as well as the realization of an inclusive society with mutual respect for personality and

⁴⁶¹ Cabinet Office, the government of Japan. n.d. "[Shōgaisya seido kaikaku suishin honbu, sabetu kinshi bukai](#)" (Task force of institutional reform on disability, conference on institutional reform on disability, Anti-Discrimination Task Force).

⁴⁶² Cabinet Office, the government of Japan. n.d. "[Shōgaisya shisaku no sōgōteki na suishin: kihonteki wakuqumi](#)" (Integrated efforts on measures and policies on disability: basic framework).

⁴⁶³ The Act for Supporting the Independence of Persons with Disabilities added severe disease to the definition of impairment. Reflecting this reform, on April 1, 2014, visiting care for persons with severe disabilities expanded its target and care-homes were integrated into group homes. See Ministry of Health, Labour and Welfare. n.d. "[Shōgaisya sogo shienhō ga seko saremashita](#)" (Comprehensive Support for Persons with Disabilities Act came into force).

⁴⁶⁴ Cabinet Office, the government of Japan. n.d. "[Shōgai wo riyu to suru sabetu no kaisyono suishin ni kansuru houritsu](#)" (The Act on the Elimination of Discrimination against Persons with Disabilities).

⁴⁶⁵ The Act for Promotion of Employment of Persons with Disabilities (amendment) will come into force in April 2016 (partially to be promulgated in April 2018). For details, "[Heisei 28nen 4gatsu \(ichibu kōfu matawa Heisei 30nen 4gatsu\) yori, kaisei syōgaisya koyō sokushinhō ga sekou saremasu](#)" (In April 2016 [partially to be promulgated in April 2018] the Act for Promotion of Employment of Persons with Disabilities (amendment) will come into force).

individuality, by providing the matters serving as the basic measures to eliminate the discrimination against persons with disabilities and the basic measures to eliminate the discrimination against persons with disabilities in the national government and local public entities.⁴⁶⁶

This act embodies article 4 of the Basic Law that stipulates the provision for reasonable accommodation to prohibit discrimination and to remove social barriers. It prohibits discrimination on the basis of disability by national and local authorities, as well as private entities, including sole proprietors and non-profit organizations. The provision of reasonable accommodation has become a legal obligation for the public sector. The private sector also has the obligation to make an effort to provide reasonable accommodation.⁴⁶⁷

⁴⁶⁶ Cabinet Office, the government of Japan. n.d. “Shōgai o riyū to suru sabetsu no kaishō no suishin ni kan suru hōritsu” (Act on the Elimination of Discrimination against Persons with Disabilities).”

⁴⁶⁷ Cabinet Office, the Government of Japan. n.d. “Shōgai o riyū to suru sabetsu no kaishō no suishin ni kan suru hōritsuan (shōgaisha sabetsu kaishōhō) no gaiyō” (The outline of the Elimination of Discrimination against Persons with Disabilities).

Appendix 5. Basic Check Items

The following list summarizes indicators which are recommended as baseline data and information for disability and development projects. Some indicators may be irrelevant or not adapted to countries where statistics on disability are not available. Nevertheless, information and data should be monitored as much as possible if project implementation is to be successful.

By the end of 2009, JICA had published 37 Country Profiles on Disability on the JICA Knowledge Site.⁴⁶⁸ For the countries in the Asia–Pacific region, the Country Profiles are accessible through the Asia–Pacific Development Center on Disability (APCD) website.⁴⁶⁹

The information below is the minimum to enable one to grasp the situation of persons with disabilities and their circumstances in the country in question. More detailed information and data would be required when implementing a project.

Indicator	Unit	References	Objectives/remarks	
General Information				
0	Basic social and economic indicators	—	<ul style="list-style-type: none"> • UNDP human development indicators • UNICEF statistics 	<ul style="list-style-type: none"> • An overview is possible if one knows: the percentage of population with disabilities, GNI per capita, mortality rate of pregnant women, school enrolment rate, absolute poverty line, unemployment rate.
Definition/type of person with disabilities and statistics				
1	Definition: <ul style="list-style-type: none"> • person with disabilities • type of disability 	—		<ul style="list-style-type: none"> • The number of persons with disabilities can be obtained from the population census, a sample survey, or administrative statistics (registered number of
2	Population of persons with disabilities <ul style="list-style-type: none"> * by impairment type * by age 	people (%)		

⁴⁶⁸ JICA [2009h](#).

⁴⁶⁹ APCD. n.d. "[Country Profile](#)."

	* in census * in other surveys			persons with disabilities). • Developing countries often have no statistical data on persons with disabilities or insufficient information. Surveys may have been conducted decades ago or women with disabilities may have been excluded. • Note: The definition and standards of disability may differ by country; surveys are often inadequate.
3	Statistical survey based on WHO's ICF	—		
Public administration and laws/ordinances related to disability				
4	Roles/functions of disability-related administrative organizations	—	• Organization table/chart of ministry department • Tasks • Number of personnel	• The ministry in charge of disability issues differs by country. • In many developing countries, the ministry in charge of disability issues is feeble. Thus, it is important to find respected personnel.
5	Descriptions related to persons with disabilities in the constitution		Constitution	• See if disability-related basic human rights are included in the constitution, and if there is a legal basis for assisting persons with disabilities.
6	Major laws related to persons with disabilities	—	Domestic laws	• See if there are disability-related laws, ordinances, regulations, and orders.
7	National plan and sector-based policy related to persons with disabilities	—		• Basic policy and priorities are valid for five years or more.

8	Actions to reflect international conventions	—		<ul style="list-style-type: none"> • Confirm if the country in question has signed/ratified an international convention (e.g., the CRPD). This would define the country's future steps and efforts regarding persons with disabilities.
9	Budgets for disability-related programs	USD		<ul style="list-style-type: none"> • Differentiate between country budgets and those obtained from international bodies or NGOs. • Pay special attention to time-bound budgets from outside sources.
Social protection for persons with disabilities				
10	Pension systems for persons with disabilities	—		<ul style="list-style-type: none"> • When checking if there are any social protection systems for persons with disabilities, note that eligibility for social protection may depend on the cause of the impairment.
11	Health/medical insurance system for persons with disabilities	—		
12	Income guarantee system for persons with disabilities (e.g. livelihood support)	—		
Welfare services for persons with disabilities				
13	Welfare system and services for persons with disabilities	—		<ul style="list-style-type: none"> • Include the development, availability, and affordability of assistive devices and the accessibility of information and communication.
14	Vocational training in welfare services for persons with disabilities	—		<ul style="list-style-type: none"> • Ascertain the number of classification, certification system and types of training undertaken by

				professionals (e.g., social worker, certified social worker, psychiatric social worker).
15	Awareness raising	—		<ul style="list-style-type: none"> • Check if the government does awareness-raising and public relations activities to deepen citizens' understanding of disability and persons with disabilities (does it mark the International Day of Persons with Disabilities, hold events).
16	The number of residential/non-residential facilities for persons with disabilities	—		
17	Elimination of barriers and introduction of universal designs	—		<ul style="list-style-type: none"> • Examine the laws and regulations and construction standards regarding the elimination of physical barriers, application of universal designs. • Have public facilities, transportation systems been built with persons with disabilities in mind? Is information accessible (is there material in braille for persons with visual impairment, sign language interpretation for persons with hearing loss?)

Medical rehabilitation				
18	Requirement for medical facilities providing medical rehabilitation	—		<ul style="list-style-type: none"> Obtain information about the level of medical care and the necessity of medical professions.
19	Professions involved in medical rehabilitation services and their training systems	—		<ul style="list-style-type: none"> Ascertain the number of classification, certification system and types of training undertaken by professionals (e.g., physical, occupational, and speech therapists; clinical psychologists, orthotics practitioners, and medical social workers).
20	The number of medical facilities that provide medical rehabilitation services (type and public or private)	—		<ul style="list-style-type: none"> Include a referral system between medical facilities. Note that distance may stop people, especially the poor, from visiting facilities.
Education for children/persons with disabilities				
21	School enrolment process for children with disabilities	—		<ul style="list-style-type: none"> One of the MDGs requires that, by 2015, all people (including children and persons with disabilities) have primary education, without gender disparity.
22	Education system	—		<ul style="list-style-type: none"> Check availability of impairment-based education support (e.g., special needs classes and specially designed classes.) and career guidance.
23	Certification system, qualifications of teachers for special needs children	—		<ul style="list-style-type: none"> To ensure that the right to education of children with disabilities is respected,

				professionals must be appropriately trained.
24	Inclusive Education (education at regular Schools)	—		<ul style="list-style-type: none"> Examine education support systems
25	Education using sign language			<ul style="list-style-type: none"> See if sign language has been launched and if it is used in education. Note that only a limited number of developing countries have a common sign language.
Employment, employment-support, and vocational training for persons with disabilities				
26	Working conditions of persons with disabilities	%		<ul style="list-style-type: none"> Employment is a useful measure of the social participation of persons with disabilities. But only a few developing countries have accurate data on the employment of persons with disabilities.
27	Employment insurance system for persons with disabilities	—		
28	Mandatory employment quotas for persons with disabilities	—		
29	Vocational rehabilitation (training, work referral, etc.)	—		
30	Components of, support systems for, vocational training for persons with disabilities	—		
31	Vocational training, educational schools accommodating persons with disabilities (by profession, public or private status)	—		

Community-based rehabilitation (CBR)				
32	CBR practices	—		<ul style="list-style-type: none"> • Ascertain implementing organizations, activities, and services provided.
Activities by groups related to persons with disabilities				
33	Local disabled people's organizations (DPOs)	—		<ul style="list-style-type: none"> • It is essential to know the major DPOs, as they collect, analyzes, and use disability-related knowledge and information, and promote the rights of persons with disabilities.
34	Government bodies, NGOs that engage in disability issues.	—		<ul style="list-style-type: none"> • Obtain information about government, local, and regional organizations that Tackle disability-related issues. • Collect data on organizations (e.g., religious institutions) that provide social welfare locally.
35	Assistance from other countries' government aid bodies, overseas aid organizations, and international NGOs	—		<ul style="list-style-type: none"> • Clarify information on disability-related programs/projects carried out by other countries' government aid organization, international bodies, and NGOs on which many citizens rely, since government services are thought inadequate.

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